Waverley Road Surgery

Quality Report

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

Ratings

Overall rating for this service	Inadequate
Are services safe?	Inadequate
Are services effective?	Requires improvement
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Inadequate

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Waverley Road Surgery on 12 April 2016. Overall the practice is rated as inadequate.

The practice was created by merging Waverley Road Surgery with Salisbury Road Surgery in April 2015 and with the stated intention of operating as a single organisation. However there was evidence that demonstrated that the leadership had not yet been able to deliver this goal.

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

- The practice told us they aimed to deliver high quality care and good outcomes for patients; we found the delivery of high quality care was not assured by the leadership governance or culture in place.
- Some risks to patients and staff were assessed but were not well managed; action plans were not acted upon. We found shortfalls relating to fire assessments. Infection control action plans were not implemented to deliver safe care.
- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. However, reviews and investigations were not thorough enough to prevent incidents from re-occurring.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had received training to provide them with the skills, knowledge and experience to deliver effective care and treatment. However, this was not consistently put into practice. For example, there were gaps in training for safeguarding adults.
- Data showed some patient outcomes were low compared to the national average. Although some audits had been carried out, we saw limited evidence that audits were driving improvements to patient outcomes.
- The majority of patients said they were treated with compassion, dignity and respect.
- The practice had a number of policies and procedures to govern activity, but following a merger of practices some were related to one site only and not entirely integrated across the two sites.

Summary of findings

- The practice was proactive in identifying carers and had identified about 3% of their patients also had caring responsibilities.
- Information about services and how to complain was available and easy to understand.
- The leadership structure was unclear; however staff told us they felt supported by management.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The provider was aware of the duty of candour; however the systems in place to ensure compliance with the requirements of the duty of candour were not operated consistently.

The areas where the provider must make improvements are:

- Review the governance arrangements of the practice and implement one governance framework which ensures effective assessment and monitoring at both practice locations.
- Ensure there is a systematic process in place so policies and procedures are appropriately reviewed and include up to date information in order to ensure staff carry out their roles in a safe and effective manner.
- Review the system for monitoring and reviewing significant events, to ensure that improvements and learning from these incidents is consistently shared with all relevant staff.
- Ensure all risk assessment recommendations and action plans are implemented for example those identified in the infection control, and fire action plans.
- Ensure that hazardous chemicals are handled safely and Control of Substances Hazardous to Health information is readily available.
- Review the cleaning arrangements of the practice to ensure they are sufficient to maintain appropriate standards of cleanliness and hygiene.
- Provide safeguarding vulnerable adults training to all staff and ensure this is recorded.

In addition the provider should:

- Review all policies and update them when necessary to reflect the changes since the practice merger with another practice in April 2015.
- Review the system for maintaining records of appraisals to demonstrate how staff are developed in line with the practice vision and governance strategy.
- Review arrangements for staff required to be a chaperone to ensure they are trained and have had appropriate checks or risk assessments undertaken.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

Special measures will give people who use the service the reassurance that the care they get should improve.

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?

Inadequate

The practice is rated as inadequate for providing safe services.

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, when things went wrong reviews and investigations were not thorough enough and improvements or lessons learned were not communicated widely enough to support improvement.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. Areas of concern included a lack of training, for example safeguarding vulnerable adults.
- Recommendations from risk assessments were not implemented for fire, chemicals hazardous to health and infection control.
- Emergency medicines and equipment were not well managed. There was no first aid kit, some equipment was past the use by date and some medicines expiry dates were unknown.

Are services effective?

Requires improvement

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

- Data for 2014/15 showed patient outcomes were low in one area compared to the national average, for example cervical screening rates were 68%. On the day of inspection, we were shown non-verified data that showed this had risen to 74% compared to the national average of 82%.
- Knowledge of and reference to national guidelines was consistent.
- There was limited evidence that audits were driving improvement in patient outcomes.
- Multidisciplinary working was taking place but was informal and record keeping was limited or absent.
- All staff told us they had received an appraisal within the last 12 months but there were limited records to demonstrate this. Of the four staff records we looked at during the inspection one had no appraisal record and the other three were dated as having an appraisal between 2011 and 2014. The practice subsequently supplied us with further evidence to show five further appraisals had been carried out between September 2015 and April 2016.

Summary of findings

- There was limited overview of staff training needs and plans were not in place to ensure that staff receive appropriate training to carry out their role.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- 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 easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- 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.
- Patients said they found it easy to make an appointment with a named 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 easy to understand and evidence showed the practice responded to issues raised. Learning from complaints was shared with senior medical staff and managers, but did not include all staff and other stakeholders.

Are services well-led?

Inadequate

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

- The practice had a mission statement to provide services based on knowing their patients. However, we found no clear vision or strategy in place for the newly formed organisation following the merger of two practices.
- There appeared to be a lack of awareness about the extent to which the absence of an integrated governance system and associated processes, was presenting a degree of risk to staff and patients.

Summary of findings

- There were management structures available at each site. Most staff felt supported by the management team however, they were not always clear about who they should approach at the site they worked at for support and guidance.
- The practice currently had some different procedures across the two practice sites. For example, induction procedures were different which could reduce continuity of work practice across the two surgeries.
- They told us they were ambitious to achieve safe, high quality and compassionate care. We found there had been systematic failures related to leadership and governance. For example, one member of staff who had not received appropriate training was used as a chaperone. Cleaning practices did not provide a clean safe clinical environment. Emergency equipment was found to be missing or out of date.
- The practice had policies and procedures to govern activity, but a significant selection of these did not provide full guidance on governance of the service provided.
- Risk assessments had action plans, but these had not been fully addressed and implemented to ensure a safe and effective service.
- Systems in place for appraising staff were not sufficient to ensure staff had opportunities to develop and were supported fully to carry out their role. Regular performance reviews were not carried out and there was no documentation to demonstrate that this had occurred. Staff did not routinely have the opportunity to attend meetings and be involved in how the practice was run.

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

Inadequate

The provider was rated as good for caring and responsive, requires improvement for effective and inadequate for safe and well-led. The issues identified as inadequate overall affected all patients including this population group. There were, however, examples of good practice.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice attended a virtual ward meeting.
- There were regular multi-disciplinary meetings with district nurses and community matrons in attendance, where frail older people are discussed in order to prevent hospital admissions. However, these were not formally documented.
- There were three monthly meetings focused on the care of patients reaching the end of their life. Meeting discussions were recorded in patient notes.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were aligned to national data. For example, the percentage of patients with Chronic Obstructive Pulmonary Disease (COPD) who had received a recent review was 93% and the national average is 90%. (COPD is a disease affecting the lungs, often found in patients over 50 years of age).

People with long term conditions

Inadequate

The provider was rated as good for caring and responsive, requires improvement for effective and inadequate for safe and well-led. The issues identified as inadequate overall affected all patients including this population group. There were, however, examples of good practice.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The diabetes indicators were mixed compared to national figures. For example, 67% of patients with diabetes had a blood

pressure reading which was within safe limits, which was lower than the national average of 78%. The percentage of patients with diabetes who had foot examinations was 96% compared to the national figure of 88%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Inadequate

The provider was rated as good for caring and responsive, requires improvement for effective and inadequate for safe and well-led. The issues identified as inadequate overall affected all patients including this population group. There were, however, examples of good practice.

- 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.
- Cervical screening data was low at 68% compared to the national average of 82%. On the day of inspection, we were shown non-verified data that showed this had risen to 74% compared to the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We were given examples of joint working with midwives, health visitors and school nurses, but these had not been formally documented.
- The walk in surgery had a policy to prioritise unwell children. For example, children who were sent home from school were seen in urgent afternoon appointments.

Summary of findings

Working age people (including those recently retired and students)

Inadequate

The provider was rated as good for caring and responsive, requires improvement for effective and inadequate for safe and well-led. The issues identified as inadequate overall affected all patients including this population group. There were, however, examples of good practice.

- 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 online services as well as a full range of health promotion and screening that reflects the needs for this age group, however, there was a low uptake for both health checks and health screening.
- Appointments were offered out of hours to support people who could not attend during routine opening hours.
- Telephone appointments were available daily.
- Military veterans were identified to ensure they were provided with additional support to specialist services, for example mental health services.

People whose circumstances may make them vulnerable

Inadequate

The provider was rated as good for caring and responsive, requires improvement for effective and inadequate for safe and well-led. The issues identified as inadequate overall affected all patients including this population group. There were, however, examples of good practice.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers, military veterans and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff told us they 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. All A&E and Out of Hours attendances were reviewed daily by the clinical team to identify any possible safeguarding concerns early.

Summary of findings

- The practice carried out an audit to identify patients with high risk medicines related to alcohol and drug misuse and offered these patients regular reviews.

People experiencing poor mental health (including people with dementia)

Inadequate

The provider was rated as good for caring and responsive, requires improvement for effective and inadequate for safe and well-led. The issues identified as inadequate overall affected all patients including this population group. There were, however, examples of good practice.

- 98% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was higher than the national average of 84%.
- 100% of patients with schizophrenia had an agreed care plan in the previous 12 months, which was higher than the national average of 89%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice referred patients to community psychiatric nurses and older persons mental health services, to ensure these patients' needs were met.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. A total of 285 survey forms were distributed and 100 were returned. This represented 1% of the practice's patient list.

- 97% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 73% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 93% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 73% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 11 comment cards which were all positive about the standard of care received. Five patients commented on how they liked the new 'walk in' process for on the day appointments. All patients shared how caring, respectful and helpful staff were.

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

Waverley Road Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector**.** The team included a GP specialist adviser, a practice nurse specialist adviser and a practice manager specialist adviser.

Background to Waverley Road Surgery

Waverley Road Surgery is part of the Craneswater Group Practice, which has the main location at 34-36 Waverley Road Southsea, Portsmouth, PO5 2PW.

A branch location is situated at: Salisbury Road Surgery, Salisbury, Southsea, Portsmouth, PO4 9QX. The branch has undergone recent extensive refurbishment including a new reception area, new clinical and treatment rooms and a lift to the first floor of the building.

We inspected the Waverley Road Surgery site for this inspection; the branch location was not inspected. Staff employed work across both sites and patients are able to access either site.

Waverley Road Surgery is situated towards the end of Portsea Island, Southsea, close to student flats, older peoples flats and homes of multiple occupancy. The current practice population is 10,669, with around 50% of this being working age people (25-64 years).The population is classed as having a fifth higher deprivation score than the average for England. The mix of ethnicities includes small groups of Indian and Polish families, with the majority of patients identifying themselves as white British. Waverley Road Surgery holds a general medical service contract.

There are five GP partners, two of whom are female and three of whom are male. All GP partners work across both sites. The practice also employs two female salaried GPs. Together the GPs equate to 6.5 whole time equivalent doctors. Waverley Road Surgery is a training practice for doctors who are training to be GPs.

The practice is also supported by four practice nurses and three health care assistants. The clinical team are supported by a business manager, based at Salisbury Road and a practice manager, based at Waverley Road. At Waverley Road Surgery, there are 10 reception and administration staff.

Waverley Road Surgery is located in two converted Victorian houses. The practice is accessed via a ramp and there are automatic doors at the front. There are stairs up to one treatment room and one clinical room. There is no lift to the first floor, staff told us they arrange for patients with limited mobility to be seen on the ground floor, so they do not have to use the stairs. There is a second waiting room on the first floor.

The reception area has a lowered desk area to enable wheelchairs users to speak directly with staff. Leading off the reception area there is a second door through to the main waiting room with several steps down, the practice has installed a lift to enable disabled access to this area.

The practice is open from 8am until 6.30pm with appointments starting at 8.45am until 12.45pm every morning and 3pm to 6pm daily. There are pre-bookable appointments which are routinely 15 minutes long, apart from one salaried GP who only offers ten minute appointments. The urgent appointment system is managed using a walk-in system. Any patient can walk-in between 9am and 11am and wait to see a duty GP.

Detailed findings

Patients can attend either site and urgent appointments are also available in the afternoon. There are extended opening times in the week and on some Saturdays as follows:

The practice offered extended hours on Monday and Tuesday evenings until 8.00pm aimed at patients who could not attend during normal opening hours. Early opening is also offered on Wednesday and Thursday morning from 7.30am and on every third Saturday from 8.30 to 11.30am.

Patients are directed to use the NHS 111 system when the practice is closed.

The practice has not previously been inspected by the Care Quality Commission.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 12 April 2016. During our visit we:

- Spoke with a range of staff which included GPs, practice nurses, managers, secretarial and reception staff and spoke with patients who used the service.
- 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.

Inadequate

Are services safe?

Our findings

Safe track record and learning

There was a limited system in place for reporting and recording significant events. Analysis and learning points were not consistently applied to ensure safe practice.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour, but this was not consistently shared. (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).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology. Patients and all relevant staff were not always advised about any actions to improve processes to prevent the same thing happening again. Trends resulting from incidents were not consistently identified and actions taken did not minimise the risk of reoccurrence.
- The practice carried out an analysis of significant events, but there was limited evidence of learning being shared to relevant practice staff. We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. There were five significant events in the past 12 months.

We saw limited evidence to demonstrate lessons were shared and action was taken to improve safety in the practice. For example, there had been three incidents regarding vaccines. These were all recorded as significant events, but there was inconsistency in the reporting mechanism and recording method. There was no identification of these as similar events or review of performance or processes to prevent vaccine errors happening again.

- We reviewed evidence in three examples of vaccine errors in July 2015, December 2015 and January 2016. Nurses had sought support from GPs but had not recorded their discussion. Significant event forms showed that the practice considered changing processes to prevent further incidents, but there was no evidence of action. Similar incidents re-occurred with limited analysis of learning or reduction of risks to patients.

Overview of safety systems and processes

The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse, but these were not fully embedded which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding, one for each site. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Actions and outcomes from the meetings were recorded on patient medical records. No records were made of attending professionals or themes identified for learning. We observed reception staff raising a child protection concern to a clinician on the day of inspection.

- Staff demonstrated they understood their responsibilities and most had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3.
- Practice policy required all clerical staff to be trained in child safeguarding level 1, nurses in level 2 and GPs in level 3.
- Administration staff had been trained to level 2 child safeguarding in November 2015.

Clinical staff were trained to level 3 (apart from two nurses who could not produce any safeguarding training evidence). Two nurses were booked to attend a training session the day after inspection and the practice manager confirmed this would be child safeguarding level 3. Two newly appointed staff had not attended any safeguarding training (child or adult).

- All staff had received Identification and Referral to Improve Safety (IRIS) training in regard of recognising signs of domestic violence. The staff we spoke with had a clear understanding of adult safeguarding and how to

identify signs of abuse, although the practice could not show records of staff training. We were told that a session of training was delivered in November 2014, but there was no list of attendees.

- There was a notice in one out of two waiting rooms advising patients that chaperones were available if required, but there were notices in all clinical rooms. Usually nursing staff were used, but there had been an occasion when a non-clinical staff member acted as a chaperone and they did not have training, a risk assessment or a Disclosure and Barring Service check (DBS) to ensure suitability to fulfil the role of a chaperone. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). The chaperone policy on the practice shared computer drive had not been updated to reflect current practice.
- The practice had invested in new flooring throughout the building at Waverley Road Surgery. However, we found appropriate standards of cleanliness and hygiene were not maintained. On the day of inspection, we observed one clinical room to have a layer of thick dust across the whole room, including work surfaces, sharps containers, desk and chair. We also noted an overflowing open domestic bin. The practice told us this was linked to the recent new flooring laid two days prior to inspection and suggested a contract cleaner had missed one room. However, this clinical room had been used for clinical care that morning, despite the lack of cleaning or an assessment of infection control and cleanliness of the room. Staff told us the daily cleaning was not always considered to be of a good standard and there was no daily checklist for the cleaner's tasks to show what had been completed.
- The practice nurse was the infection control clinical lead. The nurse liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken. In April 2014 the practice was rated to be 88% compliant with infection control standards. The follow up audit in October 2015 showed this had reduced to 85%. At the time of our inspection, recommendations from the October 2015 audit had not been actioned. During our inspection we found two yellow sharps bins that were overfull, and required changing.
- The arrangements for managing medicines in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal).
- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. The nurse received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed four personnel files and found an inconsistent approach in recruitment checks which had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employment in the form of references, qualifications, registration with the appropriate professional body for clinical staff and the appropriate checks through the Disclosure and Barring Service were not consistently applied where needed. The recruitment policy had not been amended to reflect current arrangements following the April 2015 merger of the two practices and did not detail the pre-employment checks that the practice leadership should take.

Monitoring risks to patients

Risks to patients were assessed but not well managed and action plans were not fully put into place.

Inadequate

Are services safe?

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives.
- The practice had up to date fire risk assessments but no regular fire drills. There was a detailed action plan dated July 2015 based on this assessment, but the practice had not completed any of the recommendations. For example, an electrical wiring test and emergency lighting tests were identified as high priority but no action had been taken.
- Electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- The practice had a variety of other risk assessments in place to monitor safety of the premises such as infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). There was a risk assessment dated 31 March 2016 and the practice had created an action plan for the recommendations. Immediately following the inspection we were informed that a building contractor was on site to correct hot water and heating valve temperatures and removed obsolete piping which was identified on the legionella risk assessment.
- There were no control of substances hazardous to health (COSHH) information sheets for cleaning products. For example, washing up liquid and domestic cleaning products kept in the staff kitchen.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. All staff worked across both sites.

Locum GPs were being used to cover the gap whilst a further GP partner was recruited. The practice used an agency and had a locum pack to support this.

Arrangements to deal with emergencies and major incidents

The practice had some arrangements in place to respond to emergencies and major incidents

Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely, but some had been removed from their original packaging, so we were unable to see the expiry date.

There were seven small boxes of emergency medicines, one for each clinical room. We found that the list on the outside of each box did not represent the contents. For example, there were no cannulas, despite the outside label suggesting they should contain a cannula (a cannula is a thin tube inserted into a vein to administer medicines). Syringes (10ml and 1ml) were expired for sterilised use by date and there was no regular checking system for these boxes. After discussion with the practice team, this system was immediately re-designed to provide one box of specific emergency medicines alongside a new checking system. We were informed that a revised protocol was in place immediately after the inspection.

- An accident book was available in reception; however there was no first aid kit available.
- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks, but the masks had expired from the sterile use by date.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date, but staff told us they were not always able to maintain this. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs, with the exception of guidelines relating to vaccines.
- The practice did not record how they monitored these guidelines to ensure they were followed through risk assessments, audits. There were no random sample checks of patient records by the practice.

Management, monitoring and improving outcomes for people

Quality Outcome Framework data is from 2014/2015, prior to the merged surgery and may be of limited use for comparison. This should therefore be used for illustrative purposes only.

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 97% of the total number of points available, with more recent figures provided by the practice showing a small increase to 98%.

The average exception rate across all relevant clinical indicators was 5.5% (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).

The exception rate for diabetes indicators (2014/2015) for this practice was 17% (39 out of 209 patients), whereas the CCG average was 13% and the national average was 11%. In the clinical domain of depression, the exception rate was 35% compared to the Clinical Commissioning Group (CCG) average of 24% and national average of 25%. These exception figures quoted may be based on small numbers of patients with the diagnosed illness. For example, if one person from a group of four was excepted then the quoted figure would be 25%.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015 showed:

- Performance for diabetes related indicators was similar to the national average.
- Diabetes indicators were mixed compared to national targets. For example, 67% of patients with diabetes had an acceptable blood pressure, which was lower than the national average of 78%. The percentage of patients who had received foot examinations was 96% compared to the national figure of 88%.
- Performance for mental health related indicators was better compared to the national average. For example patients with dementia who had their care reviewed was 98% compared to the national average of 84%.
- QOF indicators showed that the percentage of women attending for cervical screening was at 68%, however, on the day of inspection, we were shown data that had not been externally verified that showed this had risen to 74%. The national average was 82%. The practice explained that the low rate was felt to be linked to administration staff sickness and a system error when recording exemptions.
- Antibiotic prescribing was an area of concern previously highlighted by data, showing the practice may be prescribing twice the national average (10% vs 5%). The CCG supported the practice with a pharmacist one session per week and the practice was able to reduce their prescribing of antibiotics by 50% in the last year.

There was evidence of quality improvement including clinical audit.

- There had been four clinical audits undertaken in the last two years, three of these were completed audits where the improvements made were implemented.
- The practice participated in some local audits, but we could not see evidence of national benchmarking, accreditation and peer review.
- Findings were used by the practice to improve services. For example, recent action taken as a result included a review of dermatology referrals because the practice

was a high referrer, compared to other local practices. On review the referrals were found to be appropriate and the practice discussed the findings at a partners meeting.

Information about patients' outcomes was used to make improvements. For example, repeat prescriptions were audited where patients were known to misuse prescription medicines. This was linked to the management of these patients and aimed to help patients to understand high risk medicine interactions. By reviewing each individual case, the GP was able to identify coding errors which could lead to additional prescribing or overdose. 13 out of 16 patients had their medicines reviewed (81%), coding corrected and therefore risks reduced. On the second cycle, eight out of nine patients were reviewed (89%) and had their risks reduced.

Effective staffing

Staff had skills, knowledge and experience to deliver care and treatment, but there were areas which needed improvement.

- The practice had an induction programme for all newly appointed staff, but this differed across both sites. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions had additional qualifications for specific conditions like asthma.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could not demonstrate how they stayed up to date with changes to the immunisation programmes, even though online resources were available. Despite recent errors since April 2015, one member of staff who administered vaccines stated they or their colleagues did not attend or take part in discussion at practice meetings where vaccines were discussed. They were unable to demonstrate how they stayed up to date with vaccine administration information or how any learning from the significant events was shared in a timely way. We noted from information provided following the inspection dated 20 October 2015 that nurses did have access to and attended meetings where significant events and other clinical information was discussed.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff told us they had received an appraisal within the last 12 months, but the evidence reviewed in four staff records showed the dates were 2011, 2012, 2014 and in one case there was no record of appraisal. The practice subsequently supplied us with further evidence to show five further appraisals had been carried out between September 2015 and April 2016. This indicated a system was in place but required further development to ensure a clearer overview of appraisal was maintained.
- Staff received training that included: fire safety awareness and basic life support. There had not been any adult safeguarding training although most staff had received children's safeguarding training. Staff had access to and made use of e-learning training modules and in-house training. Files were kept across two sites and kept in different ways. The practice was unable to demonstrate an overview of the training of the practice staff as a whole and informed us that they planned to implement a new training matrix.
- This practice took part in Portsmouth TARGET training sessions which were supported by the local clinical commissioning group. The practice closed for half a day, once per quarter which was defined as protected learning time in Portsmouth. TARGET provided: time for audit, research, governance, education and training. Patients were informed many weeks in advance and supported to use the NHS 111 system during closures.

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.

Requires improvement

Are services effective?

(for example, treatment is effective)

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

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

- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits. We reviewed one patient record showing consent gained and discussed for cervical screening and we saw a written consent form for joint injections undertaken at the practice.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and military veterans.
- Patients were signposted to the relevant service.
- A dietician was available by referral.
- Patients benefitted from smoking cessation advice and support which was available from within the practice, which provided a personalised service to support patients who wanted to stop smoking. The service was provided by the practice rather than the local authority and was delivered by one of their health care assistants. This included brief interventions and a structured cessation programme. The effectiveness of this had yet to be measured.

We saw unverified data that the practice's uptake for the cervical screening programme had improved from 68% to 74%, which was in line with the CCG average of 71% and below the national average of 82%. This performance of 68% was explained by the practice as being related to a staff member's sickness absence and subsequent coding error.

There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test, usually twice. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and they ensured a female sample taker was available.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening, with results showing this was achieved slightly lower than national and local averages:

- Females screened for breast cancer in the last 3 years was 63% compared to the CCG average of 69% and the national average of 72 %.
- Patients screened for bowel cancer in the last 3 years was 52% compared to the CCG average of 57% and the national average of 58%.

There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccines given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 90% to 94% and five year olds from 93% 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

Requires improvement

Are services effective?

(for example, treatment is effective)

checks were made, where abnormalities or risk factors were identified. Patients were followed up following accident and emergency (A&E) attendance to support patients to avoid unnecessary hospital admissions.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed 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.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 11 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with four members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

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

Results also aligned with what patients told us on the day of inspection; patients were all positive and satisfied with their care.

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.

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

- 88% of patients said the last GP they saw was good at explaining tests and treatments compared to 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 national average of 82%.
- 92% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

- 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 patients this service was available.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Good

Are services caring?

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.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 259 patients as carers (about 3% of the practice list). Carers were identified using the registration system. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice 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. For example, one GP partner had attended a training session to help identify needs of military veterans and was disseminating this learning across the practice. The aim was to identify specific issues and offer additional support for this group of patients.

Military veterans were identified as part of the local population. This aims to ensure they were provided with additional support to access specialist services, for example, those with specific mental health care needs.

- The practice offered extended hours on Monday and Tuesday evenings until 8.00pm aimed at patients who could not attend during normal opening hours. Early opening was also offered on Wednesday and Thursday morning at 7.30am and on every third Saturday from 8.30 to 11.30am.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day walk-in appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccines available on the NHS or were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- Patients told us they were always seen on the ground floor if they could not manage the stairs.
- There was a self-recording blood pressure monitor in a patient accessible, private area away from the waiting room. Patients could then discuss their results during their GP appointment.
- The practice had invested in computer systems across the two sites, for example, there were electronic check in screens at both sites and speech recognition software to support clinicians and secretarial staff. There were future plans to enable patients to access their own records via the patient record system.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Extended hours appointments were offered at the following times:

Monday 6.30pm until 7.45pm

Tuesday 6.30 until 7.45pm

Wednesday 7.30am until 8am

Thursday 7.30am until 8am

and every third Saturday 8.30am until 11.30am.

In addition to pre-bookable appointments that could be booked up to eight weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment were better than local and national averages.

- 69% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 97% of patients said they could get through easily to the practice by phone compared to the national average of 73%.
- The walk in surgery had a policy to prioritise unwell children. For example, children who were sent home from school were seen in urgent afternoon appointments.

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

The practice had a system in place to assess:

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

Telephone calls were made by GPs who knew the patients. They operated a personal list system in cases of older patients, or those with long term conditions. In cases where the urgency of need was so great that it would be

Good

Are services responsive to people's needs?

(for example, to feedback?)

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

Listening and learning from concerns and complaints

The practice had an effective 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. There were posters in both waiting rooms, details on the website, newsletter and practice leaflet.

We looked at three complaints received in the last 12 months and found they were investigated and handled effectively with an open and honest approach. We saw evidence that if patients were not satisfied with a written response, they were offered a face to face meeting.

We saw one example of a formal complaint that was responded to within 24 hours. Permission was gained from authorities to share information and then this was explained in a detailed response to the family. Some system learning was identified by the practice regarding prescribing specific medicines.

However, lessons were not shared with relevant staff about individual concerns and complaints and also from analysis of trends and actions for improvement were lacking. Minutes of the partners meeting stated how they had been copied into a complaint from NHS England, but no details of the subsequent partner discussion or implications were recorded.

Are services well-led?

Inadequate

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

Our findings

Vision and strategy

The practice was created by merging Waverley Road Surgery with Salisbury Road Surgery in April 2016 with the stated intention of operating as a single organisation. However there was evidence that demonstrated that the leadership had not yet completed this process.

The practice told us they had an ethos for patient care and shared this during their inspection presentation; however, this was not clear to all staff or patients across the sites. The practice told us they aimed to "preserve 'corner shop' family medicine, rather than 'Tesco' through knowing your customers and what they need". This was not found during our inspection. The practice told us since 2015, developing their strategy was an ongoing process and would take the positive elements from both practices to form their final strategy. Developments so far included:

- Sharing home visits across the practice;
- Providing a "walk in" surgery since August 2015;
- A joint afternoon duty doctor system since April 2016;
- Blocked out time for nurse meetings;
- Cross site working;
- Extensive refurbishment of Salisbury Road practice.

However staff told us they were not aware of or did not understand the vision and values.

Governance arrangements

There appeared to be a lack of awareness about the extent to which the absence of an integrated governance system and associated processes, was presenting a degree of risk to staff and patients. The delivery of high-quality care was not always assured by the leadership, governance or culture in place. The practice had a governance framework, however we found this was inadequate and was not operated effectively to keep patients safe.

The two previous locations appeared to continue to be led separately in places and had not been merged to create one organisation with a joined up governance system. Risks of this had not been fully assessed or managed. Staff and patients were moving between sites with conflicting governance arrangements and this presented a degree of risk to staff and patients. For example;

- There were different induction lists for staff working across the two sites.
- Practice specific policies were implemented in part, but not readily available or suitably updated, such as the induction policy or recruitment checks.
- The performance of the practice was maintained, but this was not fully shared across the practice staff.
- Patient outcome measures and information outlined areas for improvement; however these had not been addressed. For example the practice cervical screening uptake was below the CCG and national figures. The practice explained a low cervical smear rate was linked to a delay in recording while administration staff absent due to sickness showing a governance oversight and lack of planning for unplanned absence.
- Arrangements for identifying, recording and managing risks were inconsistent. Risk assessments had been undertaken but mitigating or corrective actions were not implemented or reviewed. Important safety improvements were delayed, such as those identified in the fire risk assessment action plans. Complaints and significant event learning themes were not reviewed to enable change to occur or to prevent incidents from recurring.

There were also positive aspects of governance, including;

- There was a staffing structure and that staff were aware of their own roles and responsibilities,
- A business meeting was held regularly with senior partners and managers to gain an understanding of the performance of the practice.
- The monitoring of performance to measure and improve patient outcomes was not always effective. There was a programme of continuous clinical and internal audit used to monitor quality and to identify improvements.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, but limited capacity and capability to run the practice and ensure high quality care. The two sites were run in different ways, for example, recording training and staff files, by two managers who had yet to combine their vision for the practice. This led to a lack of clarity about leadership and a potential risk to staff and patients.

Are services well-led?

Inadequate

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

They told us they prioritised safe, high quality and compassionate care; however there had been system failures identified related to leadership and governance.

There was no summary evidence of actions or concerns and external staff attendance at multi-disciplinary (MDT) meetings through meeting minutes. Where discussions took place in regard of palliative care, this information was recorded in the individual patient's notes. Since our inspection the practice has introduced a log of MDT meetings showing who attended and the patients discussed.

Staff told us the partners were approachable and took the time to listen to members of staff. There were ad hoc discussions and corridor conversations between nurses and GPs.

The provider was aware of the duty of candour; however the systems in place to ensure compliance with the requirements of the duty of candour were not operated consistently. (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). For example, the incident recording form supported the practice to record notifiable incidents under the duty of candour, but this was not consistently shared across the practice.

The partners told us they encouraged a culture of openness and honesty. However, the systems in place were not systematically applied:

- The practice gave most affected people reasonable support, truthful information and a verbal and written apology. However, this was not the case for all errors that were highlighted as significant events, for example, those related to vaccines.
- Information regarding the lessons learnt and improvement actions were not implemented or shared with all the relevant staff of the practice.

There was a leadership structure in place but not all staff groups felt supported by management.

- We found that the practice held meetings, including daily informal meetings. However, there was limited long term evidence outside of patient's records showing that practice meetings regularly included nursing staff.
- In addition, we were told that practice nurse team meetings had recently been discontinued but there was an aim to re-introduce these in the future.
- Staff told us there was a difficulty in maintaining open communication channels across two sites since merging into one practice.
- Staff told us there was an open culture within the practice and informal conversations were supportive, for example, advice about patient care, but these were not documented. Nursing staff were offered the opportunity to raise any issues at practice meetings. However, in addition to the evidence in meeting minutes, which showed an absence of nursing staff, one nurse supported this by stating they did not attend. They learned about practice changes and concerns via email or unminuted daily discussions after morning surgery. One nurse told us that they did not feel involved in the development of the practice or were not kept up to date with changes.
- We noted protected training days called TARGET (Time for Audit, Research, Governance, Education & Training) team away days were held every three months. Portsmouth City teaching Primary Care Trust has supported protected timefor learning for GP Practices in the city since 2001, and Portsmouth CCG are continuing to support TARGET to allow practices to develop further. The practice is covered by the Out of Hours service during these closures.
- The practice was a training practice for foundation year (FY2) medical students who were gaining broader experience in a range of medical settings before qualifying to become a doctor. One of the practices GPs had recently been re-accredited as a GP trainer as part of the practices ongoing commitment to staff development.
- Some staff said they felt respected, valued and supported, particularly by the partners in the practice, but this did not include all staff. Some staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice. Staff had a suggestion box which was utilised by administration staff and analysed every month by the reception manager. This was followed by meetings and agreed actions were recorded. For example, administration staff wanted to ensure they had a pleasant working environment by being able to listen to a radio. This was implemented by the practice. This system was not used by nursing staff.

Are services well-led?

Inadequate

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

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

The practice encouraged feedback from patients, the public and staff. It sought patients' feedback and engaged patients in the delivery of the service. The patient forum wrote and published a newsletter for the practice detailing new systems like the walk-in appointments and provides information on the outcome from meetings.

- The practice had gathered feedback from patients through the patient participation forum group (PPG) and through surveys and complaints received. The PPG met regularly, funded by the practice, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG gave negative feedback on behalf of patients about how difficult the online prescribing system was. This was listened to by the practice, acted on and this was then improved.
- The PPG told us they were regularly consulted during the plans for the merger in August 2015. They suggested inclusion of a breastfeeding room in the building plans at the branch and this was implemented.
- The practice was nominated for GP practice of the year, by patients at the annual "best of health awards" sponsored by the local paper.
- The practice had gathered feedback from staff through their suggestion box system and meetings that took place during TARGET study sessions. One change made included a discussion on how to improve the locking up system at the end of the day and how to share out shifts equally amongst administrative staff.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run and enjoyed the use of their own suggestion box for improvement ideas. The suggestion box was used by certain staff groups and not used by others.

Continuous improvement

There was some focus on continuous learning and improvement within the practice. The practice had taken part in local pilot schemes to improve outcomes for patients in the local area. For example, they had taken part in additional training to identify and support the needs of military veterans in order to train one another across the practice.

As part of their business plan, Waverley Road Surgery planned to move the practice to a new computer system later in the year in order to allow patients to access their records at any location in the city as they move towards possible seven day services.

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 Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** The registered provider did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. Risk assessments for fire and infection control had been carried out however action plans were implemented but not always acted upon. Identified risks were not mitigated to ensure patients received care and treatment in a safe environment. Not all staff who acted as chaperones had received training to enable them to carry out their role and checks on their good character were not consistent. Processes for handling of medicines did not ensure that patients were protected from harm. Suitable safeguards were not in place to ensure patients received the correct vaccine. Clinical waste was not disposed of in a safe manner. Sharps boxes were seen to contain more than the recommended amount of used needles and were not routinely changed to ensure safe practice. Information sheets on safe use of hazardous chemicals were absent. This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Enforcement actions

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 Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met:** The registered provider did not have suitable systems in place to assess, monitor and improve the quality and safety of services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services). Systems did not assess, monitor or mitigate risks related to health, safety and welfare of service users. Systems and processes for ensuring all staff were suitably trained did not ensure that all staff had the necessary skills and competencies to carry out their role. We found there were no systematic processes in place to ensure that practice policies and procedures were appropriately reviewed and updated to ensure their content was current and relevant. This did not enable staff to carry out their roles in a safe and effective manner which are reflective of the requirements of the practice. Systems for monitoring and reviewing significant incidents did not ensure that learning from these incidents was consistently shared with all relevant staff to improve practice. Systems in place to monitor risk were not sufficiently robust to ensure that actions needed to minimize risk were in place. Risks assessments for areas such as fire and infection control had been carried out, but there was a failure to monitor and act on the findings of the assessments. Systems in place to monitor the cleanliness of the premises did not sufficiently protect patients from risk of infection.

This section is primarily information for the provider

Enforcement actions

This was in breach of regulation 17(1) (of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

WARNING NOTICE