The Park Surgery

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Park Surgery on 19 August 2016. We visited the main surgery in Driffield and the branch surgery at Nafferton during the inspection. The practice is rated as requires improvement.

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

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events. However dispensary staff were not clear about reporting incidents, near misses and concerns, medicines related incidents were not always reported and investigated.
- Risks to patients were assessed and well managed with the exception of those relating to the management of medicines.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they were able to get same day appointments and pre-bookable appointments were available.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

Summary of findings

- The practice had a number of policies and procedures to govern activity and systems to monitor quality improvement however these were not fully implemented.

However there were areas of practice where the provider needs to make improvements.

Importantly the provider must:

- Ensure medicines are managed and dispensed safely and in accordance with the practice policy and procedures. Implement processes to ensure acute prescriptions were signed within a reasonable timeframe and the standard operating procedure for uncollected prescriptions was followed. Ensure action was taken and recorded in response to refrigerator temperatures in the dispensary being outside of the recommended range for storing medicines. Implement a process to ensure prescription pads for use by individual GPs were tracked through the practice in accordance with national guidelines.
- Ensure quality monitoring systems are implemented.

Importantly the provider should:

- Share lessons learned from incidents with all staff in the practice.
- Keep records of controlled drugs in accordance with the relevant legislation
- Review the telephone appointment system to improve patient satisfaction with accessing the practice by telephone.

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 and improvements must be made.

- There was a system in place for reporting and recording significant events. However dispensary staff were not clear medicines related incidents were not always reported and investigated.
- Lessons learned were not always shared with staff to make sure action was taken to improve safety in the practice.
- Patients affected by significant events received a timely apology and were told about actions taken to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- 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.
- Practice policies and procedures were not always followed in relation to the management of medicines.
- Actions identified were not completed following a legionella risk assessment.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data showed patient outcomes were comparable to the local CCG and national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

Summary of findings

- Data from the national survey showed that patients rated the practice similar to or 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. We observed a patient-centred culture.
- Information for patients about the services available was easy to understand and accessible.
- We saw that staff treated patients with kindness and respect, and maintained confidentiality.
- There was a carer's register and information was available on the practice website and in the waiting room for carers on support services available for them.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- The practice reviewed the needs of its local population and engaged with the local NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice worked with the CCG and the community staff to identify their patients who were at high risk of attending accident and emergency (A/E) or having an unplanned admission to hospital. Care plans were developed to reduce the risk of unplanned admission or A/E attendances.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care. The partners operated a 'buddy' system so when the named GP was not available the 'buddy' GP provided cover. Urgent appointments were available the same day.
- Telephone consultations were available for working patients who could not attend during surgery hours or for those whose problem could be dealt with on the phone.
- 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 that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Requires improvement

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

Summary of findings

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk. However these were not fully implemented. Action plans were not developed and followed through following risk assessments. Monitoring was not robust and did not identify if systems were not being updated as required or if staff were following practice procedures.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.
- The practice proactively sought feedback from staff and patients, which it acted on.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

Requires improvement

The practice is rated as requires improvement for the care of older people. The provider was rated as inadequate for safe, requires improvement for well-led and good for effective, caring and responsive. The issues identified as requiring improvement 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. Patients over the age of 75 had a named GP.
- The practice had assessed the older patients most at risk of unplanned admissions and had developed care plans which were reviewed every three months.
- The practice was delivering 'A Care Home Scheme'. This ensured patients living in care homes had structured annual reviews which included a review of medication by a pharmacist, review of clinical care and advanced care planning with the GPs and nurses.
- They were responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Nationally reported data for 2014/2015 showed that outcomes were good for conditions commonly found in older people. For example, performance for heart failure indicators was 100%; this was 1.9% above the local CCG average and 2.1% above the England average.
- Minor surgery and ear irrigation was provided on site, reducing the need for patients to travel to hospital which could be a journey of 20 miles.

People with long term conditions

Requires improvement

The practice is rated as requires improvement for the care of people with long-term conditions (LTCs). The provider was rated as inadequate for safe, requires improvement for well-led and good for effective, caring and responsive. The issues identified as requiring improvement 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.

Summary of findings

- Nationally reported data for 2014/2015 showed that outcomes for patients with long term conditions were good. For example, the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 89% compared to the local CCG and England average of 88%.
- Longer appointments and home visits were available when needed.
- Patients with LTCs had a named GP and a structured annual review to check that their health and medicines needs were being met. For those people with the most complex needs, the named GPs worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice hosted retinal screening clinics for patients with diabetes.

Families, children and young people

Requires improvement 

The practice is rated as requires improvement for the care of families, children and young people. The provider was rated as inadequate for safe, requires improvement for well-led and good for effective, caring and responsive. The issues identified as requiring improvement 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 or who failed to attend hospital appointments.
- Immunisation rates were comparable to the local CCG area 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.
- Nationally reported data from 2014/2015 showed the practice's uptake for the cervical screening programme was 83% compared to the local CCG average of 85% and the England average of 82%.
- Sit and wait clinics were held every morning and appointments were available outside of school hours.
- The premises were suitable for children and babies.
- We saw good examples of joint working with midwives, health visitors and school nurses.

  The practice monitored any non-attendance of babies and children at vaccination clinics and worked with the health visiting service to follow up any concerns.

Summary of findings

Working age people (including those recently retired and students)

Requires improvement

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students). The provider was rated as inadequate for safe, requires improvement for well-led and good for effective, caring and responsive. The issues identified as requiring improvement 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 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.
- Telephone consultations were available every day with a call back appointment arranged at a time to suit the patient, for example during their lunch break.
- Signposting was available to local pharmacists for treatment of minor illnesses that could be accessed at weekends. Also to mental health support services to enable patients to access them at times convenient to them.

People whose circumstances may make them vulnerable

Requires improvement

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The provider was rated as inadequate for safe, requires improvement for well-led and good for effective, caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice held registers of patients living in vulnerable circumstances which included those with a learning disability.
- The practice offered longer appointments for people with a learning disability.
- Nursing staff used easy read leaflets to assist patients with learning disabilities to understand their treatment.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice told vulnerable patients about how to access various support groups and voluntary organisations.

Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- Staff had completed training in the identification of potential exploitation and female genital mutilation.
- Telephone interpretation services were available and information leaflets in different languages were provided when required.

People experiencing poor mental health (including people with dementia)

Requires improvement

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The provider was rated as inadequate for safe, requires improvement for well-led and good for effective, caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- Nationally reported data from 2014/2015 showed 88% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the preceding 12 months. This was comparable to the local CCG and England average of 84%.
- Nationally reported data from 2014/2015 showed the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive care plan documented in their record in the preceding 12 months was 92%. This was similar to the local CCG average of 91% and the England average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advanced care planning for patients with dementia. Staff had completed dementia friends training (a dementia friend is someone who learns more about what it is like to live with dementia and turns that understanding into action).
- One of the GPs was trained to administer long acting neuroleptic medication for patients experiencing mental health problems. This reduced the need for patients to travel to hospitals in Hull for this treatment.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Summary of findings

- 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.

Summary of findings

What people who use the service say

The National GP patient survey results published in July 2016 showed 220 survey forms were distributed for The Park Surgery and 131 forms were returned, a response rate of 60%. This represented 1% of the practice's patient list. The practice was performing below the CCG or national average for four of the 23 questions and similar to or above the local CCG and national averages for the other 19 questions. For example:

- 49% found it easy to get through to this surgery by phone compared with the local CCG average of 68% and national average of 73%.
- 82% were able to get an appointment to see or speak to someone the last time they tried compared with the local CCG average of 85% and national average of 85%.
- 61% described their experience of making an appointment as good compared with the local CCG average of 72% and national average of 73%.
- 86% described the overall experience of their GP surgery as good compared with the local CCG average of 86% and national average of 85%.
- 84% said they would recommend their GP surgery to someone new to the area compared to the local CCG average of 81% and national average of 78%.

As part of our inspection we asked for Care Quality Commission (CQC) comment cards to be completed by patients prior to our visit. We received 50 completed comment cards which were very positive about the standard of care received. Patients said staff were polite and helpful and treated them with dignity and respect. Patients described the service as excellent and very good and said staff were friendly, caring, professional and they listened to them and provided advice and support when needed. Six patients told us it could be difficult to get appointments at the Park surgery and three of these said it could be difficult getting through on the phone.

We spoke with one member of the patient participation group (PPG) and received 12 questionnaires that were completed during the inspection from patients who used the service. They were also very positive about the care and treatment received; four patients said they had difficulty getting a same day appointment.

Areas for improvement

Action the service MUST take to improve

Importantly the provider must:

- Ensure medicines are managed and dispensed safely and in accordance with the practice policy and procedures. Implement processes to ensure acute prescriptions were signed within a reasonable timeframe and the standard operating procedure for uncollected prescriptions was followed. Ensure action was taken and recorded in response to refrigerator temperatures in the dispensary being outside of the recommended range for storing medicines. Implement a process to ensure prescription pads for use by individual GPs were tracked through the practice in accordance with national guidelines.
- Ensure quality monitoring systems are implemented.

Action the service SHOULD take to improve

Importantly the provider should:

- Share lessons learned from incidents with all staff in the practice.
- Keep records of controlled drugs in accordance with the relevant legislation
- Review the telephone appointment system to improve patient satisfaction with accessing the practice by telephone.

The Park Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Inspector and included two CQC Pharmacist Inspectors, a second CQC Inspector and a GP Specialist Advisor.

Background to The Park Surgery

The Park Surgery, Eastgate Road, Driffield YO25 6EB is located near the centre of the market town of Driffield and is close to local bus routes. There is a car park available at the practice. The practice is in a purpose built building with disabled access and consulting and treatment rooms available on the ground and first floors; there is lift access to the first floor. There is one branch site, Nafferton Surgery, 22a High Street, Nafferton YO25 4JR which is located in the village of Nafferton, two miles from Driffield. There is disabled access and all consulting and treatment rooms are on the ground floor. This site was also visited during the inspection.

The practice provides services under a General Medical Services (GMS) contract with the NHS North Yorkshire and Humber Area Team to the practice population of 15192, covering patients of all ages. The practice covers a large rural area. The practice is a 'dispensing practice' and is able to dispense medicines for patients who live more than one mile from the nearest pharmacy. There is a dispensary at both surgeries. The practice dispenses medicines for approximately 48% of its patients.

The proportion of the practice population in the 65 years and over age group is above the England average and in the under 18 age group is slightly below the England average. The practice scored eight on the deprivation measurement scale, the deprivation scale goes from one to ten, with one being the most deprived. People living in more deprived areas tend to have a greater need for health services.

The practice has nine GP partners, three full time and six part time. There are four female and five male GPs. There are two nurse practitioners, five practice nurses and five health care assistants (HCAs). There are normally four HCAs but one is leaving to commence their paediatric nurse training so there is an overlap with the new HCA being trained in preparation for the HCA leaving. All the nurses and HCAs work part time, four are female and one is male. There is a practice manager, a finance officer/personal assistant and a team of administrators, secretaries and receptionists. There are five dispensers, all part time. The pharmacist retired at the end of July 2016 and new pharmacist has been appointed and is due to start at the beginning of October 2016.

The Park Surgery is open between 8am to 6pm Monday to Friday. GP appointments are available from 8.30am to 11.10am and 3.30pm to 6.30pm Monday to Friday. There are 'sit and wait' clinics at the Park Surgery from 8.30am to 10.30am Monday to Friday for patients who have new, urgent or acute issues that need dealing with quickly.

The Nafferton surgery is open between 8am and 12.30pm and 1.30pm to 6pm on a Monday. From 8am to 12.30pm and 1.30pm to 5pm on Tuesday, Thursday and Friday and from 8am to 12pm on Wednesday. GP appointments are available from 8.30am to 11.10am Monday to Friday and from 2.30pm to 5.30pm Monday and 2pm to 4.30pm Tuesday, Thursday and Friday.

Information about the opening times is available on the website and in the patient information leaflet.

Detailed findings

The practice, along with all other practices in the East Riding of Yorkshire CCG area have a contractual agreement for the Out of Hours provider to provide OOHs services from 6.00pm. This has been agreed with the NHS England area team.

The practice has opted out of providing out of hours services (OOHs) for their patients. When the practice is closed patients use the 111 service to contact the OOHs provider. Information for patients requiring urgent medical attention out of hours is available in the waiting area, in the practice information leaflet and on the practice website.

The practice is a training practice for GP Registrars; doctors who are training to become GPs. The practice is also a teaching practice for year four and five medical students and Foundation Doctors (FY2). FY2 is a grade of medical practitioner in the United Kingdom undertaking the Foundation Programme – a two-year, general postgraduate medical training programme which forms the bridge between medical school and specialist/general practice training. The practice is a training site for student nurses.

The practice has been inspected three times prior to this inspection and has been given compliance actions for issues relating to the safe management of medicines and assessing and monitoring the quality of the service. At the last inspection in January 2015 the practice was found to be compliant.

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

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

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

We also looked at how well services are provided for specific groups of people and what good care looks like for them. 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)

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We reviewed policies, procedures and other information the practice provided before and during the inspection. We carried out an announced visit on 19 August 2016 and visited the Park Surgery and the branch surgery at Nafferton. During our visit we:

- Spoke with a range of staff including two GPs, the nurse practitioner, one practice nurse, a health care assistant and dispensing staff. We also spoke with the practice manager, administration, secretarial and receptionist staff.
- Spoke with one member of the patient participation group (PPG) and received completed questionnaires from 12 patients who used the service.
- Reviewed 50 comment cards where patients and members of the public shared their views and experiences of the service.
- Observed how staff spoke to, and interacted with patients when they were in the practice and on the telephone.

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

The practice has been rated inadequate for the safe domain as they had been inspected four times prior to this inspection and had been given compliance actions for issues relating to the safe management of medicines following two of these inspections. At the last inspection in January 2015 the practice was found to be compliant. However we have issued a warning notice as the provider has not been able to demonstrate sustainability in meeting the regulation.

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- Patients affected by incidents received a timely apology and were told about actions taken to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events and they were discussed at the practice meetings. Lessons were shared with individual staff involved in incidents to make sure action was taken to improve safety in the practice. However the lessons were not always shared with staff if they were not involved in the incident.
- Dispensary staff did not keep a 'near-miss' record (a record of errors that have been identified before medicines have left the dispensary), however we saw some dispensing errors had been recorded. It was unclear who had oversight of the recording of errors involving medicines. We asked staff about two recent significant events but they were unaware of the details because learning had not been shared effectively to prevent reoccurrence. We received notification from the practice following the inspection to say they had taken action to rectify this. Signage had been placed in the dispensary regarding incident reporting and the lead GP for the dispensary had met with dispensary staff to discuss incident and near miss reporting.

Following incidents action was taken to improve safety in the practice. For example, a member of staff had not completed writing up a patient's notes before calling in the next patient and therefore they had two patients records open. As a result, a patient had been given a prescription with the wrong patient's name on it. The patient was contacted and an apology and explanation was given. The learning was shared with all staff and they were reminded to always ensure they completed the notes and closed a patient record before accessing the next patient's record.

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. Safety alerts were disseminated to staff and action taken, however action taken was not always documented.

Overview of safety systems and processes

The practice could not fully demonstrate that systems, processes and practices were in place to keep people safe.

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements. Policies and procedures 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. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and staff told us they had received training relevant to their role. GPs were trained to safeguarding children level three.
- Information telling patients that they could ask for a chaperone if required was visible in the waiting room and in consulting rooms. Staff who acted as chaperones were trained for the role. Staff had received a Disclosure and Barring Service check (DBS check) (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the practice nurses was the infection prevention and control (IPC) lead who liaised with the local IPC teams to keep up to date with best practice. There was an infection control protocol in

place and staff had received training. An infection control audit had been completed and infection control monitoring was undertaken throughout the year. Action was taken to address any improvements identified.

- Arrangements for managing medicines at the practice did not keep people safe. Medicines were dispensed at both the Park surgery and the Nafferton branch surgery for people who did not live near a pharmacy. Dispensary staff showed us standard operating procedures (SOPs) which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines). Repeat prescriptions were signed before being dispensed and there was a robust process in place to ensure this occurred. However, we saw evidence of five acute prescriptions which were not signed by the GP within a reasonable timeframe; two of these were from February 2016.
- There was a named GP responsible for the dispensary and we saw records showing all members of staff involved in the dispensing process had received appropriate training and regular checks of their competency. Staff had annual appraisals, however the appraisal records we reviewed were very brief and lacking in detail.
- The practice dispensed controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had in place a SOP covering the management of these. Controlled drugs were stored in a controlled drugs cupboard, access to them was restricted and the keys held securely. Balance checks of controlled drugs were carried out regularly and there were appropriate arrangements in place for their destruction. However, we saw evidence of entries being made in the controlled drugs register before medicines had been supplied to patients, which is not in accordance with the relevant legislation.
- Expired and unwanted medicines were disposed of according to waste regulations. Staff routinely checked stock medicines were within expiry date and fit for use, and there was a SOP to govern this activity. Dispensary staff told us about procedures for monitoring prescriptions that had not been collected. However, we found several uncollected prescriptions which were greater than three months old, and one from December 2015 which had not been checked in accordance with the SOP. There was a system in place for the management of repeat prescriptions, including high risk medicines.
- There was a procedure in place to manage medicines safety alerts.
- We checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely with access restricted to authorised staff. Fridge temperatures were being recorded in line with national guidance; however temperatures outside of the recommended range for storing medicines had been recorded in the Park surgery dispensary and no action had been taken or recorded.
- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. The Health Care Assistants were trained to administer medicines against a patient specific prescription or direction (PSD) from a prescriber. The PGDs and PSDs had been produced in line with legal requirements and national guidance.
- Blank computer prescription forms were kept securely and adequate records maintained; however, prescription pads for use by individual GPs were not tracked through the practice in accordance with national guidelines.
- We received notification from the practice following the inspection to say they had taken action to rectify some of the issues we had identified and would continue to work to address all the issues identified. The practice had amended the standard operating procedure (SOP) on fridge temperatures and reviewed the daily monitoring procedure and reviewed the procedures regarding uncollected medication.
- We reviewed five personnel files and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. Three of the files only had one reference.

Monitoring risks to patients

Risks to patients were mainly assessed and well managed.

Inadequate

Are services safe?

- There were procedures in place for monitoring and managing risks to patients and staff safety. There was a health and safety policy available and a poster with details of responsible people. The practice had completed a fire risk assessment in the last 12 months and carried out fire drills. Staff were aware of what action to take in the event of a fire.
- All 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 also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, infection control and legionella. We found that actions identified following the legionella risk assessment in February 2016 that should have been completed within three months were still outstanding. We discussed this with the practice manager and they told us that they had asked the person who had completed the risk assessment to assist them in developing the action plan but had not arranged a suitable date for this yet.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a system in place for the different staff groups to ensure that enough staff were on duty. Staff told us they provided cover for sickness and holidays and locums were engaged when required.
- The partners told us they had vacancies for two full time GPs but had been unsuccessful in recruiting to these posts. As a result they had explored other avenues and this had included the employment of two Personal Assistant/administrative assistants to help support the GPs. Also the new pharmacist due to start in October 2016 would have a clinical role which would support the GPs as well as a management role. The dispensary supervisor at the Park surgery had done a review of the staffing levels and as a result the practice was advertising for another dispenser. A review of the Nafferton dispensary staffing levels was also scheduled to be undertaken.

Arrangements to deal with emergencies and major incidents

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received basic life support training.
- The practice had a defibrillator available on the premises and oxygen, with adult and children's masks. There were adequate stocks of emergency medicines and there was a procedure in place to ensure these were fit for use.
- There was a first aid kit and accident book available.
- 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. The practice had involved all staff in a review of the business continuity plan at a protected learning session.

Good

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. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' 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 2014/2015 showed the practice achieved 98% of the total number of points available compared to the local CCG average of 96% and national average of 95%. The practice had 7% exception reporting compared to the local CCG average of 10% and national average of 9%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 89% compared to the local CCG and England average of 88%.
- The percentage of patients with asthma, who had had an asthma review in the preceding 12 months that included an assessment of asthma control, was 72%. This was compared to the local CCG average of 77% and the England average of 75%.
- The percentage of patients with Chronic Obstructive Pulmonary Disease (COPD) who had had a review, undertaken by a healthcare professional, including an assessment of breathlessness in the preceding 12 months was 92%. This was compared to the local CCG average of 89% and the national average of 90%.
- The percentage of patients diagnosed with dementia who had had their care reviewed in a face to face meeting in the preceding 12 months was 88%. This was compared to the local CCG and England average of 84%.

Clinical audits demonstrated quality improvement.

- There had been 11 clinical audits completed in the last two years, four of these were a completed audit cycle where the improvements made were implemented and monitored. The practice had also carried out six quality assurance reviews in the past two years.
- The practice participated in applicable local audits, national benchmarking and accreditation.
- Findings were used by the practice to improve services. For example, an audit was undertaken to determine if the practice was following the Faculty of Sexual and Reproductive Health (FSRH) guidance regarding coil fittings, two audit cycles had been completed in May 2015 and May 2016. The FSRH guidance identified six criteria that should be met when fitting coils. Following the first cycle the practice protocols, clinical template and consent forms were reviewed and amended. The second cycle audit in May 2016 showed that improvements had been made, for example, all the patients had had a pre fitting counselling appointment and valid consent was recorded.

Effective staffing

Staff had the skills, knowledge and experience 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.
- 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. Nursing staff had completed training in diabetes, asthma and respiratory disease.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of

competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included on-going support during staff meetings, appraisals, peer supervision and support for the revalidation of the GPs and nurses. One of the health care assistants had been supported to undertake a university foundation course and was due to commence their paediatric nurse training in September 2016.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training. Staff had completed mandatory training, for example; infection control, safeguarding and fire.

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 test results. Information such as NHS patient information leaflets was also available.
- The practice shared relevant information with other services in a timely way, for example when people were referred to other services.
- The practice had developed a 'personal assistant' (PA) role and employed two administrators who acted as the liaison between the patients and GPs. The PAs received queries from patients that the receptionists had been unable to resolve. The PAs would ring the patient to gather further information if needed and then send a task to the GP about the query. Each GP had six slots at the end of each surgery which they used to deal with the queries and ring patients if required. This assisted in ensuring patients queries were responded to and they received appropriate care.
- The partners operated a 'buddy' system so when the named GP was not available the 'buddy' GP provided cover. Test results and letters were allocated to the 'buddy' if a GP was on leave or a day off.

Staff worked together, and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan on-going care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place quarterly and that care plans were routinely reviewed and updated.

The partners told us there was a dedicated member of the administration team responsible for dealing with queries relating to the palliative care patients and for updating relevant databases. We found that the information in the database used by the out of hours provider to access information about palliative care patients had not been updated as required and 154 records were overdue for review. There was no evidence that this had resulted in any incidents or harm to patients.

Consent to care and treatment

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act (MCA) 2005. Clinical staff had completed MCA training.
- 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, where appropriate, recorded the outcome of the assessment.
- Staff sought patients' consent to care and treatment in line with legislation and guidance. The process for seeking consent had not been monitored through records or minor surgery audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Supporting patients to live healthier lives

Patients who may be in need of extra support were identified by the practice.

Good

Are services effective?

(for example, treatment is effective)

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition, those requiring advice on their diet, smoking and alcohol cessation and those with mental health problems. Patients were then signposted to the relevant service.
- The practice referred and sign posted people who needed support for alcohol or drug problems to local counselling services.

The practice had a comprehensive screening programme. Nationally reported data from 2014/2015 showed the practice's uptake for the cervical screening programme was 83% compared to the local CCG average of 85% and the England average of 82%. Nursing staff used easy read leaflets to assist patients with learning disabilities to understand the procedure. The practice sent written reminders to patients who did not attend for their cervical screening test. The practice ensured a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

The lead nurse at the practice was a cervical smear trainer for the region.

Data from 2014/2015 showed childhood immunisation rates for the vaccinations given were comparable to the local CCG area. For example, rates for all immunisations given to children aged 12 months, 24 months and five years in the practice ranged from 94% to 98% compared to 94% to 98% for the local CCG area.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Nationally reported data from 2014/2015 showed the percentage of patients aged 45 or over who had a record of blood pressure in the preceding five years was 93%, this was comparable to the local CCG and England average. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

There was a health information room which had a blood pressure machine that patients could use and information leaflets on health and social issues.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed throughout the inspection that members of staff were courteous and very helpful to patients and they were treated 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 and that conversations taking place in these rooms could not be overheard.
- A male member of staff was undergoing chaperoning training.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them the opportunity to discuss their needs in private.

Feedback from the 50 patient CQC comment cards we received was very positive about the service experienced. Patients said they felt the practice offered a very good service and staff were helpful, caring and treated them with dignity and respect.

We spoke with one member of the patient participation group (PPG) and received 12 questionnaires that were completed during the inspection from patients who used the service. They were also very positive about the care and treatment received and patients said staff were friendly, caring, professional and they listened to them and provided advice and support when needed.

Results from the national GP patient survey published in July 2016 showed patients were satisfied with how they were treated and that this was with compassion, dignity and respect. The practice results were similar to the local CCG and national average for questions about how they were treated by the GPs and receptionists. Results for nurses were similar to or higher than the local CCG and national average. For example:

- 90% said the last GP they saw was good at giving them enough time compared to the local CCG average of 90% and national average of 87%.
- 90% said the last GP they saw was good at listening to them compared to the local CCG average of 90% and national average of 89%.
- 86% said the last GP they saw or spoke to was good at treating them with care and concern compared to the local CCG average of 87% and national average of 85%.
- 95% said they had confidence and trust in the last GP they saw or spoke to compared to the local CCG average of 96% and national average of 95%.
- 99% said the last nurse they saw or spoke to was good at giving them enough time compared to the local CCG average of 95% and national average of 92%.
- 97% said the last nurse they saw or spoke to was good at listening to them compared to the local CCG average of 94% and national average of 91%.
- 99% said the last nurse they saw or spoke to was good at treating them with care and concern compared to the local CCG average of 93% and national average of 91%.
- 99% said they had confidence and trust in the last nurse they saw or spoke to compared to the local CCG average of 98% and national average of 97%.
- 88% said they found the receptionists at the practice helpful compared to the local CCG average of 87% and national average of 87%.

The percentage of patients in the GP patient survey that said the GP was poor or very poor at giving them enough time and listening to them was 2%; this was similar to the local CCG average of 2% and national average of 3.9%. The percentage of patients in the GP patient survey that said the nurse was poor or very poor at giving them enough time and listening to them was 1%; this was below the local CCG and national average of 2%.

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 and questionnaires we received was also very positive and aligned with these views.

Good

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 similar to or below the local CCG and national average for questions about GPs and above the local CCG and national average for questions about nurses. For example:

- 88% said the last GP they saw or spoke to was good at explaining tests and treatments compared to the local CCG average of 89% and national average of 86%.
- 79% said the last GP they saw or spoke to was good at involving them in decisions about their care compared to the local CCG average of 85% and national average of 82%.
- 98% said the last nurse they saw or spoke to was good at explaining tests and treatments compared to the local CCG average of 92% and national average of 90%.
- 92% said the last nurse they saw or spoke to was good at involving them in decisions about their care compared to the local CCG average of 88% and 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. There was no notice in the reception or waiting areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

There were links on the practice website to information about various support available for carers. There was also information available in the waiting room to direct carers to the various avenues of support available to them.

The practice had identified 276 patients as carers; this was 2% of the practice list. Staff sign posted carers to local services for support and advice. The practice's computer system alerted staff if a patient was also a carer.

Staff told us that if families had suffered bereavement the practice sent them a letter and a bereavement booklet and would arrange a visit if requested. The staff also offered support and signposted the patient/family to bereavement support groups and other agencies if appropriate. There was information on bereavement support on the practice website however there was no information on bereavement support in the waiting area.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to plan services and to improve outcomes for patients in the area. For example, the practice worked with the CCG and the community staff to identify their patients who were at high risk of attending accident and emergency (A/E) or having an unplanned admission to hospital. Care plans were developed to reduce the risk of unplanned admission or A/E attendances.

Services were planned and delivered to take into account the needs of different patient groups and to help provide flexibility, choice and continuity of care. For example;

- There were longer appointments available for people with a learning disability.
- Appointments could be made on line, via the telephone and in person.
- A text messaging service was available to remind patients about their appointments and to give them health care information.
- Telephone consultations were available for working patients who could not attend during surgery hours or for those whose problem could be dealt with on the phone.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. Nurse practitioners visited patients at home to do long term conditions reviews and monitor patients on anti-coagulation (blood thinning) medication.
- Urgent access appointments were available for children and those with serious medical conditions. There was a 'sit and wait' clinic at the Park Surgery from 8.30am to 10.30am Monday to Friday for patients who have new, urgent or acute issues that need dealing with quickly.
- Consulting and treatment rooms were accessible and there was a disabled toilet.
- There was a hearing loop for patients who had hearing problems. Staff told us they would take patients to a private room if they had difficulty communicating.
- There was a facility on the practice website to enable all information on the website to be translated into different languages. .
- Patients were able to receive travel vaccinations available on the NHS and privately.
- The practice was delivering the 'Care Home Scheme'. This ensured patients living in care homes had structured annual reviews which included a review of medication by a pharmacist, review of clinical care and advanced care planning by the GPs and nurses. There was a named GP for each care home and they did regular reviews in conjunction with the care home staff and the district nurses.
- Staff had completed dementiafriends training (a dementia friend is someone who learns more about what it is like to live with dementia and turns that understanding into action). Staff had attended a play during one of their protected learning sessions which had increased their awareness of people living with dementia.
- Midwife clinics were held at the practice and staff provided enhanced contraceptive services, for example coil fitting and implants.
- One of the practice nurses was trained to administer long acting neuroleptic medication for patients experiencing mental health problems. This reduced the need for patients to travel to hospitals in Hull for this treatment.
- Minor surgery and ear irrigation was provided on site, reducing the need for patients to travel to hospital which could be a journey of 20 miles.
- The practice hosted retinal screening clinics for patients with diabetes.

Results from the national GP patient survey published in July 2016 showed that patients' satisfaction with the service was positive; results were similar to the local CCG and national average. This reflected the feedback we received on the day. For example:

- 86% described the overall experience of their GP surgery as good compared to the local CCG average of 86% and national average of 85%.
- 84% said they would recommend their GP surgery to someone new to the area compared to the local CCG average of 81% and national average of 78%.

Access to the service

Good

Are services responsive to people's needs?

(for example, to feedback?)

The Park Surgery was open between 8am to 6pm Monday to Friday. GP appointments were available from 8.30am to 11.10am and 3.30pm to 6.30pm Monday to Friday. There were 'sit and wait' clinics at the Park Surgery from 8.30am to 10.30am Monday to Friday for patients who had new, urgent or acute issues that need dealing with quickly.

The Nafferton surgery was open between 8am and 12.30pm and 1.30pm to 6pm on a Monday. From 8am to 12.30pm and 1.30pm to 5pm on Tuesday, Thursday and Friday and from 8am to 12pm on Wednesday. GP appointments were available from 8.30am to 11.10am Monday to Friday and from 2.30pm to 5.30pm Monday and 2pm to 4.30pm Tuesday, Thursday and Friday.

In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for people that needed them. If patients needed to be seen urgently they would be provided with an appointment the same day or they could attend the 'sit and wait' clinic.

Information about the opening times was available on the website and in the patient information leaflet.

Results from the national GP patient survey published in July 2016 showed that patients' satisfaction with how they could access care and treatment was below the local CCG and national average. This reflected the feedback we received on the day. For example:

- 66% of patients were satisfied with the practice's opening hours compared to the local CCG average of 74% and national average of 76%.
- 49% found it easy to get through to this surgery by phone compared to the local CCG average of 68% and national average of 73%.
- 61% of patients described their experience of making an appointment as good compared to the local CCG average of 72% and national average of 73%.
- 82% were able to get an appointment to see or speak to someone the last time they tried compared to the local CCG average of 85% and national average of 85%.

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.

When patients requested a home visit the details of their symptoms were recorded and then assessed by a GP. If necessary the GP would call the patient back to gather further information so an informed decision could be made on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns.

- The practice 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.
- Information was available to help patients understand the complaints system. This was available in the waiting rooms at the Park surgery and there was information on the practice website.

The practice had received 23 complaints between April 2015 and March 2016. We found they were dealt with in a timely way and changes were implemented to address issues raised. For example, the practice had identified they needed to do more to inform patients of how to best use the appointment system to access the practice safely and appropriately, while also signposting to other services when appropriate. The practice was developing a flier relevant to local services, as well as their own services.

The practice had a meeting in June 2016 to review the complaints received and conducted an analysis of trends. Any additional learning points identified were disseminated to all staff.

Are services well-led?

Requires improvement

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a strategy for the following 12 months regarding how they would continue to deliver their vision.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the practice standards to provide good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- There was a comprehensive understanding of the performance of the practice.
- A programme of continuous clinical and internal audit and monitoring was used to monitor quality and to make improvements.

However, the practice had not identified or managed a number of apparent risks to staff and patients.

- The practice had systems and processes in place to monitor the quality of the service however they were not being used consistently and effectively to identify where improvements were required.
- Following a legionella risk assessment actions identified had not been completed within the required timescales. Staff were unclear of what action to take in response to high temperatures being recorded for medicine refrigerators and the system that the OOHs service accessed for patient information had not been kept up to date. We received notification from the practice following the inspection to say they had taken action to address some of the areas. They had updated the system that the OOHs service accessed for patient information, had amended the standard operating procedure (SOP) on fridge temperatures and reviewed the daily monitoring procedure for recording the temperatures.
- The practice used a volunteer driver to transport medicines from the dispensary to a local post office for patients to collect. There was no written protocol for this or outlining what the post office would do with uncollected medicines. No disclosure and barring check had been undertaken for the driver. We received notification from the practice following the inspection to say they had taken action to review the transportation of medication to the post office and arrangements were in hand to request a DBS check for the driver.
- Actions plans for audits, significant events analysis (SEA) and complaints did not always include review dates, actions taken and who had responsibility for ensuring actions were completed.

Leadership and culture

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

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

- Patients affected by significant events received a timely apology and were told about actions taken to improve processes to prevent the same thing happening again.
- The practice kept records of written correspondence and verbal communication.

There was a clear leadership structure in place and staff felt supported by management.

Are services well-led?

Requires improvement

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

- Staff told us that departmental meetings were not held. Informal meetings were held regularly to discuss any concerns raised.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, by the GPs and the practice manager. Staff were involved in discussions about how to run and develop the practice. The GPs and practice manager encouraged all members of staff 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, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the Following feedback from patients the practice had placed signs at the main reception desk and the dispensary reception asking patients to stand back to give people more privacy.
- The practice was encouraging patients to join a virtual PRG to give more patients the opportunity to express their opinion on future developments at the practice.
- The practice had also gathered feedback from 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. Staff told us they felt involved and engaged to improve how the practice was run. For example, nursing staff had completed mentorship training to enable them to support student nurse placements in the practice.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and looked to improve outcomes for patients in the area.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met:** The registered person did not do all that was reasonably practicable in ensuring good governance; the registered provider had not always assessed, monitored and improved the quality and safety of services provided; actions identified following a legionella risk assessment had not been completed; the registered provider had not ensured that their governance systems were effective. This was in breach of Regulation 17(21) of the Health and Social Care Act (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 Maternity and midwifery services Surgical procedures 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 person did not do all that was reasonably practicable in managing medicines safely; acute prescriptions were not signed within a reasonable timeframe; the standard operating procedure for uncollected prescriptions was not being followed; no action had been taken or recorded in response to refrigerator temperatures in the dispensary being outside of the recommended range for storing medicines; prescription pads for use by individual GPs were not tracked through the practice in accordance with national guidelines. This was in breach of Regulation 12 (1) of the Health and Social Care Act (Regulated Activities) Regulations 2014.