

Waterhouses Medical Practice

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		Good	
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?	Good		

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We previously carried out an announced comprehensive inspection of Waterhouses Medical Practice on 21 June 2016. The practice was rated as inadequate for providing safe services and requires improvement for providing effective and well led services.

We carried out a focused inspection in respect of safe care and treatment on 5 October 2016 to check that action had been taken to comply with legal requirements. The two inspection reports can be found by selecting the 'all reports' link for Waterhouses Medical Practice on our website at www.cqc.org.uk.

We undertook a further announced comprehensive inspection of Waterhouses Medical Practice on 19 April 2017 to check that action had been taken to comply with legal requirements relating to providing effective and well led services. The two GP partners were not available on the day of the inspection but we spoke with a locum GP who will become a partner at the practice in November 2017. Overall the practice is now rated as good.

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

- There was an open and transparent approach to safety and there had been significant improvements in reporting and recording significant events.
- The practice had clearly defined systems to minimise risks to patient safety.
- 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 published in July 2016 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. There had been a significant improvement in the recording and analysis of trends in complaints. Improvements were made to the quality of care as a result of complaints and concerns.

Summary of findings

- Patients we spoke with said they found it easy to make an appointment with a GP and there was continuity of care, with urgent appointments available the same day especially for children, frail older patients and patients identified with complex health issues.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice had significantly reduced the annual number of patients that attended A&E during GP opening hours from 115 patients per 1000 to 71 per 1000.
- There was a clear leadership structure and most staff felt supported by the 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 areas where the provider must make improvement are:

- Carry out joint injections in a clinical room with appropriate flooring to prevent and control the risk of infection.
- Implement systems to ensure items such as syringes, dressings and dressing packs are in date.

- Ensure that medicines used in the treatment of joint injections and prescriptions used in printers are stored securely.
- Ensure satisfactory evidence of conduct in previous employment is documented for all locum staff who work at the practice.

The areas where the provider should make improvement are:

- Update the safeguarding policy for vulnerable adults to reflect updated categories or definitions of the types of abuse for example, modern slavery.
- Implement systems to follow up children who failed to attend for hospital appointments.
- Add alerts to the records of the parents of children with a child protection plan in place.
- Implement a formal system to review nurse/patient consultation and prescribing records to ensure the competence and safety of nurses employed to work at the practice. Continue to explore and implement ways in which practice nurses are supported to carry out their role.

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.

Requires improvement



- 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.
- There had been improvements in the monitoring and auditing of infection control but an effective system to ensure items such as syringes, dressings and dressing packs were in date was not in place. Joint injections were carried out in a clinical room with inappropriate flooring to prevent and control the risk of infection.
- Staff demonstrated that they understood their responsibilities and had received training on safeguarding children and vulnerable adults relevant to their role. However the practice's safeguarding policy for protecting vulnerable adults did not fully reflect the most up to date guidance. An effective system to follow up children who failed to attend for hospital appointments was not in place. Alerts were not in place to inform staff of the parents of children with a child protection plan in place.
- Medicines used in the treatment of joint injections and prescriptions used in printers were not always stored securely.
- Fourteen patients regularly prescribed a medicine used to treat high blood pressure had not received appropriate screening within the last 24 months to ensure it was safe to continue to use this medicine. The practice took urgent action to call these patients into the practice for a review and updated their high risk medicine protocol to include this group of patients in their bi-monthly audit of patients on high risk medicines.
- Formal systems to review nurse/patient consultation and prescribing records to ensure the competence and safety of nurses employed to work at the practice were not in place.
- Satisfactory evidence of conduct in previous employment was not always documented for all locum staff who worked at the practice.
- The practice had adequate arrangements to respond to emergencies and major incidents.

Are services effective?

The practice is rated as good for providing effective services.

Good



Summary of findings

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average compared to the national average
- Staff were aware of current evidence based guidance.
- Completed audit cycles had been carried out to demonstrate quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- The practice had an induction programme for all newly appointed staff. However, there had been limited shadowing opportunities for a new member of staff to support them in their role which had resulted in them leaving the practice. The management acknowledged that they needed to review this to support future nursing staff.
- There was evidence of appraisals and personal development plans for all staff.
- 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 including the out of hours service, district nursing and integrated local care teams.
- The practice had identified their most frail and older patients and those with complex needs. The practice employed a clinical support assistant to provide holistic support and six monthly reviews for this group of patients, and their carers, to reduce avoidable hospital admissions and attendances to A&E. We saw that the practice had been effective in reducing avoidable hospital admissions and attendances to A&E for this group of people.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey published in July 2016 showed patients rated the practice higher than others for several aspects of care.
- 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



Summary of findings

- The practice had identified 70 patients as carers (2% of the practice list) many of which were offered support from the clinical support assistant for frail, older patients and patients with complex needs.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice had identified their 2% most vulnerable patients and supported them through care plans to ensure their social and medical needs were met to avoid unplanned hospital admissions.
- 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 GP and 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 and evidence from the two examples we viewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and analysis of complaints identified trends which the practice responded to.
- A comparison of data from 2014/15 with 2015/16 showed that the practice had reduced the number of patients that attended A&E during GP opening hours from 115 patients per 1000 to 71. This was lower than the CCG average of 105 per 1000.

Are services well-led?

The practice is rated as good for being well-led.

Good



- The practice had set aims and objectives to deliver high quality care and promote good outcomes for patients.
- The practice had a supporting business plan which reflected the practice's values. The business plan had been updated to reflect changes in the practice since our last inspection.
- The practice had invited the NHS England Supporting Change in General Practice team to carry out a three day scoping exercise to support the future resilience of the practice. The scoping exercise had made 21 recommendations and the practice had taken action to implement many of these.

Summary of findings

- There was a clear leadership structure and most staff felt supported by the management.
- The practice had policies and procedures to govern activity.
- An overarching governance framework continued to be developed to encompass the recommendations of the scoping exercise and to support the delivery of good quality care.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour.
- A culture of openness and transparency was encouraged in the practice. The practice had systems in place to manage notifiable safety incidents, share the information with staff and ensure appropriate action was taken.
- The practice proactively sought feedback from patients and we saw examples where feedback had been acted on. The practice engaged effectively with the patient participation group.

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 good for the care of older people.

Good



- 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. A clinical support assistant offered holistic support to frail, older patients and their carers. They also followed up older patients discharged from hospital and liaised with GPs and district nursing staff so that patients' care plans were updated to reflect any extra needs.
- The practice identified older patients who needed 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.

People with long term conditions

The practice is rated as good for the care of people with long-term conditions.

Good



- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- One hundred per cent of patients with chronic obstructive pulmonary disease (COPD) had had a review undertaken including an assessment of breathlessness using a recognised scale in the preceding 12 months. This was higher than the CCG average of 89% and the national average of 90%.
- The percentage of patients with diabetes, on the register, whose last measured total cholesterol was within recommended limits was 87%. This was higher than the CCG average of 81% and the national average of 80%.
- 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.

Summary of findings

- There was a system to recall patients for a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the 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 good for the care of families, children and young people.

- There were systems and procedures in place to safeguard children from the risk of abuse. These arrangements reflected relevant legislation and local requirements.
- Immunisation rates were relatively high for all standard childhood immunisations.
- The practice worked with midwives and health visitors to support this population group. For example, in the provision of ante-natal, post-natal and child development clinics.
- Alerts were placed on patient records to make staff aware of children who had a child protection plan in place. However, alerts were not in place to inform staff of the parents of children with a child protection plan in place.
- On the day appointments were available for children.
- There was no system in place to follow up children who failed to attend for hospital appointments.

Good



Working age people (including those recently retired and students)

The practice is rated as good for the care of working age people (including those recently retired and students).

- The needs of this population group had been identified and the practice had adjusted the services it offered to respond to patients' needs. Extended opening hours were no longer available at the practice although telephone consultations were available for working age people.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

Good



Summary of findings

- The practice held a register of patients living in vulnerable circumstances including carers and those with a learning disability.
- 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 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.

People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- The practice carried out advance care planning for patients living with dementia.
- One hundred per cent
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- One hundred per cent of patients with a diagnosed mental health condition had a comprehensive, agreed care plan documented in their record, in the preceding 12 months. This was higher than the CCG and national averages of 89%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- A cognitive behavioural therapist and community psychiatric nurse provided weekly clinics at the practice for patients experiencing poor mental health.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published in July 2016 showed the practice was performing above national averages. Two hundred and thirteen survey forms were distributed and 113 were returned. This represented a return rate of 53%:

- 93% of patients described their overall experience of this GP practice as good compared with the Clinical Commissioning Group (CCG) average of 89% and the national average of 85%.
- 91% of patients described their experience of making an appointment as good compared with the CCG average of 78% 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 to the CCG average of 83% and the national average of 80%.

As part of our inspection we also asked for Care Quality Commission (CQC) comment cards to be completed by patients prior to our inspection. We received 19 comment cards of which 18 were positive about the standard of care received. Patients told us staff were sympathetic, respectful, caring, helpful and treated them with dignity and respect.

We spoke with 12 patients during the inspection and two members of the Patient Participation Group (PPG) who are also patients at the practice. All 14 patients said they were satisfied with the care they received and thought staff were very helpful, polite, professional. Patients said they felt listened too and that their needs were understood and most patients believed they were responded to in a timely manner.

Areas for improvement

Action the service **MUST** take to improve

- Carry out joint injections in a clinical room with appropriate flooring to prevent and control the risk of infection.
- Implement systems to ensure items such as syringes, dressings and dressing packs are in date.
- Ensure that medicines used in the treatment of joint injections and prescriptions used in printers are stored securely.
- Ensure satisfactory evidence of conduct in previous employment is documented for all locum staff who work at the practice.

Action the service **SHOULD** take to improve

- Update the safeguarding policy for vulnerable adults to reflect updated categories or definitions of the types of abuse for example, modern slavery.
- Implement systems to follow up children who failed to attend for hospital appointments.
- Add alerts to the records of the parents of children with a child protection plan in place.
- Implement a formal system to review nurse/patient consultation and prescribing records to ensure the competence and safety of nurses employed to work at the practice. Continue to explore and implement ways in which practice nurses are supported to carry out their role.

Waterhouses Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

a Care Quality Commission (CQC) lead inspector. The team included a second CQC inspector, a GP specialist adviser and an Expert by Experience.

Background to Waterhouses Medical Practice

Waterhouses Medical Practice is registered with the CQC as a partnership provider in North Staffordshire. The practice holds a Personal Medical Services (PMS) contract with NHS England but is going through a five year phased transition to a General Medical Services (GMS). 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. A PMS contract is a locally agreed alternative to the standard General Medical Services (GMS) contract used when services are agreed locally with a practice which may include additional services beyond the standard contract. The practice is on the ground floor of the building and consists of a dispensing pharmacy, reception area, minor treatment room and consultation rooms. Administrative staff are located on the first floor. The practice has level access from the car park and is accessible for wheel chair users, there is a disabled toilet facility.

The practice area is one of low deprivation when compared with the national and local Clinical Commissioning Group (CCG) area. At the time of our inspection the practice had

3204 patients. Demographically the population is predominantly white British with a practice age distribution comparable to the national and CCG area in all age groups. The percentage of patients with a long-standing health condition is 60% which is comparable with the local CCG average of 57% and national average of 54%. The practice is a training practice for GP registrars and medical students to gain experience and higher qualifications in general practice and family medicine.

The practice staffing comprises of:

- Two GP partners (one male and one female)
- A Locum GP, who will become a partner at the practice in November 2017, and two locum advanced nurse practitioners are currently covering a GP vacancy.
- Three female practice nurses and a health care assistant.
- A clinical support assistant
- A practice manager
- An assistant practice manager
- Four dispensary staff
- Three members of administrative staff working a range of hours.

The practice is open between 8am and 1pm and 2pm and 6pm Monday to Friday except for Thursday afternoons when it is closed. The practice closes at 1pm - 2pm but their telephone lines continue to be manned by a duty receptionist. Appointments are from 9am to 11.30am every

morning and 3pm to 6pm daily (except Thursday afternoon). Telephone consultations are available after 11.30am. Appointments can be pre-booked up to four weeks in advance and urgent appointments are available for those that need them. The practice has opted out of

Detailed findings

providing cover to patients in the out-of-hours period and Thursday afternoons. During this time services are provided by Staffordshire Doctors Urgent Care, patients access this service by calling NHS 111.

Why we carried out this inspection

We undertook a comprehensive inspection of Waterhouses Medical Practice on 21 June 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as inadequate for providing safe services and requires improvement for providing effective and well led services.

We issued a warning notice to the provider in respect of safe care and treatment and informed them that they must become compliant with the law by 30 September 2016. We undertook a follow up inspection on 5 October 2016 to check that action had been taken to comply with legal requirements. The two inspection reports can be found by selecting the 'all reports' link for Waterhouses Medical Practice on our website at www.cqc.org.uk.

We undertook a further announced comprehensive inspection of Waterhouses Medical Practice on 19 April 2017 to check that action had been taken to comply with legal requirements relating to providing effective and well led services.

How we carried out this inspection

Before the inspection, we reviewed a range of information we held about the practice and asked other organisations to share what they knew. We carried out an announced comprehensive inspection on 19 April 2017. During our inspection we:

- Spoke with a range of staff including a practice nurse, health care assistant, district nurse, dispensing and administrative staff. The two GP partners were not available on the day of the inspection but we spoke with a locum GP who will become a partner at the practice in November 2017. We also spoke with patients who used the service and two members of the patient participation group (PPG).
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised 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.

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 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

At our previous inspection on 21 June 2016, we rated the practice as inadequate for providing safe services as the arrangements in respect of Medicines and Healthcare products Regulatory Agency (MHRA) alerts, significant events, infection control, storage of emergency medicines and blank prescription pads, mitigation of identified risks and the prescribing of a high risk medicine were not adequate.

We issued a warning notice in respect of these issues and found arrangements had improved when we undertook a follow up inspection of the service on 5 October 2016. At this inspection on 19 April 2017 however we found there were still concerns relating to infection control, medicines and recruitment of locum staff. The practice is now rated as requires improvement for being safe.

Safe track record and learning

The practice operated an effective system to report and record significant events.

- Staff knew their individual responsibility, and the process, for reporting significant events.
- We reviewed a sample of the 34 documented significant events raised during 2016/17 and found that they had been thoroughly investigated. When required, action had been taken to minimise reoccurrence and learning had been shared within the practice team to improve processes to prevent the same thing happening again.
- We reviewed safety records, minutes of meetings and asked staff about the measures in place within the practice to promote patient safety. We saw that significant events were discussed as a standing item within practice and clinical meetings, or sooner if required.
- The practice also monitored trends in significant events and evaluated any action taken. A culture to encourage duty of candour was evident through the significant event reporting process. Duty of Candour is a legislative requirement for providers of health and social care services to set out some specific requirements that must be followed when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing information and an apology when things go wrong.

The practice had a process in place to act on alerts that may affect patient safety, for example from the Medicines and Healthcare products Regulatory Agency (MHRA). Following an alert being received the practice checked to ensure that patients were not affected by the medicines or equipment involved.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements were in place to safeguard children from the risk of abuse. These arrangements reflected relevant legislation and local requirements. Arrangements were in place to safeguard vulnerable adults from the risk of abuse however the vulnerable adults safeguarding policy did not reflect updated categories or definitions of the types of abuse for example, modern slavery. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. Policies were accessible to all staff and staff knew where to find them. There was a lead member of staff for safeguarding.
- Alerts were placed on patient records to make staff aware of children who had a child protection plan in place. However, alerts were not in place to inform staff of the parents of children with a child protection plan in place.
- Staff demonstrated they understood their responsibilities and most had received training on safeguarding children and vulnerable adults relevant to their role. Two members of staff had not received training in safeguarding vulnerable adults. The day after the inspection the staff members successfully completed this on line training and the practice sent us certificates to demonstrate this. GPs were trained to child safeguarding level three and the GPs provided safeguarding reports where necessary for other agencies. However, systems to follow up children who failed to attend for hospital appointments were not in place.
- A notice in the waiting room and in consultation rooms 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

Are services safe?

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).

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules in place and the cleaning hours of the cleaner had been increased since our last inspection.
- A Health Care Assistant was the infection prevention and control (IPC) clinical lead. There was an IPC protocol and most staff had received up to date training. We saw that IPC training for all staff was booked for June 2017. An annual IPC audit had been undertaken, an action plan put in place and most actions had been completed to address any improvements identified
- The practice carried out joint injections in a consulting room which was carpeted. The practice told us they would perform subsequent joint injections in the treatment room which was not carpeted to allow appropriate maintenance and cleaning. In the event of spillage, the practice had the appropriate equipment in place to clean the affected area.
- There was no system in place for checking the expiry date of items such as syringes, dressings and dressing packs. We found items that had exceeded their expiry date, for example dressings packs dating back to March 2012.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised 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. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. We saw that 14 patients regularly prescribed a medicine used to treat high blood pressure had not received appropriate screening within the last 24 months to ensure it was safe to continue to use this medicine. The practice took urgent action to

call these patients into the practice for a review and updated their high risk medicine protocol to include this group of patients in their bi-monthly audit of patients on high risk medicines.

- There was a system in place for tracking the use of prescription pads throughout the practice however we saw that prescriptions used in printers were left in unlocked clinical rooms.
- The practice had been effective in reducing the number of antibiotics they prescribed. 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. Between May 2014 – April 2015 data showed that the practice was above the national average for the prescribing of overall antibacterial medicines and the second highest practice out of the 32 practices within the Clinical Commissioning Group (CCG). Data for May 2015 – April 2016 showed they had reduced their prescribing rate below the national average and had dropped to the fifteenth within the CCG.
- We saw that medicines used in the treatment of joint injections were not stored in a locked cupboard or draw. The locum GP and practice manager told us they would store them in a locked cupboard.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines against a patient specific prescription or direction from a prescriber. Two of the practice nurses had qualified as independent prescribers and could therefore prescribe medicines for clinical conditions within their expertise. The practice also employed two locum Advanced Nurse Practitioners (ANP) who also prescribed. Nurses had access to the on call GP at all times to discuss any prescribing issues and we saw evidence in a patient's record that this had taken place. However, there was no formal system in place to review nurse/patient consultation records or audit their practice to monitor the safety of their prescribing.
- There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training and were appropriately qualified or in training to complete the

Are services safe?

qualification. The practice had signed up to the Dispensing Services Quality Scheme (DSQS), which rewards practices for providing high quality services to patients of their dispensary. Staff had completed a dispensary audit that looked at the percentage of prescriptions the practice's dispensary had been unable to supply. It showed that over 99% of dispensary items were dispensed by the practice. A record of the long term out of stock medicines was introduced so that GPs were aware if they needed to prescribe an alternative. There were standard operating procedures which covered all aspects of the dispensing process which were regularly reviewed in response to incidents or changes to guidance. Systems were in place to deal with any medicines alerts or recalls, and records kept of any actions taken. There was a positive culture in the practice for reporting and learning from medicines incidents and errors to ensure appropriate actions were taken to minimise the chance of similar errors occurring again.

- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures to manage them safely. There were also arrangements for the destruction of controlled drugs.

We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment for permanent staff. 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. All clinical staff had received a DBS check and risk assessments were in place for non-clinical staff, including the practice manager, who had not been subject to a DBS check. We saw that references to demonstrate conduct in previous employment had not been obtained for the two locum ANPs who worked at the practice. The practice manager informed us they had received verbal recommendations but this had not been documented.

Monitoring risks to patients

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

- The practice had an up to date fire risk assessment and carried out regular fire drills. 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 had received annual basic life support training.
- The practice had emergency equipment which included an automated external defibrillator (AED), (which provides an electric shock to stabilise a life threatening heart rhythm), oxygen with adult and children's masks and pulse oximeters (to measure the level of oxygen in a patient's bloodstream).
- Emergency medicines were available and were stored securely. All the medicines we checked were in date.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 21 June 2016, we rated the practice as requires improvement for providing effective services. Arrangements in respect of patient clinical outcomes, management of Health and Care Excellence (NICE) guidelines, staff mandatory training and appraisals needed to improve.

These arrangements had improved when we undertook a follow up inspection on 19 April 2017. The provider is now rated as good for providing effective services.

Effective needs assessment

The GP we spoke with was aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. We saw that:

- 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.

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 for 2015/16 showed the practice had achieved 97% of the total number of points available compared with the Clinical Commissioning Group (CCG) average of 96% and national average of 95%. Their overall exception rate was 5% which was comparable with the CCG rate of 5% and the national rate of 6%. 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.

Data from 2015/16 showed:

- 100% of patients with a diagnosed mental health condition had a comprehensive, agreed care plan documented in their record, in the preceding 12

months. This was higher than the CCG and national averages of 89%. Their exception reporting rate of 5% was lower than the CCG average of 10% and national average of 13% meaning more patients had been included.

- 100% of patients diagnosed with dementia had a care plan in place that had been reviewed in a face-to-face review in the preceding 12 months. This was higher than the CCG average of 87% and national average of 84%. Their exception reporting rate of 5% was lower than the CCG average of 9% and national average of 7%.
- 92% of patients with asthma, on the register, had an asthma review in the preceding 12 months that included an assessment of asthma control. This was higher than the CCG average of 77% and the national average of 76%.
- 100% of patients with chronic obstructive pulmonary disease (COPD) had had a review undertaken including an assessment of breathlessness using a recognised scale in the preceding 12 months. This was higher than the CCG average of 89% and the national average of 90%.
- The percentage of patients with diabetes, on the register, whose last measured total cholesterol was within recommended limits was 87%. This was higher than the CCG average of 81% and the national average of 80%.

At our previous inspection on 21 June 2016, QOF data for 2014/2015 showed that the practice was an outlier in two clinical areas. QOF data for 2015/16 showed there had been little improvement in these figures since our last inspection. For example:

- The percentage of patients with high blood pressure in whom the last blood pressure reading (measured in the preceding 12 months) was within recognised limits was 72%. This was lower than the 74% at our previous inspection and lower than the CCG and national averages of 83%. However, we reviewed current unverified QOF data on the practice's computer system and saw there had been a significant improvement of 92%.
- The percentage of patients with diabetes, on the register, who had their blood pressure reading measured in the preceding 12 months and it was within recognised limits was 60%. This was the same as our findings at our previous inspection and lower than the

Are services effective?

(for example, treatment is effective)

CCG average of 77% and the national average of 76%. However, we reviewed current unverified QOF data on the practice's computer system and saw there had been a significant improvement of 83%.

Three clinical audits commenced in the last two years had been carried out by the practice, all of these were completed audits where the improvements made were implemented and monitored. Findings were used by the practice to improve services. For example, the practice had carried out an audit to understand why the blood pressure readings for the above group of patients were not within recognised limits. We saw that recommendations made had been followed and there had been an improvement in blood pressure monitoring.

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. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. However, there had been limited shadowing opportunities for a new member of staff to support them in their role which had resulted in them leaving the practice. The management acknowledged that they needed to review this to support new nursing staff into the practice.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, long term conditions such as diabetes and high blood pressure monitoring.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training. 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. Most staff had access to appropriate training to meet their learning needs and to cover the scope of their work. Most staff told us that there had been an improvement in the time allowed for them to complete this training since our last inspection. There had been some improvement in the support provided to nursing staff, for example practice nurses

were encouraged to attend clinical supervision and dedicated nurse administration time had been put in place. All staff had received an appraisal within 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.

Coordinating patient care and information sharing

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.
- We found that the practice shared relevant information with other services in a timely way. For example, when referring patients to other services and sharing information about patients nearing the end of their life with the out of hours service.

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. Meetings took place with other health care professionals on a six weekly basis when care plans were routinely reviewed and updated for patients with complex needs. We spoke with a district nurse on the day of our inspection. They spoke positively about the sharing of information and planned patient care at the practice's six weekly meetings for patients receiving palliative care and patients with complex needs.

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. Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Are services effective?

(for example, treatment is effective)

- We saw that verbal consent was obtained for the insertion of intrauterine contraceptive devices and joint injections. This was clearly document in the sample of patients' records we reviewed.

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 who had recently suffered a bereavement.
- The practice had identified their most frail and older patients and those with complex needs. The practice employed a clinical support assistant to provide holistic support and six monthly reviews for this group of patients, and their carers, to reduce avoidable hospital admissions and attendances to A&E. The CCG used a Red/Amber/Green (RAG) rating to determine the impact of this service in reducing avoidable hospital admissions. We saw that the practice had a consistent RAG rating of green demonstrating they were effective in reducing the number of avoidable hospital admissions.

The practice's uptake for the cervical screening programme was 81%, which was comparable with the CCG average of

82% and the national average of 81%. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. For example, 80% of eligible women aged 50-70 years had been screened for breast cancer in last 36 months. This was comparable with the CCG average of 80% and the national average of 73%. Sixty-five per cent of eligible persons aged 60-69 years had been screened for bowel cancer in last 30 months. This was comparable with the CCG average of 62% and the national average of 58%.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Data from NHS England experimental statistics 2015/16 showed uptake rates for the vaccines given were comparable to CCG/ national averages. For example, childhood immunisation rates for children two years and under was 100% and five year olds ranged from 91% to 96%.

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

We received 19 comment cards of which 18 were positive about the standard of care received. Patients told us staff were sympathetic, respectful, caring, helpful and treated them with dignity and respect. We received one negative comment card about the lack of concern expressed to a patient. However, the issue was addressed quickly by the practice resulting in a second card from the same patient informing us that they were now happy with the care they had received.

We spoke with 12 patients during the inspection and two members of the Patient Participation Group (PPG) who were also patients at the practice. All 14 patients said they were satisfied with the care they received and thought staff were very helpful, polite, professional. Patients said they felt listened to and that their needs were understood and most patients believed they were responded to in a timely manner.

Results from the national GP patient survey published in July 2016 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:

- 94% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) and national averages of 89%.

- 96% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 92%.
- 92% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 85%.
- 97% of patients said the nurse was good at listening to them compared with the CCG average of 92% and the national average of 91%.
- 98% of patients said the nurse gave them enough time compared with the CCG average of 94% and the national average of 92%.
- 100% of patients said they had confidence and trust in the last nurse they saw compared with the CCG and national averages of 97%.
- 96% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG and national averages of 91%.
- 95% of patients said they found the receptionists at the practice helpful compared with the CCG average of 88% and the national average of 87%.

The views of external stakeholders were positive and in line with our findings. For example, a district nurse spoke positively about how the practice worked with them to support vulnerable patients and those nearing the end of their life.

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.

Are services caring?

Results from the national GP patient survey published in July 2016 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were above local and national averages. For example:

- 94% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 87% and the national average of 86%.
- 90% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and the national average of 82%.
- 98% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 91% and the national average of 90%.
- 92% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care. For example, a service to support patients whose first language was not English was available and the practice had recently purchased a hearing loop for patients with a hearing impairment. All of the comments we received from patients were positive about their own involvement in their care and treatment.

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 clinical support assistant at the practice worked to support 2% of the practices most vulnerable patients. The PPG was working with the practice to improve patient transport for isolated older patients.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 70 patients as carers (2% of the practice list) many of which were offered support from the clinical support assistant for older people and patients with complex needs. Written information was available to direct carers to the various avenues of support available to them such as the North Staffordshire's Carers Association.

Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy card.

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:

- There were five patients registered with the practice who had a learning disability and they were offered an annual health check.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. A clinical support assistant supported those patients identified as the most vulnerable at the practice. We spoke with a district nurse on the day of our inspection who told us the practice worked very closely with the district nursing team to support this group of patients.
- 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. Multi-disciplinary meetings were held six weekly at the practice to provide co-ordinated care for these patients. The practice had systems in place to alert the out of hours service if they had any concerns regarding a patient receiving end of life care.
- Same day appointments were available for children and those patients identified as the most vulnerable patients registered with the practice.
- Extended opening hours for working age patients were not available however telephone consultations were provided if required.
- The practice had extended their premises to meet the growing needs of their practice population.
- The GPs worked in partnership with the health visiting service, to provide routine child development checks and immunisations.
- The practice offered near patient testing and control for patients receiving a medicine to prevent the formation of blood clots.
- There were accessible facilities, which included a hearing loop, and interpretation services. Since our

inspection in June 2016 a door bell had been fitted to the entrance door so that patients experiencing difficulty accessing the practice could ring for assistance.

- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services. For example, a cognitive behavioural therapist and community psychiatric nurse provided weekly clinics at the practice for patients experiencing poor mental health.
- At our inspection on 21 June 2016 we looked at 2014/15 data used by NHS North Staffordshire Clinical Commissioning Group (CCG) to improve the health outcomes of local people. We saw that 115 patients per 1000 had attended A&E during GP opening hours. This was higher the CCG average of 101 patients per 1000. The practice told us they were working with their clinical support assistant to reduce this. At this inspection, we compared the data with data from 2015/16 and saw that this had significantly reduced to 71 patients per 1000 which was lower than the CCG average of 105 per 1000.

Access to the service

The practice was open between 8am and 1pm and 2pm and 6pm Monday to Friday except for Thursday afternoons when it was closed. The practice closed at 1pm - 2pm but their telephone lines continue to be manned by a duty receptionist. Appointments were from 9am to 11.30am every morning and 3pm to 6pm daily (except Thursday afternoon). Telephone consultations were available after 11.30am but extended opening hours were not provided. Appointments could be pre-booked up to four weeks in advance and urgent appointments were available for those that needed them. The practice had opted out of providing cover to patients in the out-of-hours period and Thursday afternoons. During this time services were provided by Staffordshire Doctors Urgent Care, patients accessed this service by calling NHS 111.

Results from the national GP patient survey published in July 2016 showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 80% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 79% and the national average of 76%.

Are services responsive to people's needs?

(for example, to feedback?)

- 96% of patients said they could get through easily to the practice by phone compared to the CCG average of 72% 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 78% and the national average of 76%.
- 99% of patients said their last appointment was convenient compared with the CCG average of 95% and the national average of 92%.
- 91% of patients described their experience of making an appointment as good compared with the CCG average of 78% and the national average of 73%.
- 55% 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%.
- 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 on the practice website, in the practice leaflet and in a dedicated complaints leaflet.
- Two members of the patient participation group (PPG) told us patients had been made aware of how to complain and, when appropriate, complaints data was shared at the PPG meetings.

Patients told us on the day of the inspection that they were able to get appointments when they needed them but there was a mixed response regarding telephone access to the practice. On the day of our inspection we observed patients were seen within 10 minutes of their appointment time.

The practice had a system to assess:

- if a home visit was clinically necessary.
- the urgency of the need for medical attention.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

Since our inspection on 21 June 2017 the practice had significantly improved the recording of written and verbal complaints. The practice had received 17 complaints since our previous inspection. We looked at two of these complaints and found they were satisfactorily handled, dealt with in a timely way with openness and transparency. Lessons were learnt from individual concerns and complaints and an analysis of trends had been carried out and action was taken as a result to improve the quality of care. For example, there was a trend of complaints regarding routine appointments. An audit had been completed which demonstrated waiting times for routine appointments were within two weeks. Our findings on the day of our inspection supported this. The practice were also in the process of extending their partnership to include an additional GP partner. They felt this would also improve access to routine appointments.

Are services well-led?

Good 

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

Our findings

At our previous inspection on 21 June 2016, we rated the practice as requires improvement for providing well-led services. Overarching governance arrangements did not ensure the mitigation of identified risks, adequate infection control monitoring, the prescribing of a high risk medicine, adequate staffing levels and meetings, recording of complaints or completion of audit cycles.

These arrangements had improved when we undertook a follow up inspection on 19 April 2017. The provider is now rated as good for providing well led services.

Vision and strategy

The practice had developed clear aims and objectives to deliver high quality care and promote good outcomes for patients.

- The aims and objectives were displayed throughout the practice and had been discussed at team meetings however not all staff were aware of what the aims and objectives were.
- The practice had a supporting business plan which reflected the practice's values. We saw that the business plan had been updated to reflect changes in the practice since our inspection in June 2016. The practice manager told us it was a working document and was aware of the need to update the business plan in November 2017 to reflect the vision of the new GP partner.

Governance arrangements

We saw that the practice had taken action to establish an overarching governance framework to support the delivery of safe and good quality care. Following our inspection in June 2016 the practice had invited the NHS England Supporting Change in General Practice team to carry out a three day scoping exercise to support the future resilience of the practice. The scoping exercise made 21 recommendations and we saw that the practice had taken action to implement many of these. For example, dedicated practice nurse administration time had been introduced and the practice manager's role was more defined with additional resource given to allow the efficient delivery of that role. At our inspection on 21 June 2016 we

found that governance arrangements were not sufficiently robust enough to ensure effective and safe governance. When risks were identified the practice did not always mitigate them. At this inspection we found that:

- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- Risks identified in the legionella and fire risk assessments had been mitigated.
- Significant events and complaints were appropriately recorded, investigated and learning from them shared with staff. Annual audits of significant events and complaints had identified trends that the practice had responded to. The minutes of meetings we reviewed demonstrated that significant events and complaints were standard agenda items allowing lessons learnt to be shared with staff.
- An infection control audit had been completed and an action plan implemented.
- An effective audit system to monitor patients prescribed high risk medicines had been put in place. At this inspection we saw that 14 patients regularly prescribed a medicine used to treat high blood pressure had not received appropriate screening within the last 12 months to ensure it was safe to continue to use this medicine. The practice took urgent action to call these patients into the practice for a review and updated their high risk medicine protocol to include this group of patients in their bi-monthly audit of patients on high risk medicines.
- Staffing levels had been reviewed to cover the loss of a salaried GP and practice nurse.
- A programme of clinical and internal audit was used to monitor quality and to make improvements. Second cycles had been completed to demonstrate the changes made had improved outcomes for patients.
- There was a clear staffing structure and staff were aware of their own roles and responsibilities. We saw that the future GP partner had developed an action plan to ensure GPs and nurses had lead roles in key areas such as the Quality and Outcomes Framework (QOF) indicators. We saw in practice meeting minutes that this had been implemented.

Are services well-led?

Good 

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

- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained. This provided an opportunity for staff to learn about the performance of the practice.

Leadership and culture

The GP partners were not available to speak with on the day of our inspection but we spoke with the locum GP who was to become a GP partner at the practice in November 2017. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and 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). Staff told us the GP partners encouraged a culture of openness and honesty. From the sample of significant events and complaints we reviewed we found that the practice had systems to ensure that when things went wrong with care and treatment:

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

There had been an improvement in the support provided to nursing staff, for example practice nurses were been encouraged to attend clinical supervision and dedicated nurse administration time had been put in place. The lack of shadowing opportunities for a new practice nurse however had resulted in her leaving the practice. There was a leadership structure in place and non-clinical staff felt supported by the management:

- The practice held and minuted a range of multi-disciplinary meetings including meetings with

district nurses and community matrons to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.

- Regular practice meetings had been introduced since our inspection in June 2016 with the rotation of days and times so all staff had the opportunity to attend. Staff spoke positively about the introduction of these 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. Minutes were comprehensive and were available for practice staff to view.
- Staff said they felt respected and valued particularly by the practice manager in the practice. Staff were involved in discussions about how to run and develop the practice, and members of staff were encouraged to identify opportunities to improve the service delivered by the practice.

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

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, submitted proposals for improvements to the practice management team and carried out patient surveys. For example, the PPG survey carried out in 2016 highlighted that some patients objected to being asked by a receptionist for a brief reason for needing an appointment. We saw that through the patient newsletter and the practice website the benefits of doing this were explained to patients but a reassurance given to patients that they could decline if they wished.
- The NHS Friends and Family test, complaints and compliments received.
- Staff 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.

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>How the regulation was not being met:</p> <ul style="list-style-type: none">• Joint injections were carried out in a clinical room with inappropriate flooring to prevent and control the risk of infection.• There was no system in place for checking the expiry date of items such as syringes, dressings and dressing packs.• Medicines used in the treatment of joint injections and prescriptions used in printers were not stored securely.• Satisfactory evidence of conduct in previous employment was not documented for all locum staff who work at the practice. <p>This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>