Drs Thorpe, Burgess, Jones & Stone

Quality Report

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Date of inspection visit: 10 February 2015
Date of publication: 11/06/2015

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?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Requires improvement

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Thorpe, Burgess, Jones and Stone at Moulton Medical Centre on 10 February 2015. Overall the practice is rated as requires improvement.

Specifically, we found the practice to require improvement for providing safe and well led services. It also required improvement for providing services for the all the population groups. It was good for providing effective, caring and responsive service.

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

- There was not a clear system for reporting incidents, near misses or concerns, therefore evidence of learning and communication to staff was limited. However, staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses.
- Complaints had been investigated fully. However learning from complaints was not consistent in the evidence we looked at. Information about how to complain was readily available.
- Risks to patients were assessed and managed, with the exception of those relating to control of substances hazardous to health.
- Data showed patient outcomes were average for the locality. Although some audits had been carried out, we saw no evidence that audits were driving improvement in performance to improve patient outcomes.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Urgent appointments were usually available on the day they were requested.
- The practice had a number of policies and procedures to govern activity, but some were overdue for review.
- The practice did not hold governance meetings. Issues were discussed at ad hoc meetings with the GP partners.

Summary of findings

The areas where the provider must make improvements are:

- The practice must have a robust disaster handling and business continuity plan .
- Embed a system to manage and learn from significant events.
- Embed a system to manage and learn from concerns and complaints.
- Ensure that the COSHH risk assessment and data sheets are updated on a regular basis.

In addition the provider should:

- The practice should have practice meetings which are regular, structured and relevant to give all staff the opportunity to take part, where information is shared and lessons learnt.
- Policies and procedures should be reviewed and updated on a regular basis
- Ensure that prevalence, for example, patients with depression, are coded correctly on the electronic patient record system.
- Undertake further work to ensure the practice capture patients with undiagnosed dementia.

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?

Requires improvement

The practice is rated as requires improvement for providing safe services as there are areas where it should make improvements.

Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons learned were not communicated widely enough to support improvement. Most risks to patients were assessed and managed but the practice did not have a risk log. There were enough staff to keep patients safe.

Are services effective?

Good

The practice is rated as good for providing effective services.

Data showed patient outcomes were average for the locality. Staff referred to guidance from National Institute for Health and Care Excellence and used it routinely. Patient's needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams but was generally informal and record keeping was absent. Choose and Book was the referral process used by the practice for the majority of referrals. All referrals processed on the day or within 24 hours.Although audits had been carried out we saw no evidence that audits were driving improvements to patient outcomes.

Are services caring?

Good

The practice is rated as good for providing caring services.

Data showed that patients rated the practice higher than others for several aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information to help patients understand the services available was easy to understand. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Patients said they found it easy to make an appointment with a

Summary of findings

named GP and that 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. Information about how to complain was available in the practice waiting room. The practice responded quickly to issues raised. However, there was no evidence that learning from complaints had been consistently shared with staff.

Are services well-led?

Requires improvement

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

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. We were told by the lead GP of the vision and practice values were part of the practice's strategy and plans for the future. The practice did not have a practice manager therefore the management roles were shared between the GP partners. We spoke with 12 members of staff and they all knew and understood the vision and values and knew what their responsibilities were in relation to these. There was a clear leadership structure and staff felt supported by management. High standards were promoted and owned by all practice staff and teams worked together across all roles. There was a high level of informal constructive engagement with staff and a high level of staff satisfaction. The practice had a number of policies and procedures to govern activity but some of these were overdue a review. The practice did not hold regular governance meetings. There were some systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was in its infancy and future meetings were planned. Staff had received inductions and regular performance reviews.

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

Requires improvement

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

Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care.

There was a named GP for all patients over 75. Medication trays were dispensed for older people to ensure they took their medicines. This allowed the dispensary team to monitor the patient when they collected their prescriptions. If a patient looked unwell they would ask them to see the GP for a check-up.

Flu vaccinations were offered to all eligible groups. Clinics were held early evening and Saturday mornings to ensure that all those eligible had an opportunity to attend. Staff did home visits to administer the flu vaccination if patient was housebound.

People with long term conditions

Requires improvement

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

The practice completed annual monitoring for patients with Diabetes, Coronary Heart Disease (CHD), Atrial Fibrillation (AF), Chronic Kidney Disease (CKD) sand Cardiovascular Disease (CVD).

The practice had a register for patients with diabetes. 96% had received an influenza vaccination, 77% a foot assessment and 65% had a cholesterol level of five or less. Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.

Summary of findings

All these patients had a named GP and a structured annual review to check that their health and medication needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

The practice had a 'flag system' on the computerised records system which identified patients with more complex needs so that longer appointments could be offered. Home visits were offered.

Flu vaccinations were offered to all eligible groups. Clinics were held early evening and Saturday mornings to ensure that all those eligible had an opportunity to attend.

Families, children and young people

Requires improvement

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

There were systems in place 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 A&E attendances.

Immunisation rates were relatively high for all standard childhood immunisations. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. Appointments were available outside of school hours and the premises were suitable for children and babies, for example for immunisations and eight week baby checks. We saw examples of joint working with local community midwives.

The practice offered the Meningitis C vaccination to all eligible students. The nursing team followed up children who persistently failed to attend appointments such as for childhood immunisations. The nurse manager planned teenage immunisations during school holidays to avoid children having to attend during school hours.

The practice carried out cervical smear screening. 76% of eligible patients had received a smear in the last five years.

Working age people (including those recently retired and students)

Requires improvement

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students). The provider was rated as good for effective, caring and responsive

overall and this includes for this population group. The provider was rated as requires improvement for safe and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice offered walk in surgeries every morning and the patients could choose which GP they saw. 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.

People whose circumstances may make them vulnerable

Requires improvement

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The provider was rated as good for effective, caring and responsive overall and this includes for this population group. The provider was rated as requires improvement for safe and well-led. 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 those with a learning disability. Currently they did not have any homeless people or travellers on their patient list. The practice offered longer appointments for people with a learning disability. It did not carry out annual health checks but 60% of patients registered with a learning disability had opportunistically been seen by a GP in the last 12 months.

The practice had a low Dementia diagnosis rate adjusted by the number of patients in residential care homes. The registered manager we spoke with told us that patients with dementia generally moved out of the practice area to Spalding or Holbeach. However this was one area in which the practice had to undertake further work to ensure that they captured patients with undiagnosed dementia.

Influenza vaccinations were offered to all eligible groups. Clinics were held early evening and Saturday mornings to ensure that all those eligible had an opportunity to attend. The practice had a peer review meeting on a monthly basis to discuss admissions and attendances at A&E for patients who were in the vulnerable adults group and those in residential and nursing care.

Use of translation services were available to patients where English was not their first language.

Summary of findings

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff 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.

People experiencing poor mental health (including people with dementia)

Requires improvement

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

The practice had 21 patients on the register. 42.85% of people experiencing poor mental health had received an annual physical health check and had a care plan. However we were told by the practice that they will have completed 100% by the end of March 2015.

The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.

The practice had a register for patients who suffered from depression. 90% had received a review.

Patients on regular medicines had tests to check their blood levels at regular intervals.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations including MIND. MIND is a mental health charity in England and Wales. MIND offers information and advice to people with mental health problems.

Summary of findings

What people who use the service say

During the inspection we spoke with five patients. We also reviewed 19 comments cards that had been completed and left in a CQC comments box. The comment cards enabled patients to express their views on the care and treatment received.

Most of the comment cards reviewed were extremely positive. 18 described an excellent level of care given by staff who were friendly, efficient, respectful and very caring. One comment was less positive and concerned missing medicines. This had been dealt with via the practice's complaints system.

Patients said the practice was clean and a fresh environment. They said the waiting room was too small but this would be difficult to improve due to the layout of the building. They told us that they received the right care and treatment and felt listened to. Staff respected their dignity.

In the July 2014 national GP patient survey 84% patients described the overall experience as good. 92% had confidence or trust in the last GP they spoke with 88% for the nurse. 70% said the nurse involved them in decisions about their care.

The practice had commenced the Family and Friends testing (FFT) on 1 December 2014. FFT will enable patients to provide feedback on the care and treatment provided by the practice.

Areas for improvement

Action the service MUST take to improve

- The practice must have a robust disaster handling and business continuity plan.
- Embed a system to manage and learn from significant events.
- Embed a system to manage and learn from concerns and complaints.
- Ensure that the COSHH risk assessment and data sheets are updated on a regular basis.

Action the service SHOULD take to improve

- The practice should have practice meetings which are regular, structured and relevant to give all staff the opportunity to take part, where information is shared and lessons learnt.
- Policies and procedures should be reviewed and updated on a regular basis
- Ensure that prevalence, for example, patients with depression, are coded correctly on the electronic patient record system.
- Undertake further work to ensure the practice capture patients with undiagnosed dementia.

Drs Thorpe, Burgess, Jones & Stone

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, a second CQC Inspector and a GP practice manager.

Background to Drs Thorpe, Burgess, Jones & Stone

Drs Thorpe, Burgess Jones and Stone – Moulton Medical Centre provides primary medical services to approximately 5,700 patients.

Moulton Medical Centre covers the rural parishes of Moulton, Weston and Whaplode and is situated between the market towns of Spalding and Holbeach. The practice dispenses medicines to the majority of their patients.

At the time of our inspection the practice employed four male GP's (two full time and two part time),a nurse manager, two nurses, one health care support worker, four administration staff, a dispensary manager, six dispensers/ receptionists and one cleaner.

The practice has a General Medical Services Contract (GMS). The GMS contract is the contract between general practices and NHS England for delivering primary care services to local communities.

The practice is located within the area covered by South Lincolnshire Clinical Commissioning Group (CCG). The CCG is responsible for commissioning services from the practice. A CCG is an organisation that brings together local GP's and experience health professionals to take on commissioning responsibilities for local health services.

South Lincolnshire Clinical Commissioning Group (CCG) comprises of 15 member GP practices. The CCG is split into two localities, Welland and South Holland. The CCG commission's services for the populations of Stamford, Bourne, Market Deeping, Spalding, Long Sutton and surrounding areas. The main hospitals serving the population are Peterborough and Stamford Hospitals, Johnson Hospital, Spalding, Queen Elizabeth Hospital, Kings Lynn and Pilgrim Hospital, Boston.

South Lincolnshire has a much higher proportion of older people than England, and a lower proportion of young people. Two of the fifteen practices in South Lincolnshire have a higher average deprivation score than England. The prevalence of diabetes, coronary heart disease, stroke and cancer is higher in South Lincolnshire than for England as a whole.

We inspected the following location where regulated activities are provided:-

Moulton Medical Centre, High Street, Moulton, Spalding, Lincs. PE12 6QB.

The practice did not have a practice manager therefore the management roles were shared between the GP partners. The practice was open from 8 am until 6.30 pm Monday to Friday. The practice offered open surgeries each morning to ensure that all patients who wanted to see a GP can do so without the need for a prebooked appointment. Pre-bookable appointments were available in the

afternoon Monday to Thursday. The registered manager we spoke with told us that the practice no longer offered extended hours as these were not popular with their patients.

The practice had a website which we found had an easy layout for patients to use. It enabled patients to find out a wealth of information about the healthcare services provided by the practice. Information on the website could be translated in many different languages by changing the language spoken. This enabled patients from eastern Europe to read the information provided by the practice.

Moulton Medical Centre had opted out of providing out-of-hours services (OOH) to their own patients. The OOH service is provided by Lincolnshire Community Health Services NHS Trust.

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. This 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.

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.

How we carried out this inspection

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 are provided for specific groups of people and what good care looks like for them. These 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 with dementia)

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We reviewed information from South Lincolnshire Clinical Commissioning Group (CCG), NHS England (NHSE), Public Health England (PHE), Healthwatch Leicestershire and NHS Choices.

We carried out an announced inspection on 10 February 2015.

We asked the practice to put out a box and comment cards in reception where patients and members of the public could share their views and experiences.

We reviewed 19 completed comment cards. 18 were positive and described very good care given by staff who were caring, understanding and responsive. One was less positive with missing medicines being the issue. The dispensary were aware of this concern and had put a process in place to ensure that where possible it did not happen again.

We spoke with 12 members of staff which included four GP's, one nursing manager, one dispensary manager, one nurse, two dispensers, one cleaner and two reception and administration staff.

We observed the way the service was delivered but did not observe any aspects of patient care or treatment.

Requires improvement

Are services safe?

Our findings

Safe track record

The practice used a range of information to identify risks and improve patient safety. For example, reported incidents and national patient safety alerts as well as comments and complaints received from patients. The staff we spoke with were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses.

We reviewed safety records and incident reports. The practice did not hold meetings where these were discussed. We were told by the registered manager that the practice had managed these consistently over time but they were unable to show us any evidence of a safe track record over the long term.

Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events, incidents and accidents. There were records of significant events that had occurred during the last year and we were able to review these. A document to advise staff on 'local incident reporting' was dated 15 September 2009.

The practice did not hold regular formal meetings so we were unable to see that actions from significant events had been reviewed and complaints discussed.

There was limited evidence that the practice had learned from these and that the findings were shared with relevant staff. Staff, including receptionists, administrators and nursing staff, knew how to raise an issue for consideration at the GP daily meetings and they felt encouraged to do so.

Staff used incident forms and sent completed forms to the registered manager. He showed us the system used to manage and monitor incidents. We tracked six incidents and saw records were completed in a timely manner. Some of the records did not include comprehensive information or evidence of action taken as a result.

National patient safety alerts were received by the dispensary manager. Staff we spoke with were able to give examples of recent alerts that were relevant to the care they were responsible for, for example, eye ointment. They told us alerts were discussed with staff to ensure they were aware of any that were relevant to the practice and where they needed to take action.

Reliable safety systems and processes including safeguarding

The practice had systems in place to manage and review risks to vulnerable children, young people and adults. We looked at training records which showed that all staff had received relevant role specific training on safeguarding. We asked members of medical, nursing and administrative staff about their most recent training. Staff knew how to recognise signs of abuse in older people, vulnerable adults and children. They were aware of their responsibilities and knew how to share information. They were also aware of how to properly record documentation of safeguarding concerns and how to contact the relevant agencies in working hours and out of normal hours. Contact details were easily accessible.

The practice had appointed dedicated GPs as leads in safeguarding vulnerable adults and children. They had been trained and could demonstrate they had the necessary training to enable them to fulfil this role. All staff we spoke with were aware who the lead was and who to speak with in the practice if they had a safeguarding concern.

There was a system in place to highlight vulnerable patients on the practice's electronic records. This included information to make staff aware of any relevant issues when patients attended appointments, for example, longer appointment needed, carers or children subject to child protection plans.

The practice had a chaperone policy in place. Posters advertised the availability of chaperones were visible in the waiting room and in consulting rooms. All nursing staff, including health care support workers, carried out chaperone duties and had received training to do so.They understood their responsibilities when acting as chaperones, including where to stand to be able to observe the examination. (A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure).

GPs appropriately used the required codes on their electronic case management system to ensure risks to children and young people who were looked after or on child protection plans were clearly flagged and reviewed.

Requires improvement

Are services safe?

Medicines management

The practice had a lead for medicines management. The practice had a dispensary which dispensed medicines to 95% of its patients.

The dispensary had documents which they referred to as Standard Operating Procedures. All staff involved in the procedure had signed the SOPs to say they have read and understood the SOP and agreed to act in accordance with its requirements.

Standard Operating Procedures (SOPs) cover all aspects of work undertaken in the dispensary. The SOP's should consist of step-by-step information on how to execute a task and an existing SOP be modified and updated when appropriate. Such SOPs would satisfy the requirements of the Dispensary Services Quality Scheme (DSQS). SOPs also provide a basis for training and assessment of competence.

We found that the SOP's did not indicate the level of competency expected for each function performed by dispensers. The SOPs had been reviewed and updated in the last 12 months. There was no written audit trail of amendments to SOPs. We spoke with the dispensary manager who told us the competencies would be added to the SOP's within the next two weeks.

Records showed that all members of staff involved in the dispensing process had received appropriate training. We saw records to demonstrate that their competence was checked regularly. We spoke with dispensary staff who confirmed that they had had their competence checked since obtaining their qualifications.

The practice had a system in place to assess the quality of the dispensing process. They had signed up to the Dispensing Services Quality Scheme, which rewards practices for providing high quality services to patients of their dispensary.

The dispensary accepted back unwanted medicines from patients. NHS England's Area Team made arrangements for a waste contractor to collect the medicines from the dispensary at regular intervals. We found that the dispensary had secure containers to keep the unwanted medicines.

The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had in place standard procedures that set out how they were managed. These were being followed by the practice staff. For example, controlled drugs were stored in a controlled drugs cupboard and 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 around controlled drugs with the controlled drugs accountable officer in their area.

We checked the medicine refrigerator in the dispensary and found medicines were stored securely and were only accessible to authorised staff. Processes were in place to check medicines were within their expiry date and suitable for use. All the medicines we checked were within their expiry dates.

The nurses administered vaccines using directions that had been produced in line with legal requirements and national guidance. We saw up-to-date copies of directions and evidence that nurses and had received appropriate training to administer vaccines.

There was a system in place for the management of high risk medicines, which included regular monitoring in line with national guidance. Appropriate action was taken based on the results.

All prescriptions were reviewed and signed by a GP before they were given to the patient. Blank prescription forms were handled in accordance with national guidance as these were tracked through the practice and kept securely at all times.

Dispensing staff at the practice were aware prescriptions should be signed before being dispensed. If prescriptions were not signed before they were dispensed, staff were able to demonstrate that these were risk assessed and a process was followed to minimise risk. We saw that this process was working in practice.

Cleanliness and infection control

We observed the premises to be clean and tidy. We saw there were cleaning schedules in place and cleaning records were kept which included carpets and privacy curtains. Patients we spoke with told us they found the practice clean and had no concerns about cleanliness.

The nurse manager and one of the practice nurses led on infection control and both had undertaken further training to enable them to provide advice on the practice infection control policy and carry out staff training. They also attended regular external infection control meetings. All

staff received induction training about infection control specific to their role and received annual updates. We saw evidence that infection control audits had been carried out for each of the last three years and that any improvements identified for action were completed on time. The nurse manager told us that they carried out an audit every three months and then re-audited after a month to ensure that actions had been completed. They told us that as the practice was small, findings were discussed informally with the lead GP.

An infection control policy and supporting procedures were available for staff to refer to, which enabled them to plan and implement measures to control infection. For example, personal protective equipment including disposable gloves, aprons and coverings were available for staff to use and staff were able to describe how they would use these to comply with the practice's infection control policy, for example to deal with a blood spillage. There was also a policy for needle stick injury and staff were able to describe the correct procedure they would follow in the event of such an injury.

Notices about hand hygiene techniques were displayed in staff and patient toilets. Hand washing sinks with soap, hand gel and hand towel dispensers were available in treatment rooms.

Sharps bins were correctly assembled and labelled. The practice had a blood and vomit spillage kit available for staff to use and staff we spoke with knew where to find it and how to use it.

There were arrangements in place for the disposal of clinical waste and sharps such as needles and blades. We saw evidence that their disposal was arranged by a suitable external company. Prior to collection the waste was stored at the side of the practice. This area was accessible to the public. We discussed this with the nurse manager who said they had highlighted this in the most recent audit and were looking in to securing the area.

All cleaning materials and chemicals were stored securely. Control of substances hazardous to health (COSHH) information was available to ensure their safe use. Some information had not been reviewed since 2011. The practice had a COSHH risk assessment which had not been reviewed since January 2013.

The practice had a policy for the management, testing and investigation of legionella (a germ found in the environment which can contaminate water systems in buildings). We saw records that confirmed the practice was carrying out regular checks in line with this policy to reduce the risk of infection to staff and patients.

Equipment

Staff we spoke with told us they had equipment to enable them to carry out diagnostic examinations, assessments and treatments. They told us that all equipment was tested and maintained regularly and we saw equipment maintenance logs and other records that confirmed this.

All portable electrical equipment was routinely tested and displayed stickers indicating the last testing date, for example, the ECG machine. An electrocardiogram machine (ECG) records the electrical activity of the heart.

A schedule of testing was in place. We saw evidence of calibration of relevant equipment; for example weighing scales, spirometers, blood pressure measuring devices and the fridge thermometer.

Staffing and recruitment

Records we looked at contained evidence that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and criminal records checks through the Disclosure and Barring Service (DBS). There was a risk assessment in place for staff who the practice did not consider it was necessary to carry out a DBS check for. The practice had a recruitment policy that set out the standards it followed when recruiting clinical and non-clinical staff.

Staff told us about the arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. We saw there was a rota system in place for the different staffing groups to ensure that enough staff were on duty. There was also an arrangement in place for members of staff, including nursing and administrative staff, to cover each other's annual leave.

Staff told us there were enough staff to maintain the smooth running of the practice and there were always enough staff on duty to keep patients safe. The practice had a low turnover of staff. Many staff were long serving. The registered manager told us that only one member of a team could be off on annual leave at any one time to ensure that the practice ran smoothly.

Requires improvement

Are services safe?

Monitoring safety and responding to risk

The practice had some systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. These included annual checks of the building, the environment, medicines management, staffing, dealing with emergencies and equipment.

There was a lead GP responsible for health and safety along with a health and safety policy. The practice had carried out a health and safety assessment which had been updated in November 2014. Each area of the practice had been assessed and risks had been identified and actions had been taken. The practice did not have a risk log where each risk had been rated and mitigating actions recorded to reduce and manage the risk. The practice did not hold formal meetings were these were discussed.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to manage emergencies. Records showed that all staff had received training in basic life support. Emergency equipment was available including access to oxygen and an automated external defibrillator (used to attempt to restart a person's heart in an emergency). When we asked members of staff, they all knew the location of this equipment and records confirmed that it was checked regularly.

Emergency medicines were available in a secure area of the practice and all staff knew of their location. These included those for the treatment of anaphylaxis and hypoglycaemia. Anaphylaxis is an acute allergic reaction to an antigen (e.g. a bee sting) to which the body has become hypersensitive. Hypoglycaemia is a low blood sugar**.** Processes were also in place to check whether emergency medicines were within their expiry date and suitable for use. All the medicines we checked were in date and fit for use.

A disaster handling and business continuity plan was in place to deal with a range of emergencies that may impact on the daily operation of the practice. Risks identified included loss of main premises, loss of computer and telephone systems and access to the building. However we found that the risks identified had not been rated and mitigating actions recorded to reduce and manage the risk. The document also contained relevant contact details for staff to refer to. For example, contact details of a heating company to contact if the heating system failed.

All staff had access to an emergency call icon on the electronic computer system. If pressed this would alert staff in all rooms of the practice in the event of an emergency.

The practice had carried out a fire risk assessment that included actions required to maintain fire safety. Records showed that staff were up to date with fire training and that they had practised a fire drill on 5 February 2015.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GPs and nursing staff we spoke with could outline the rationale for their approaches to treatment. They were familiar with current best practice guidance, and accessed guidelines from the National Institute for Health and Care Excellence (NICE) and from local commissioners.

The practice did not hold practice meetings where new guidelines were disseminated, the implications for the practice's performance and patients discussed and required actions agreed. We found from our discussions with the GPs and nurses that staff completed thorough assessments of patients' needs in line with NICE guidelines, and these were reviewed when appropriate.

The GPs told us they lead in specialist clinical areas such as diabetes, heart disease and asthma. The practice nurses had special interests in diabetes and respiratory medicine and supported the work of the GP's, which allowed the practice to focus on specific conditions. Clinical staff we spoke with were open about asking for and providing colleagues with advice and support. GPs told us this supported all staff to continually review and discuss new best practice guidelines for the management of respiratory disorders.

National data showed that the practice was in line with referral rates to secondary and other community care services for all conditions. All GPs we spoke with used national standards for the referral of patients with suspected cancers referred and seen within two weeks.

The practice had a peer review meeting on a monthly basis to discuss admissions and attendances at A&E for patients who were in the vulnerable adults group and those in residential and nursing care.

Discrimination was avoided when making care and treatment decisions. Interviews with GPs showed that the culture in the practice was that patients were cared for and treated based on need and the practice took account of patient's age, gender, race and culture as appropriate.

Management, monitoring and improving outcomes for people

Staff across the practice had key roles in monitoring and improving outcomes for patients. These roles included data input, scheduling clinical reviews, and managing child protection alerts and medicines management. The information staff collected was then collated by the registered manager to support the practice to carry out clinical audits.

The GPs told us clinical audits were often linked to medicines management information, safety alerts or as a result of information from the quality and outcomes framework (QOF). The NHS Quality and Outcomes Framework (QOF) system is used to monitor the quality of services in GP practices. For example, we saw audits regarding the prescribing of anti-emetics. Following the audit, the GPs carried out medication reviews for patients who were prescribed these medicines and altered their prescribing practice to ensure it aligned with national guidelines.

We reviewed data from the CQC intelligent monitoring tool. It draws on existing national data sources and included indicators which covered a range of GP practice activity and patient experience, for example, the QOF and the National GP Patient Survey.

We were told and we saw the evidence that the practice had been proactive in looking at the data provided by the CQC intelligent monitoring and had carried out audits for the areas of risk identified.

The practice found that number of Ibuprofen and Naproxen Items prescribed as a percentage of all Non-Steroidal Anti-Inflammatory drugs Items prescribed was out of date. They had carried out an audit and found that coding had been the reason for low reporting. The practice had completed a further audit and reported 70% usage which was in line with the expected levels for other practices within the CCG.

The practice had looked at the percentage of patients aged 75 or over with a fragility fracture on or after 1 April 2012, who were currently treated with an appropriate bone-sparing agent and had instigated further treatments. They had carried out an audit and found that coding had been the main reason for low reporting The practice had completed a further audit and reported the expected levels for other practices within the CCG.

The practice had a low Dementia diagnosis rate adjusted by the number of patients in residential care homes. The registered manager we spoke with told us that patients

with dementia generally moved out of the practice area to Spalding or Holbeach. However this was one area in which the practice had to undertake further work to ensure that they captured patients with undiagnosed dementia.

Staff had handed out memory screening leaflets at their influenza clinics in an attempt to identify patients with undiagnosed dementia. The registered manager we spoke with told us that this was one area in which the practice had to undertake further work to ensure that they captured patients with undiagnosed dementia.

Following the audits, the GPs carried out medication reviews for patients who were prescribed these medicines and altered their prescribing practice, in line with the guidelines. GPs maintained records which demonstrated how they had evaluated the service and documented the success of any changes.

The practice also used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. These are regularly analysed and areas for improvement discussed.

The team was making use of clinical audit tools, appraisal and informal staff discussions to assess the performance of clinical staff. The staff we spoke with discussed how they reflected on the outcomes being achieved and areas where this could be improved. Staff spoke positively about the culture in the practice around audit and quality improvement.

We spoke with the registered manager and saw evidence that repeat prescribing which was in line with national guidance. In line with this, staff regularly checked that patients receiving repeat prescriptions had been reviewed by the GP. They also checked that all routine health checks were completed for long-term conditions such as diabetes and that the latest prescribing guidance was being used. The IT system flagged up relevant medicines alerts when the GP was prescribing medicines. We saw evidence to confirm that, after receiving an alert, the GPs had reviewed the use of the medicine in question and, where they continued to prescribe it, outlined the reason why they decided this was necessary. The evidence we saw confirmed that the GPs had oversight and a good understanding of best treatment for each patient's needs.

The practice also participated in local benchmarking run by the CCG. This is a process of evaluating performance data from the practice and comparing it to similar surgeries in the area. This benchmarking data showed the practice had outcomes that were comparable to other services in the area.

The practice had already made changes to the seating areas within the waiting room. A notice was put in reception to ask patients to give patients privacy when standing at reception. This was in direct response to the proportion of respondents who completed the July 2014 national GP patient survey who stated that changes needed to be made in the reception area so that other patients can't overhear.

Effective staffing

The practice did not have a practice manager. Management roles were shared between the four partners. Areas such as payroll and accounts were sent to external organisations.

Practice staffing included medical, nursing, managerial and administrative staff. We reviewed staff training records and saw that all staff were up to date with attending mandatory courses such as annual basic life support.

All GPs were up to date with their yearly continuing professional development requirements and all either have been revalidated or had a date for revalidation. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England).

All staff undertook annual appraisals which included self-appraisal and identified learning needs. Our interviews with staff confirmed that the practice was supportive and proactive in providing training and funding for relevant courses, for example the practice looked at how to extend the role of the health support worker. As a result they attended training in spirometry, smoking cessation support and contraceptive training which related to younger people.

Practice nurses were expected to perform defined duties and were able to demonstrate that they were trained to fulfil these duties. For example, on administration of vaccines and cervical cytology. Those with extended roles, for example seeing patients with long-term conditions such as asthma, COPD and diabetes were also able to demonstrate that they had appropriate training and updates to fulfil these roles.

Good

Are services effective?

(for example, treatment is effective)

The practice had a long standing stable clinical team with very low levels of turnover of staff.

Working with colleagues and other services

The practice worked with other service providers to meet patient's needs and manage those patients with complex needs. It received blood test results, X ray results, and letters from the local hospital including discharge summaries, out-of-hours GP services and the 111 service both electronically and by post. The practice had a policy that no letters were scanned onto the patient notes. A designated GP was responsible for reading each letter and entering a summary onto the computerised patient records. The GP who saw these documents and results was responsible for the action required. All staff we spoke with understood their roles and felt the system in place worked well. There were no instances identified within the last year of any results or discharge summaries that were not followed up appropriately.

The practice was commissioned for the new enhanced service and had a process in place to follow up patients discharged from hospital. (Enhanced services require an enhanced level of service provision above what is normally required under the core GP contract).

The practice had a good working relationship with the palliative care team. The GP's were able to contact the district nurses, marie curie or macmillan nurses as required. Staff felt this system worked well. The practice did not hold formal multidisciplinary team meetings to discuss the needs of complex patients.

Information sharing

The practice used several electronic systems to communicate with other providers. Electronic systems were also in place for making referrals, and the practice made referrals last year through the Choose and Book system. (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). Staff reported that this system was easy to use. We spoke with the registered manager who told us that patients were offered a choice of where to be referred and in the majority of cases the letter was completed at the time whilst the patients was still in the surgery.

The practice had signed up to the electronic Summary Care Record and planned to have this fully operational by March 2015. (Summary Care Records provide faster access to key clinical information for healthcare staff treating patients in an emergency or out of normal hours).

The practice had systems to provide staff with the information they needed. Staff used an electronic patient record EMIS Web to coordinate, document and manage patients' care. All staff were fully trained on the system, and commented positively about the system's safety and ease of use. This software enabled scanned paper communications, such as those from hospital, to be saved in the system for future reference.

Consent to care and treatment

We found that staff were aware of the Mental Capacity Act 2005 and their duties in fulfilling it. All the clinical staff we spoke with understood the key parts of the legislation and were able to describe how they implemented it in their practice. When interviewed, staff gave examples of how a patient's best interests were taken into account if a patient did not have capacity to make a decision.

All clinical staff demonstrated a clear understanding of Gillick competencies. (These help clinicians to identify children aged under 16 who have the legal capacity to consent to medical examination and treatment).

There was a practice policy for documenting consent for specific interventions. Nursing staff we spoke with clearly explained the process for gaining consent in different situations and gave an example of how they had been unable to administer a vaccination due to their concern over valid consent.

Health promotion and prevention

The practice had QOF registers for COPD, Respiratory and Diabetes. The nursing staff within the practice checked on a monthly basis who needed to attend the practice for a review. A letter is sent out, bloods are often taken before the appointment to enable a full review to be completed. Patients are contacted by phone if they do not respond to a letter and an alert is put on the computerised system to remind staff to book the patient an appointment if they contact the practice.

The practice had 410 patients on the diabetes register. 96% had received an influenza vaccination, 76.8% had a foot assessment and 64.8% had cholesterol of five or less.

Good

Are services effective?

(for example, treatment is effective)

The practice also offered NHS Health Checks to all its patients aged 40-74. The nurse manager explained how eligible patients were identified on a monthly basis and invitations to attend for a health check were sent out.

The practice kept a register of all patients with a learning disability but did not offer an annual physical health check. 12 of the 20 patients on the register had been seen opportunistically in the last year. They were well known to the practice and were having treatment in secondary care.

The practice had identified the smoking status of 1644 patients over the age of 16 who suffered from chronic disease. 32.9% had been offered nurse-led smoking cessation clinics. The practice offered smoking cessations clinics which were run by the nursing staff who had received training from an external organisation to become advisors.

The practice had 35 patients on the dementia screening register and 82.8% had had a review. They had all received a letter which informed them of their named GP. These groups were offered further support in line with their needs.

The practice only had nine patients on their depression register. 90% had received a review. We spoke with the lead GP with regard to these low figures and they identified that they needed to undertake further work on this area and review patient records.

The practice had 21 patients on the mental health register. 42.85% of people experiencing poor mental health had received an annual physical health check and had a care plan. However we were told by the practice that they will have completed 100% by the end of March 2015.

The practice's performance for cervical smear uptake was 76% which was average for the CCG area. There was a policy to offer telephone reminders for patients who did not attend for cervical smears and the practice audited patients who do not attend. There was also a named nurse responsible for following up patients who did not attend screening

The practice offered a full range of immunisations for children, travel vaccines and flu vaccinations in line with current national guidance. Last year's performance for all immunisations was above average for the CCG, and again there was a clear policy for following up non-attenders by the nursing team.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the July 2014 national GP patient survey.

The evidence from this source showed patients were satisfied with how they were treated. For example, data from the July 2014 national GP patient survey showed the practice was rated 'among the best' for patients who rated the practice as good or very good. The practice scored 91% which was well above average for its satisfaction scores on consultations with doctors and nurses. 85% of practice respondents said the GP was good at listening to them. 87% said the GP gave them enough time.

Patients completed CQC comment cards to tell us what they thought about the practice. We received 19 completed cards and the majority were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were efficient, helpful and caring. They said staff treated them with dignity and respect. One comment was less positive but there were no common themes to these. We also spoke with five patients on the day of our inspection. All told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. Disposable or washable curtains were provided in consulting rooms and treatment rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation / treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

We saw that staff were careful to follow the practice's confidentiality policy when discussing patients' treatments so that confidential information was kept private. The practice switchboard was located away from the reception desk which helped keep patient information private. In response to patient and staff suggestions, a system had been introduced to allow only one patient at a time to approach the reception desk. Seating arrangement in the waiting room had been rearranged to afford greater privacy. This prevented patients overhearing potentially private conversations between patients and reception staff. We saw this system in operation during our inspection and noted that it enabled confidentiality to be maintained.

Staff told us that if they had any concerns or observed any instances of discriminatory behaviour or where patients' privacy and dignity was not being respected, they would raise these with a GP partner. The lead GP told us he would investigate these and any learning identified would be shared with staff.

Care planning and involvement in decisions about care and treatment

The patient survey information we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and generally rated the practice well in these areas. For example, data from the July 2014 national GP patient survey showed 92% of practice respondents had confidence or trust in the last GP/Nurse they saw or spoke to. 73% r said the GP involved them in care decisions and 85% felt the GP was good at explaining treatment and results. All these results were above average compared to CCG area.

Patients we spoke to on the day of our inspection told us that health issues were discussed with them and 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 they wished to receive. Patient feedback on the comment cards we received was also positive and aligned with these views.

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patents this service was available.

Patient/carer support to cope emotionally with care and treatment

Notices in the patient waiting room and patient website told patients how to access a number of support groups and organisations. The practice's computer system alerted GPs if a patient was also a carer. There was information on the practice website available for carers to ensure they understood the various avenues of support available to them.

Good

Are services caring?

Patients we spoke to on the day of our inspection were positive about the emotional support they received and commented on how important it was to them to be able to see a doctor of choice on the day. They also described how staff responded compassionately when they needed help and provided support when required.

Information in the patient waiting room told people how to access a number of support groups and organisations.

The practice website contained information for families on what to do if they had suffered bereavement.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We found the practice was responsive to patient's needs and had systems in place to maintain the level of service provided. The needs of the practice population were understood and systems were in place to address identified needs in the way services were delivered.

The NHS England Area Team and Clinical Commissioning Group (CCG) told us that the practice engaged regularly with them and other practices to discuss local needs and service improvements that needed to be prioritised.

The practice had also implemented suggestions for improvements and made changes to the way it delivered services in response to feedback from patients. The practice had made changes to the seating areas within the waiting room. A notice was put in reception to ask patients to give patients privacy when standing at reception. This was in direct response to the proportion of respondents who completed the July 2014 national GP patient survey who stated that changes needed to be made in the reception area so that other patients can't overhear.

Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its services. The practice website had the facility for information to be translated into many different languages and they had access to online and telephone translation services.

The practice provided equality and diversity training through e-learning. Staff we spoke with confirmed that they had completed the equality and diversity training in the last 12 months.

The practice was a single storey purpose built surgery. It had a car park and off road parking in the streets around the surgery if required. It had six consultation rooms, two treatment rooms and a dispensary.

The premises and services had been adapted to meet the needs of patient with disabilities.

The waiting room was not large however they had a designated area for wheelchairs and prams in order to make the best use of the limited space.

A wheelchair ramp was available to improve access to the building if required. Home visits were done in cases where access to the surgery is difficult.

Accessible toilet facilities were available for all patients attending the practice including baby changing facilities.

The majority of the patient population were English speaking patients, though the practice could cater for eastern European languages through translation services.

Access to the service

Appointments were available from 08:00 am to 6:30 pm on weekdays. The practice had open surgery each morning where patients could attend and be seen by a GP. There was also the option to see a GP of choice. The practice also had booked appointments to see a GP in the afternoon. These could be booked seven days in advance. In the July 2014 GP national survey 87% of patients said the receptionists were helpful and 74% were satisfied with the surgery opening hours.

Comprehensive information was available to patients about appointments on the practice website. This included how to arrange urgent appointments and home visits and how to book appointments through the website. There were also arrangements to ensure patients received urgent medical assistance when the practice was closed. If patients called the practice when it was closed, an answerphone message gave the telephone number they should ring depending on the circumstances. Information on the out-of-hours service was provided to patients.

Longer appointments were also available for patients who needed them and those with long-term conditions. This also included appointments with a named GP or nurse. The computerised patient record system flagged up when a patient who had a long term condition needed longer appointments to ensure their health needs were met. Home visits were made to a local residential home when required and to those patients who needed one. The nurse manager planned teenage immunisations during school holidays to avoid children having to attend during school hours.

Patients were extremely satisfied with the appointments system. They confirmed that they could see a doctor on the same day if they needed to. They also said they could see another doctor if they wanted to see the doctor of their choice. Comments received from patients showed that patients in urgent need of treatment had been able to

Good

Are services responsive to people's needs?

(for example, to feedback?)

make appointments on the same day. In the July 2014 GP national survey 84% of patients described the overall experience of making an appointment was good. 98% described the last appointment as convenient and 80% said it was easy to get through to the practice by phone. All these scores were well above the CCG average for the areas.

The practice did not have extended opening hours. We were told by a GP partner that the practice had previously offered extended hours but the appointments were often not filled. Patients were extremely happy with the open access every morning so extended hours were discontinued.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a 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, information on the practice website. We saw information in the waiting room about the complaints process.

Patients we spoke with were aware of the process to follow if they wished to make a complaint. None of the patients we spoke with had ever needed to make a complaint about the practice.

We saw evidence of a Complaints annual report which demonstrated that all 15 complaints had been acknowledged within three days. 14 out of the 15 complaints had been resolved.

We looked at two complaints received in the last 12 months and found these were satisfactorily handled and, dealt with in a timely way. Some learning and actions taken were evident but more consistency was required in completion of the complaints investigation forms.

The registered manager told us the practice take pride in responding to complaints quickly and effectively.

The practice did not hold formal meetings to discuss themes, trends and lessons learned from individual complaints had been acted on. The complaints policy which was reviewed in June 2014 stated that complaints would be reviewed at staff meetings to ensure learning points are shared. We spoke with the registered manager who told us that complaints were discussed informally with the team.

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. We were told by the lead GP of the vision and practice values were part of the practice's strategy and plans for the future.

The practice did not have a practice manager therefore the management roles were shared between the GP partners.

We spoke with 12 members of staff and they all knew and understood the vision and values and knew what their responsibilities were in relation to these.

Governance arrangements

The practice had a number of policies and procedures in place to govern activity and these were available to staff within the practice. We looked at the policies and procedures and found that most had been not been regularly reviewed.

There was a clear leadership structure with named members of staff in lead roles. For example, there were lead nurses for infection control and the senior partner was the lead for safeguarding. The staff we spoke with were all clear about their own roles and responsibilities. They all told us they felt valued, well supported and knew who to go to in the practice with any concerns.

The practice used the Quality and Outcomes Framework (QOF) to measure its performance. The QOF data for this practice showed it was performing in line with national standards. We were told that QOF data was regularly discussed by the GP partners who met on a daily basis but no formal meeting minutes were kept and no action plans were produced to maintain or improve outcomes.

The practice nurse told us about a local peer review system they took part in with neighbouring GP practices. We looked at the report from the last peer review, which showed that the practice had the opportunity to measure its service against others and identify areas for improvement.

The GPs told us clinical audits were often linked to medicines management information, safety alerts or as a result of information from the quality and outcomes framework (QOF). The NHS Quality and Outcomes Framework (QOF) system is used to monitor the quality of services in GP practices. For example, we saw audits regarding the prescribing of anti-emetics. Following the audit, the GPs carried out medication reviews for patients who were prescribed these medicines and altered their prescribing practice to ensure it aligned with national guidelines. The practice had also carried out audits following review of CQC data, for example, ibuprofen and naproxen prescribing and fragility fractures.

We did not see a planned programme of clinical audits which the practice would use to monitor quality and systems to identify where action should be taken.

The practice had some arrangements in place for identifying, recording and managing risks. The practice did not have a risk log to address a wide range of potential issues. Some risk assessments had been carried out, risks identified and action plans had been implemented.

The practice did not hold formal meetings to discuss themes, trends and lessons learned from individual complaints. The complaints policy which was reviewed in June 2014 stated that complaints would be reviewed at staff meetings to ensure learning points are shared. We did not see any posters or information in the waiting room about the complaints process.

There was limited evidence that the practice had learned from significant events and that the findings were shared with relevant staff. The practice did not hold regular formal meetings so we were unable to see that actions from significant events had been reviewed and discussed.

The practice did not hold monthly governance meetings. We were told that informal meetings took place but no formal minutes were taken. Therefore we could not be assured that performance, quality and risks had been discussed.

Leadership, openness and transparency

We were told by staff that team meetings were not held but informal meetings were held regularly and information disseminated by the GP partners and members of the management team.

Staff told us that there was an open culture within the practice and they had the opportunity and were happy to raise issues. We were told by the registered manager that all discussions took place on an informal basis.

One of the GP partners was responsible for human resource policies and procedures. These covered for example leave arrangements, induction and management of sickness and

Are services well-led?

Requires improvement

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

were in place to support staff. There was a staff handbook available to staff, which included sections on equality and harassment and bullying at work. Staff we spoke with knew where to find this information if required.

Seeking and acting on feedback from patients, public and staff

The practice had gathered feedback from patients through patient surveys, suggestions and complaints received. The practice did not carry out a full patient survey but showed us results from surveys they had carried out in July and December 2014 when they had asked patients if they would recommend the practice to others and invited patients to comment and make suggestions about the service they received. The results showed that in July 2014, 85 patients were surveyed and in December 2014 only 20 patients were surveyed. We reviewed the summary of the comments from patients in July 2014 and saw that changes had been made in the waiting room in response to comments. There were a number of comments about increasing appointment availability which the practice commented that they had already increased appointment availability over the last 18 months and did not have capacity to increase further

The practice patient participation group (PPG) was in its infancy. They had their first meeting on 29 January 2015. The meeting included a representative from the local CCG who gave advice on how to get the PPG up and running. A full PPG meeting was planned for March 2015.

The practice had gathered feedback from staff through informal discussions on a day to day basis and through appraisals. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

The practice had a whistleblowing policy which was available to all staff. It was reviewed in June 2014.

Management lead through learning and improvement

Staff told us that the practice supported them to maintain their clinical professional development through training and mentoring. We looked at six staff files and saw that regular appraisals took place which included a development plan. Staff told us that the practice was very supportive of training.

We did not see any evidence that the practice had shared with staff learning and actions from significant events and complaints to ensure the practice improved outcomes for patients.

This section is primarily information for the provider

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 Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment We found that the registered person did not have a robust system in place to manage and learn from significant events and near misses. The registered person did not have a robust disaster handling and business continuity plan with identified risks rated and mitigating actions recorded to reduce and manage the risk. This was in breach of Regulation 10(1)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 12 (2)(b) of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014).

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance We found that the registered person had not protected people, or others who may be at risk against the risks of inappropriate or unsafe care and treatment because they did not assess, monitor and mitigate the risks relating to the health, safety and welfare people and others, who may be at risk which arise from the carrying on of the regulated activity. For example, risk assessments and data sheets for control of substances hazardous to health (COSHH) and infection control. This was in breach of Regulation 10(1)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17 (2)(b) of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014).

This section is primarily information for the provider

Requirement notices

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints The registered person did not have a robust system to manage and learn from concerns and complaints. This was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 16 (2) of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014).