

# Stow Surgery

## Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

### Ratings

#### Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement





# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Stow Surgery on 6 June 2017. Overall the practice is rated as requires improvement.

Our key findings across all the areas we inspected were as follows:

- There was an open and transparent approach to safety and a system was in place for reporting and recording significant events.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients we spoke with said they found it easy to make an appointment with a named GP, and although sometimes there was a wait, there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and most staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.
- The practice had a number of policies and procedures, and standard operating procedures to govern activity, but some were overdue a review.

The areas where the provider must make improvement are:



# Summary of findings

- Ensure systems and processes are reviewed to ensure safe care and treatment for patients.
- Ensure arrangements in respect of staff support and training are reviewed.

The areas where the provider should make improvement are:

- Ensure there is an effective system for the monitoring of staff training and competence.
- Ensure systems for the security of prescription forms including pads are monitored.

- Review the systems for ensuring standard operating procedures in the dispensary are current.
- Ensure the number of patients who had been excluded from reviews are appropriately reviewed and identify ways to improve uptake for these reviews.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice



# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as requires improvement for providing safe services, as there are areas where improvements should be made.

- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.
- Although risks to patients were assessed, the systems to address these risks were not implemented well enough to ensure patients were kept safe.
- Standard Operating Procedures in the dispensary had not been reviewed and controlled drugs had not been checked in line with current guidelines.
- We found products relating to medicines management had expired, for example, water for injections in the doctor's bag and containers for the storage of blood samples had passed their expiry dates.
- There was no business continuity plan to guide the practice team about what to do in the event of a major incident.
- Fire drills had not been undertaken regularly.
- An infection control and prevention audit had not been undertaken and the associated policy had not been reviewed. We found the carpets in some consulting rooms were heavily stained, curtains around the examination area were cleaned or replaced annually instead of six monthly.

Requires improvement



### Are services effective?

The practice is rated as requires improvement for providing effective services, as there are areas where improvements should be made.

Requires improvement





# Summary of findings

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average compared to the national average. However, we found areas where the practice had higher than average exception reporting.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals for some members of staff. However, not all staff had received an appraisal in the last 12 months.
- Not all staff had received training in information governance, health and safety, infection prevention and control, Mental Capacity Act 2005.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.

## Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this. For example, the practice recognised that they had a higher number of elderly patients who find it easier to order repeat prescriptions over the phone. The practice had maintained this facility for all patients.
- We found many positive examples to demonstrate how patient's choices and preferences were valued and acted on.
- Survey information we reviewed showed that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population. For example, the practice recognised that they had a high number of elderly patients and recognised that it may cause difficulties

Good





# Summary of findings

for those patients to access their online services such as ordering repeat prescriptions. They had held information technology clinics for those patients who wish to use the online services and for a member of staff to support patients with using these.

- The GPs recognised that local public transport service was limited and patients who are elderly and frail found it difficult to attend the practice. They therefore had a low threshold for patients who required home visits. We saw on the day of the inspection that 20 home visits had been undertaken for patients who needed these.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with said they found it easy to make an appointment with a named GP, although there was sometimes a long wait for a GP of their choice, and there was continuity of care, with urgent appointments available the same day.
- The practice facilities were limited for the needs of the population but the practice worked hard to maximise the use of the premises.
- Information about how to complain was available and evidence from three examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

The practice is rated as requires improvement for being well-led.

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure, however, not all staff felt supported by management. The practice had a number of policies and procedures to govern activity, but some of these were overdue a review.
- An overarching governance framework supported the delivery of the strategy and good quality care. However, the arrangements to monitor and improve quality and identify risk had not been reviewed.
- Staff had received induction training and attended staff meetings and training opportunities, however, not all staff had received annual performance reviews.

**Requires improvement**





# Summary of findings

- The provider was aware of the requirements of the duty of candour. In three examples we reviewed we saw evidence the practice complied with these requirements.
- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff, although some staff said that it was not actioned.
- The practice engaged with the patient participation group.
- Although there was a focus on continuous learning and improvement, there were gaps in training for all staff.
- GPs who were skilled in specialist areas used their expertise to offer additional services to patients.



# Summary of findings

## The six population groups and what we found

We always inspect the quality of care for these six population groups.

### Older people

The practice is rated as requires improvement for the care of older patients. The practice was rated as requires improvement for safe, effective and well-led as well as overall. The practice was rated as good for caring and responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. For example, the GPs recognised that older patients and those who are frail may not be able to attend the practice and therefore ensured home visits were undertaken when patients requested these.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care. The practice could refer patients to a local hospice who provided palliative care services. There was a hospice at home service also available which was supported by the practice.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice shared summary care records with local care services such as the out of hours services.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible.
- The practice employed a nurse who oversaw the care of older patients and those who were considered frail. The nurse visited patients, their carers and families to undertake assessment of patients' needs to ensure care plans were updated. They also referred or signposted patients to other services such as the social care team, integrated care team or the falls team when required.

**Requires improvement**





# Summary of findings

- The practice supported two local care homes. Patients who were registered with the practice and residing in one of those homes received weekly visits and patients registered and residing in the other home received fortnightly visits.
- The practice held multi-disciplinary meeting every two months to discuss patients who had recently died and those who had recently been diagnosed with life limiting conditions.

## People with long term conditions

The practice is rated as requires improvement for the care of patients with long-term conditions. The practice was rated as requires improvement for safe, effective and well-led as well as overall. The practice was rated as good for caring and responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- The percentage of patients on the diabetes register, who had a their blood glucose level within the target range in the preceding 12 months (04/2015 to 03/2016) was 81% which was above the clinical commissioning group of 80% and national average of 78%.
- The practice had developed a management plan for patients with long term conditions. These were agreed with the patient during their appointment with their GP and reviewed with the nursing team during follow up appointments.
- The practice adjusted their appointment systems for patients with multiple long term conditions to ensure they could be reviewed in a single appointment.
- The practice offered equipment on loan for patients with respiratory conditions where they experience an exacerbation in their condition.
- The practice monitored patients on blood thinning medicines. The health care assistant ran specific clinics for those patients on a daily basis.
- The practice rented an information bus owned by the clinical commissioning group, to run flu vaccine clinics in the local supermarket car park.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.

**Requires improvement**





# Summary of findings

- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

## Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people. The practice was rated as requires improvement for safe, effective and well-led as well as overall. The practice was rated as good for caring and responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- From the sample of documented examples we reviewed we found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The practice provided support for premature babies and their families following discharge from hospital. One of the GPs had a special interest and qualification in paediatrics and was able to offer post-natal support in conjunction with the community midwife and health visitors.
- One of the GPs and the nursing team carried out a phlebotomy service for children which enabled parents to have this service locally instead of travelling to the hospital.
- The community midwife held weekly clinics at the practice.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.
- The practice had implemented several ideas to encourage young people to engage with the practice and to raise health awareness. For example, they hosted young people on work experience and had organised a colouring competition for local school children to raise awareness of the importance of covering up in the sun and wearing sunscreen.

**Requires improvement**





# Summary of findings

## Working age people (including those recently retired and students)

The practice is rated as requires improvement for the care of working age patients (including those recently retired and students). The practice was rated as requires improvement for safe, effective and well-led as well as overall. The practice was rated as good for caring and responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, extended opening hours appointments.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Two of the GPs ran women's health and contraception clinics. Those clinics were arranged early morning or in the afternoon so that women who were working had a choice of when to attend.
- The practice took part in a Health and Wellbeing fair in 2016 to promote healthy eating and provided recipes for patients.
- One of the nurses ran evening smoking cessation clinics to enable working patients to attend.

Requires improvement



## People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of patients whose circumstances may make them vulnerable. The practice was rated as requires improvement for safe, effective and well-led as well as overall. The practice was rated as good for caring and responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice held a register of patients living in vulnerable circumstances including and those with a learning disability. Homeless patients were referred to a charity organisation for further support and patient who were identified as travellers could register as temporary residents.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability. The practice had used training materials from the Royal College of General Practitioners to increase

Requires improvement





# Summary of findings

autism awareness among staff. The practice shared a positive example with us about how they supported a patient with autism to manage their anxieties around seeing health care professionals.

- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice was registered as a safe place with the Gloucestershire Keep Safe Scheme where patients who are vulnerable can come to the surgery for further assistance.
- Patients could be referred to the social prescribing coordinator for assistance with claiming benefits, filling out forms or attend social activities.

## People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for the care of patients experiencing poor mental health (including patients living with dementia). The practice was rated as requires improvement for safe, effective and well-led as well as overall. The practice was rated as good for caring and responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice carried out advance care planning for patients living with dementia.
- 96% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the preceding 12 months (04/2015 to 03/2016), which was above the clinical commissioning group of 86% and the national average of 84%.
- A Community Psychiatric nurse held weekly clinics at the practice.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs. Patients who were prescribed medicines and who were at risk of self-harm had medicine compliance aid prepared for them.
- The percentage of patients with severe mental health problems who had a comprehensive, agreed care plan documented in

**Requires improvement**





# Summary of findings

their record, in the preceding 12 months (04/2015 to 03/2016) was 100% compared to the CCG average of 93% and national average of 89%. However, exception reporting for this domain was 30% (seven out of 26 patients) compared to the CCG average of 15% and national average of 10%.

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.



# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing above local and national averages. Two hundred and fifteen survey forms were distributed and 149 were returned which was approximately 69% response rate. This represented approximately 3% of the practice's patient list.

- 94% of patients described the overall experience of this GP practice as good compared with the clinical commissioning group (CCG) average of 89% and the national average of 85%.
- 89% of patients described their experience of making an appointment as good compared with the CCG average of 80% and the national average of 73%.
- 93% of patients said they would recommend this GP practice to someone who has just moved to the local area compared with the CCG average of 85% and national average of 80%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 47 comment cards which were all positive about the standard of care received. Patients commented on the excellent care they have received from the GPs and nurses and on the professionalism and courteous attitude of the reception staff. Some comment cards had examples of how practice staff went above and beyond to assist patients who were distressed.

We spoke with eight patients during the inspection. All eight patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

We looked at the NHS Friends and Family Test for March 2017, where patients are asked if they would recommend the practice. The results showed 97% of respondents would recommend the practice to their family and friends.



# Stow Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a second GP Specialist Advisor in an observing capacity, a practice nurse specialist adviser and an Assistant Inspector.

### Background to Stow Surgery

Stow Surgery is a small semi-rural dispensing practice providing primary care services to patients resident in Stow-on-the-Wold and surrounding villages and is part of the NHS Gloucestershire Clinical Commissioning Group. The practice is currently going through the process of building a new surgery to improve the facilities for patients and to meet the demands of the local population.

Most of the patient services are provided on the ground floor, and the practice has an additional two consulting rooms on the first floor. There are no automatic doors but there is level access to the premises and a door bell at the entrance for patients who require further assistance.

The practice provides its service to approximately 5,500 patients under a General Medical Services (GMS) contract. (A GMS contract is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract).

The practice partnership includes four GP partners whose working hours were equivalent to approximately three whole time GPs. Three GPs are female and one is male. The practice supports medical students and fully qualified doctors training to become GPs. At the time of our inspection, the practice was supporting two doctors training to become GPs. The practice employs three

practice nurses, one health care assistant, one phlebotomist and two dispensers. The practice is supported by several office and administrative staff under the management of one practice manager.

The practice population demographic shows there is a higher than average patient population aged 50 and above compared with local and national averages. The general Index of Multiple Deprivation (IMD) population profile for the geographic area of the practice is in the second least deprivation decile. (An area itself is not deprived: it is the circumstances and lifestyles of the people living there that affect its deprivation score. Not everyone living in a deprived area is deprived and that not all deprived people live in deprived areas). Average male and female life expectancy for the practice is 81 and 86 years, which is above the national average of 79 and 83 years respectively.

The practice is open from 8am to 6.30pm Monday to Friday. Appointment times range from 8.30am to 12.30pm and 2pm to 6.25pm. Extended hours appointments are from 6.30pm to 8pm on Mondays.

The practice has opted out of providing out of hours services to its patients. Patients can access the out of hour's services provided by South Western Ambulance Service NHS Foundation Trust via the NHS 111 service.

The practice provides its services at the following address:

Well Lane,  
Stow-on-the-Wold,  
Gloucestershire,  
GL54 1EQ.



# Detailed findings

## Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 6 June 2017. During our visit we:

- Spoke with a range of staff including three GP Partners, one trainee GP, three practice nurses, one health care assistant, two members of the reception/ administration team, two dispensers and the practice manager.
- We also spoke with eight patients who used the service and two members of the patient participation group.
- Observed how patients were being cared for in the reception area and talked with carers and/or family members.
- Reviewed a sample of the personal care or treatment records of patients.

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- Older people.
- People with long-term conditions.
- Families, children and young people.
- Working age people (including those recently retired and students).
- People whose circumstances may make them vulnerable.
- People experiencing poor mental health (including people living with dementia)

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.



# Are services safe?

## Our findings

### Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- From the sample of 13 documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, when several patients complained to the practice that they were receiving the wrong medicines from the community pharmacy, the practice investigated each incident to check that the correct prescriptions had been issued. In order to address those issues, the practice arranged a meeting with the pharmacist to discuss those issues and ensure measures were put in place so these did not happen again.
- The practice also monitored trends in significant events and evaluated any action taken.

### Overview of safety systems and processes

The practice had systems, processes and practices in place; however, they did not always minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were

accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. GPs attended safeguarding meetings when possible or provided reports where necessary for other agencies.

- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three. Two members of the nursing team were trained to level three and one to level two child safeguarding. Non-clinical staff were trained to level two.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

Standards of cleanliness and hygiene were not maintained throughout the practice.

- We observed the waiting areas, consulting and treatment rooms to be generally clean and tidy. There were cleaning schedules and monitoring systems in place. However, we noted the carpets in the consulting rooms were heavily stained and there was no schedule in place for deep cleaning the carpets. Curtains around consulting areas were cleaned or replaced annually instead of six monthly.
- It was unclear who the infection prevention and control (IPC) clinical lead was. There was an IPC protocol which had not been reviewed since 2014 and the person identified as the IPC lead was not employed by the practice anymore. Not all staff had received up to date training. Annual IPC audits had not been undertaken since 2014. We received information after the inspection to confirm that staff had received the training but their computer system had not been updated. We were also informed that they had requested additional support and training from a local nurse facilitator to ensure the issues identified at the inspection in relation to IPC are addressed.



## Are services safe?

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice did not minimise risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Blank prescription forms and pads were securely stored. However, there were no systems to monitor their use. This was rectified during the inspection and we saw evidence that the practice had started to log blank prescription forms and handwritten pads.
- We found water for injections in a doctor's bag and containers for the storage of blood samples in treatment rooms had passed their expiry date.
- One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for clinical conditions within their expertise. They received mentorship and support from the medical staff for this extended role.
- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presenting for treatment.
- Health care assistants were trained to administer vaccines and medicines and patient specific prescriptions or directions (PSDs) from a prescriber were produced appropriately. PSDs are written instructions, from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis.
- There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training.
- Records showed that all members of staff involved in the dispensing process were appropriately qualified; however, their competence was not checked regularly by the lead GP for the dispensary.
- Dispensary staff showed us standard procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines). However, these had not been reviewed since February 2016. After the inspection, we were told that these have now been reviewed.
- Dispensary reviews of the use of medicines (DRUMs) were completed by the dispensers and referred to the patient's usual GP if there were any concerns. It was recognised that conducting a DRUM at the dispensary hatch where medicines were given to patients was not appropriate as it did not respect patients need for privacy.
- Systems were in place to ensure prescriptions were signed before the medicines were dispensed and handed out to patients.
- Dispensary staff identified when a medicine review was due and told us that they would alert the relevant GP to re-authorise the medicine before a prescription could be issued. This process ensured patients only received medicines that remained necessary for their conditions.
- The dispensary staff were not responsible for checking the monitoring of high risk medicines but did routinely check that bloods results were on the system.
- A bar code scanner was in use to check the dispensing process.
- The dispensary staff were able to offer weekly blister packs for patients who needed this type of support to take their medicines. Staff knew how to identify medicines that were not suitable for these packs and offered alternative adjustments to dispensing where possible.
- We saw a positive culture in the practice for reporting and learning from medicines incidents and errors. Incidents were logged efficiently and then reviewed promptly. This helped to make sure appropriate actions were taken to minimise the chance of similar errors occurring again.
- Systems were in place to deal with any medicines alerts or recalls, however, these were not routinely reported to



# Are services safe?

the management team to ensure actions taken were overseen by the governance team. We were informed after the inspection that a GP and the practice manager have now ensured that they also receive medicines alerts and recalls directly so there is management oversight of the actions taken.

- Records showed fridge temperature checks were carried out which ensured medicines were stored at the appropriate temperature and staff were aware of the procedure to follow in the event of a fridge failure. However, at the time of the inspection the vaccine fridge in the practice was not kept locked.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. For example, controlled drugs were stored in a controlled drugs cupboard, access to them was restricted and the keys held securely. There were arrangements in place for the destruction of controlled drugs. Staff were aware of how to raise concerns with the controlled drugs accountable officer in their area. However, we saw that stock checks for controlled drugs were not routinely completed in accordance with national guidance. The practice sent us information after the inspection to inform us that they have reviewed their procedures and will now be undertaking stock checks in line with national guidance.

We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

## Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment but had not carried out regular fire drills since September 2014. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.

- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

## Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible and all staff knew of their location. All the medicines we checked were in date.
- The practice did not have a business continuity plan for major incidents such as power failure or building damage. We were told that the information required in an emergency was available on the practice's intranet which is accessible to all staff remotely. This included useful contact details and a plan for extreme weather. There was no specific plan to show whose responsibility it was to act in the event of a major incident.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- Medicines alerts and recalls were not routinely reported to the management team to ensure actions taken were overseen by the governance team. We were informed after the inspection that a GP and the practice manager have now ensured that they also receive medicines alerts and recalls directly so there is management oversight of the actions taken.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 98% of the total number of points available compared with the clinical commissioning group (CCG) average of 98% and national average of 95%. Overall exception reporting for the practice was 8% compared with the CCG average of 12% and national average of 10%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects)

This practice was not an outlier for any QOF (or other national) clinical targets, however, they were outlier for exception reporting in some clinical domains. Data from 2015/16 showed:

- The percentage of patients on the diabetes register, who had a their blood glucose level within the target range in the preceding 12 months (04/2015 to 03/2016) was 81% which was above the clinical commissioning group of 80% and national average of 78%.
- 96% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the preceding 12 months (04/2015 to 03/2016), which was above the clinical commissioning group of 86% and the national average of 84%.
- The percentage of patients with severe mental health problems who had a comprehensive, agreed care plan documented in their record, in the preceding 12 months (04/2015 to 03/2016) was 100% compared to the CCG average of 93% and national average of 89%. However, exception reporting for this domain was 30% (seven out of 26 patients) compared to the CCG average of 15% and national average of 10%. The practice explained that there were patients who did not engage with the practice for reviews and we were told about how they had kept in contact with the patients to ensure their health and well-being were maintained. For example, where patients had a good relationship with the reception staff, those staff were asked to make welfare calls to those patients on behalf of the GPs.
- The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the three Royal College of Physicians questions (04/2015 to 03/2016) was 75% compared with the CCG average of 76% and national average of 76%.

We found that the exception reporting for the practice in the some domains was higher than local and national averages. For example:

- Overall exception for patients diagnosed with cancer was 61% compared to the CCG average of 30% and national average of 25%.
- Overall exception for patients diagnosed with depression was 36% compared to the CCG average of 18% and national average of 22%.
- Overall exception for patients diagnosed with rheumatoid arthritis was 31% compared to the CCG average of 9% and national average of 8%.

During the inspection, we discussed the areas of high exception reporting with the practice. The practice



# Are services effective?

## (for example, treatment is effective)

identified that along with some patients not attending the practice for reviews despite being sent personal letter from their GP, there had been some coding issues on their computer system.

The practice employed a nurse who oversees the care of older patients and those who are considered frail. The nurse visited patients, their carers and families to undertake assessment of patients' needs to ensure care plans were updated. They also referred or signposted patients to other services such as the social care team, integrated care team or the falls team when required.

The practice had developed a management plan for patients with long term conditions. These were agreed with the patient during their appointment with their GP and reviewed with the nursing team during follow up appointments.

There was evidence of quality improvement including clinical audit:

- There had been 13 clinical audits commenced in the last two years, four of these were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, recent action taken as a result included, identifying patients who had either had their spleen removed or had spleen dysfunction who were at greater risk of pneumococcal infections including meningitis. The first audit identified that three out of six patients had not received the recommended vaccine. Letters were sent to those patients to offer the vaccines and alerts were placed on their clinical notes to ensure they were recalled appropriately when they were due for further vaccine. A re-audit four months later showed that all those patients (including patients who had registered with the practice since the first audit) had received the recommended vaccine and had appropriate recalls placed on their clinical notes. Two of the new patients did not have a recall on the clinical system and this was actioned immediately.

Information about patients' outcomes was used to make improvements such as: extending appointment times to 15 minutes to reduce patients' waiting time after their appointment was due.

### Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. However, we found that not all staff had received training in health and safety, infection prevention and control, information governance and the Mental Capacity Act 2005. The practice sent us information following the inspection to confirm that staff had now completed those training.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. GPs had also received training in additional areas, such as Diploma in Paediatric Care.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. However, not all staff had received an appraisal in the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.
- The practice had used training materials from the Royal College of General Practitioners to increase autism awareness among staff. The practice shared with us a positive example of how they supported a patient with autism to manage their anxieties around seeing health care professionals.

### Coordinating patient care and information sharing



# Are services effective?

## (for example, treatment is effective)

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- From the examples we reviewed we found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health care professionals on a two monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

### Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, the GPs carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GPs assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and those who were frail.
- Smoking cessation advice was available from the nursing team.
- The practice had implemented several ideas to encourage young people to engage with the practice and to raise health awareness. For example, they hosted young people on work experience and had organised a colouring competition for local school children to raise awareness of the importance of covering up in the sun and wearing sunscreen.
- The practice took part in a Health and Wellbeing fair in 2016 to promote healthy eating and provided recipes for patients.

The practice's uptake for the cervical screening programme was 88%, which was above the CCG average of 84% and the national average of 81%. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The patient uptake for the bowel screening service in the last two and a half years was 61% compared to the CCG average of 63% and national average of 58%. The practice also encouraged eligible female patients to attend for breast cancer screening. The rate of uptake of this screening programme in the last three years was 79% compared to the CCG average of 76% and national average of 73%.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were above CCG and national averages. For example, rates for the vaccines given to under two year olds ranged from 95% to 100% ;five year olds ranged from 98% to 100% compared to the CCG average of 90% to 95% and national average of 88% and 94%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and



# Are services effective?

(for example, treatment is effective)

NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.



# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

All of the 47 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. One of the comment cards describe an example of how they witnessed members of staff at the practice going above and beyond their duties to assist a patient who was distressed by trying to understand why the patient was distressed, offering them reassurance and arranging for the duty doctor to see them as soon as possible.

We spoke with eight patients and two members of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required. A member of the PPG also shared an example of how one of the GPs provided urgent assistance to a patient in need at their own home when they needed it.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 96% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 95% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 92%.
- 95% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% national average of 85%.
- 91% of patients said the nurse was good at listening to them compared with the CCG average of 94% and the national average of 91%.
- 96% of patients said the nurse gave them enough time compared with the CCG average of 94% and the national average of 92%.
- 99% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 99% and the national average of 97%.
- 91% of patients said the last nurse they spoke to was good at treating them with care and concern compared with the CCG average of 93% the national average of 91%.
- 95% of patients said they found the receptionists at the practice helpful compared with the CCG average of 90% and the national average of 87%.

### Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Children and young people were treated in an age-appropriate way and recognised as individuals.



## Are services caring?

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were above the local and national averages. For example:

- 95% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 89% and the national average of 86%.
- 94% of patients said the last GP they saw was good at involving them in decisions about their care compared with the CCG average of 85% and the national average of 82%.
- 94% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 92% and the national average of 90%.
- 91% of patients said the last nurse they saw was good at involving them in decisions about their care compared with the CCG average of 87% and the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that interpretation services were available for patients who did not have English as a first language.
- Information leaflets were available in easy read format.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place,

date and time for their first outpatient appointment in a hospital. The practice had also arranged for IT clinics to be held at the practice to assist patients who required further support with the online services including Choose and Book.

### **Patient and carer support to cope emotionally with care and treatment**

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 152 patients as carers (approximately 2.8% of the practice list). Written information was available to direct carers to the various avenues of support available to them. Older carers were offered timely and appropriate support. For example, there was a dedicated nurse who coordinated the care of older frail patients and referred or signposted carers to appropriate support such as the local prescriber, or the social care team.

Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy card. The family would usually receive a support visit the following day from one of the GPs.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice offered extended hours on a Monday evening until 8pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. The GPs recognised that local public transport services were limited and patients who are elderly and frail found it difficult to attend the practice. They therefore had a low threshold for patients who required home visits. We saw that 20 home visits had been undertaken for patients who needed those on the day of the inspection.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning. The practice worked closely with a local nursing home that provided palliative care.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice sent text message reminders of appointments and test results.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- There were accessible facilities, which included a hearing loop, and interpretation services available.
- The practice recognised that they had a high number of elderly patients and recognised that it may cause difficulties for those patients to access their online services such as ordering repeat prescriptions. They had held information technology clinics for those patients who wished to use the online services and a member of staff supported patients using them. We were told that four patients had been supported through these clinics and approximately 35 patients had been supported over the phone.
- They also recognised that many elderly patients found it easier to order repeat prescriptions over the phone. The practice had maintained this facility for all patients.
- The practice support two local care homes and provided fortnightly visits to patients who were registered with the practice residing in those homes.
- The practice adjusted their appointment systems for patients with multiple long term conditions to ensure they could be reviewed in a single appointment.
- The practice offered equipment on loan for patients with respiratory conditions when they experienced an exacerbation in their condition.
- The health care assistant ran specific clinics for patients who were on blood thinning medicines on a weekly basis.
- The practice ran a flu vaccine clinic in the local supermarket's car park using an information bus provided by the clinical commissioning group (CCG). This idea was implemented following consultation with the patient participation group on how the clinic could be run to increase uptake.
- One of the GPs and the nursing team carried out a phlebotomy service for children which enabled parents to have this service locally instead of travelling to the hospital.
- Two of the GPs ran women's health and contraception clinics. Those clinics were arranged early morning or in the afternoon so that women who were working had a choice of when to attend.
- One of the nurses ran evening smoking cessation clinics to enable working patients to attend.

### Access to the service

The practice was open from 8am to 6.30pm Monday to Friday. Appointment times range from 8.30am to 12.30pm and 2pm to 6.25pm. In addition to pre-bookable appointments that could be booked up to six months in advance, urgent appointments were also available for patients that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.



# Are services responsive to people's needs?

## (for example, to feedback?)

- 82% of patients were satisfied with the practice's opening hours compared with the CCG average of 78% and the national average of 76%.
- 85% of patients said they could get through easily to the practice by phone compared with the CCG average of 83% and the national average of 73%.
- 88% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 83% and the national average of 76%.
- 95% of patients said their last appointment was convenient compared with the CCG average of 94% and the national average of 92%.
- 89% of patients described their experience of making an appointment as good compared with the CCG average of 80% and the national average of 73%.
- 43% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 63% and the national average of 58%.

The practice recognised that some patients had to wait a long time to be seen after their appointment time. They had undertaken an audit of their appointment and as a result, had changed the duration of appointments from 10 minutes to 15 minutes.

Patients told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

The duty doctor telephoned the patient or carer in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. In cases where the urgency of need was so great that it would

be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

### Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. For example, on the practice information leaflets and on their website.

We looked at six complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, openness and transparency. Lessons were learned from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, when a patient went to collect their medicine at their local pharmacy and found that their prescription had not been sent by the practice, the patient phoned the practice to raise this issue. A member of staff looked into this issue and confirmed that the prescription had been sent. However, when the patient went back to their local pharmacy, there was no record that the prescription had been sent. The practice investigated this further and found that the prescription had been sent to the wrong pharmacy. The practice apologised for the mistake and the inconvenience it has caused the patient. The practice discussed this with the relevant GP and administration staff and training was offered to staff about how to research the computer system should a similar issue happen again.



# Are services well-led?

Requires improvement 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

## Our findings

### Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

An overarching governance framework supported the delivery of the strategy and good quality care. However, the arrangements to monitor and improve quality and identify risk had not been reviewed.

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas. For examples, some of the GPs had lead roles in safeguarding, women's health and minor surgery. Nurses had lead roles in long-term conditions and care of older patients.
- The practice had a number of policies and procedures to govern activity, but some of these were overdue a review. For example, the infection prevention and control policy.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- Appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not in place. For example, there were no systems in place to ensure the risks relating to infection prevention and control within the practice were identified and mitigating actions implemented.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

### Leadership and culture

The partners in the practice told us they prioritised safe, high quality and compassionate care. Most staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. From the documented examples we reviewed we found that the practice had systems to ensure that when things went wrong with care and treatment:

- The practice gave affected patients reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure, however, not all staff felt supported by management. The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors and school nurses to monitor vulnerable families and safeguarding concerns.

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so, however, staff felt that these issues were not acted upon. We noted team away days were held for half a day annually. Minutes were comprehensive and were available for practice staff to view.
- Staff said they felt respected and valued, however, not all staff felt supported by the management team. Staff working in the dispensary had not regularly had their competency checked and not all staff had received an appraisal in the last 12 months.

### Seeking and acting on feedback from patients, the public and staff



# Are services well-led?

Requires improvement 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- Patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. The PPG told us that the practice engaged with them for improvement ideas and sought their feedback. For example, the practice shared several ideas on how to run the last flu clinic to increase uptake and make it easier for patients to attend. The PPG felt the practice's idea to use the clinical commissioning group's information bus in the local supermarket's car park would be better as it would stop the practice from being too busy on the day.
- The NHS Friends and Family test, complaints and compliments received. For example, when patients complained that the check in screen was difficult to use and suggested a touch pen was provided, we saw the practice had arranged for a touch pen to be made available for patients to use.
- Staff through staff away days and generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, a member of the nursing team told us that when she suggested undertaking smoking cessation clinics for working patients during extended hours, the practice facilitated this. However, not all staff felt that requests and suggestions for improvements were acted on. For example, some staff felt their work was continuously disrupted and no actions had been taken to improve this. Staff also told us that their requests for new equipment had not been acted on.



## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>(1) Care and treatment must be provided in a safe way for service users.</p> <p><b>How the regulation was not being met:</b></p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of patients who use services. They had not ensured that:</p> <ul style="list-style-type: none"><li>• Controlled Drugs were checked in line with current evidence based guidance.</li><li>• Risks associated with the storage of medicines in the practice including the vaccine fridge had been assessed and mitigating actions implemented.</li><li>• Medicines in doctors bag and containers for the storage of blood samples were within their expiry date.</li><li>• Risks associated with the control and prevention of infections had been assessed, actions identified and implemented.</li><li>• Fire drills were regularly undertaken.</li><li>• A business continuity plan was in place in case of a major incident.</li></ul> <p>This was in breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p><b>How the regulation was not being met:</b></p>



This section is primarily information for the provider

## Requirement notices

Surgical procedures

Transport services, triage and medical advice provided remotely

The registered person did not ensure staff received appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.

This was in breach of regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.