

Abbotsbury Road Surgery

Quality Report

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

Ratings

Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Good



Are services well-led?

Good



Summary of findings

Contents

Summary of this inspection

Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	6

Detailed findings from this inspection

Our inspection team	7
Background to Abbotsbury Road Surgery	7
Why we carried out this inspection	7
How we carried out this inspection	7
Detailed findings	9

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Abbotsbury Road Surgery on 10 January 2017. The overall rating for the practice was requires improvement. The full comprehensive report on the January 2017 inspection can be found by selecting the 'all reports' link for Abbotsbury Road Surgery on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 13 July 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 10 January 2017. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is now rated as good.

Our key findings were as follows:

- There are effective systems for infection prevention and control in place, including arrangements for checking and recording the immunity status of staff.
- There is a safe system in place for medicines management including addressing MHRA drug safety

alerts and NICE guidance; safe prescribing, including where any errors are identified and for prescribing of high risk medicines; written authorisations for Patient Specific Directions; and ensuring the security of blank prescription paper.

- There are effective arrangements for quality improvement and governance, including those for infection control; medicines management; and the recruitment, training and appraisal of staff.
- Information regarding patients care and treatment is responded to and acted upon in a timely way.
- Quality improvement initiatives are effective and there is shared learning with staff when events, issues and concerns arise.
- There is effective record keeping in relation to persons employed and the management of regulated activities.
- There are safe systems in place for staff to receive appropriate support, including regular appraisal; and training, including in basic life support, safeguarding (children and adults), infection control, fire safety and information governance, as necessary to enable them to carry out the duties they are employed to perform.
- Arrangements are in place to enable learning from complaints is shared with staff.

Summary of findings

However, there were areas of practice where the provider should make improvements:

- The provider should ensure all staff complete planned training and appraisals.

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?

At our inspection on 10 January 2017, we found:

- There were ineffective systems for infection prevention and control in place, including the arrangements for checking and recording the immunity status of staff.
- There were not safe systems in place for medicines management including addressing Medicines and Healthcare products Regulatory Agency (MHRA) drug safety alerts; safe prescribing, including where any errors are identified and for prescribing of high risk medicines; written authorisations for Patient Specific Directions; and ensuring the security of blank prescription paper.
- Information regarding patients care and treatment was not responded to and acted upon in a timely way.
- There was ineffective record keeping in relation to persons employed and the management of regulated activities.
- There were ineffective arrangements to enable learning from complaints was shared with staff.

At this inspection on 13 July 2017 we found:

- There were systems in place infection prevention and control, including arrangements for checking and recording the immunity status of staff.
- There were systems in place for medicines management, including addressing MHRA drug safety alerts; safe prescribing, including where any errors are identified and for prescribing of high risk medicines; written authorisations for Patient Specific Directions; and ensuring the security of blank prescription paper.
- Information regarding patients care and treatment was not responded to and acted upon in a timely way.
- There were records in place in relation to persons employed and the management of regulated activities.
- Arrangements had been implemented to enable learning from complaints, events, issues and concerns was shared with staff.

Good



Are services effective?

At our inspection on 10 January 2017, we found:

Good



Summary of findings

- There was not an effective system in place for ensuring all National Institute for Health and Care Excellence (NICE) guidance was shared.
- The process for quality improvement such as clinical audit was not embedded in the practice and there was no evidence that audit findings were used to drive improvements in patient outcomes.
- The practice did not have records in place to show that staff had the skills, knowledge and experience to deliver effective care, for example for training in basic life support, safeguarding (children and adults), infection control, fire safety and information governance.
- Staff appraisals were not up to date as staff had not had an appraisal in the last 12 months in line with, within the frequency outlined by the provider's appraisal policy.

At this inspection on 13 July 2017 we found:

- There was an effective system in place for ensuring all National Institute for Health and Care Excellence (NICE) guidance was shared.
- There were effective arrangements for quality improvement and we saw examples of audit findings being used to improve patient outcomes.
- There were systems and records in place for staff for appropriate training, including in basic life support, safeguarding (children and adults), infection control, fire safety and information governance.
- Staff had received an appraisal and we saw plans to complete all appraisals within 12 months, within the frequency outlined by the provider's appraisal policy.

Are services well-led?

At our inspection on 10 January 2017, we found:

- The practice had insufficient processes policies and procedures to govern activity. These included quality improvement; infection prevention and control; medicines management; the recruitment, training and appraisal of staff; and arrangements for sharing learning from complaints and incidents.

At this inspection on 13 July 2017 we found:

- There were effective arrangements for quality improvement and governance, including those for infection control; medicines management; the recruitment, training and appraisal of staff; and sharing learning from complaints and incidents.

Good



Summary of findings

The six population groups and what we found

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

Older people

The provider had resolved the concerns for safe, effective and well-led services identified at our inspection on 10 January 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People with long term conditions

The provider had resolved the concerns for safe, effective and well-led services identified at our inspection on 10 January 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Families, children and young people

The provider had resolved the concerns for safe, effective and well-led services identified at our inspection on 10 January 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Working age people (including those recently retired and students)

The provider had resolved the concerns for safe, effective and well-led services identified at our inspection on 10 January 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People whose circumstances may make them vulnerable

The provider had resolved the concerns for safe, effective and well-led services identified at our inspection on 10 January 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People experiencing poor mental health (including people with dementia)

The provider had resolved the concerns for safe, effective and well-led services identified at our inspection on 10 January 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Abbotsbury Road Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection was led by a CQC Lead Inspector, supported by an Assistant Inspector.

Background to Abbotsbury Road Surgery

Abbotsbury Road Surgery is located close to the centre of Weymouth and serves a local and semi-rural population of approximately 9,300 patients from the seaside town and the surrounding area. The practice occupies premises adjacent to retail and residential premises. The address is:

Abbotsbury Road Surgery

24 Abbotsbury Road

Weymouth

Dorset

DT4 0AE

The practice also delivers regulated activities from a branch site, approximately two miles to the west which we visited in January 2017 but did not visit on this follow up inspection in July 2017:

Chickerell Surgery

36 Lower Way

Chickerell

Weymouth

DT3 4AR

There is limited parking on both sites including spaces for patients with a disability. The practice has a number of rooms which it makes available to other services that include counsellors, podiatrists and midwives.

The practice has five GPs, two of whom are partners. Three GPs are female and two are male and they are supported by three regular GP locums. Between them they provide 28 GP sessions each week. There are four practice nurses; and three nurse practitioners, who are non-medical prescribers and offer 25 sessions per week; and one health care assistant. The clinicians are supported by management and administrative staff including a practice manager and finance lead.

The percentage of patients in each age group is consistent with local and national averages, with slightly more than average numbers of older patients. For example,

approximately 21% of the patients are over the age of 65 years compared with the national average of 17%.

The practice works with five other local practices to provide Weymouth Elderly Care Services (WECS) to support patients in nursing homes and other housebound patients. Approximately 65% of patients have a long standing health condition compared to a national average of 54%. Average male and female life expectancy for the area is the same as the national average of 79 and 83 years respectively.

The general Index of Multiple Deprivation (IMD) population profile for the geographic area of the practice is in the fifth least deprivation decile. (An area itself is not deprived: it is the circumstances and lifestyles of the people living there that affect its deprivation score. It is important to remember that not everyone living in a deprived area is deprived and that not all deprived people live in deprived areas).

The Abbotsbury Road surgery is open between 7.30am and 6.30pm Monday to Friday with lunchtime closure from

Detailed findings

12.30 to 1.15pm. The Chickerell branch is open Monday to Thursday, 8am to 6pm, with lunchtime closure from 12.30 to 1.30 pm; and on Friday 8am to 12.30pm. Appointments are available from 8am, with telephone access available from 8am and during lunchtime closures. The practice operates a mixed appointments system with some available to pre-book and others available to book on the day. The practice has opted out of providing out-of-hours services to their own patients and this is provided by South West Ambulance Service Trust.

Extended hours appointments are offered every morning from 7.30am until 8am and the practice also offers telephone consultations. The practice offers online booking facilities for non-urgent appointments and an online repeat prescription service.

The practice has a General Medical Services (GMS) contract to deliver health care services; the contract includes enhanced services such as childhood vaccination and immunisation scheme, facilitating timely diagnosis and support for patients with dementia and minor surgery services.

Why we carried out this inspection

We undertook a comprehensive inspection of Abbotsbury Road Surgery on 10 January 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated overall as requires improvement. The full comprehensive report following the inspection in January 2017 can be found by selecting the 'all reports' link for Abbotsbury Road Surgery on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of Abbotsbury Road Surgery on 13 July 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

How we carried out this inspection

We carried out an announced focused inspection of Abbotsbury Road Surgery on 13 July 2017. This involved reviewing evidence that there:

- were arrangements in place to address MHRA safety alerts and circulate NICE guidance.
- were arrangements in place for safe prescribing, including where errors were found; for prescribing high risk medicines; and that appropriate written authorisations were in place, via Patient Specific Directions, before vaccinations were given to patients.
- were arrangements in place to ensure the security of blank prescription stationery.
- was effective record keeping in relation to persons employed and the management of regulated activities; including arrangements and records for checking and recording the immunity status of staff.
- were records to show that staff had completed relevant training; and had received an appraisal.
- were arrangements in place to respond to and act upon, in a timely way, information regarding patient care and treatment.
- was an ongoing quality improvement programme, including clinical audit.
- were arrangements to ensure effective shared learning with staff when complaints, events issues and concerns arise.

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

Are services safe?

Our findings

At our previous inspection on 10 January 2017, we rated the practice as inadequate for providing safe services as the arrangements in respect of infection control; safeguarding children and vulnerable adults; medicines management; security of prescription stationery; records of pre-employment checks for staff; responding to information regarding patients care and treatment; and learning from complaints were not adequate.

At our previous inspection on 10 January 2017, we rated the practice as inadequate for providing safe services.

These arrangements had significantly improved when we undertook a follow up inspection on 13 July 2017. The practice is now rated as good for providing safe services.

Safe track record and learning

At our inspection on 10 January 2017, we reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed and action was agreed to improve safety in the practice. However, there was limited evidence that lessons were shared with other staff. For example, plans for team and whole practice meetings had not been implemented at the time of inspection.

At this inspection on 13 July 2017 we saw evidence that the whole practice staff meetings had commenced and were minuted. For example, we saw minutes of a meeting held on 6 July 2017 attended by staff, the lead GP and practice manager. The standing agenda for this and other staff meetings included discussion of complaints and significant event analysis (SEA). A documented process was in place on how to record SEAs and providing guidance; and this had been shared with staff. We saw a log of SEAs was in use and accessible to staff; and a review of complaints for the period June to December 2016 had been completed and shared with staff.

Overview of safety systems and process

At our inspection on 10 January 2017, we found:

- arrangements were in place to safeguard children and vulnerable adults from abuse and staff demonstrated they understood their responsibilities. However, on the day of the inspection we found the records of staff

recruitment and training were not up to date; and there was no record to show that all staff had received training on safeguarding children and vulnerable adults relevant to their role.

- the premises to be clean and tidy. The practice lead nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. However, whilst a hand hygiene audit had been carried out, the practice had not carried out an audit of infection prevention and control (IPC).
- there was no record that staff had received training in infection prevention and control; and there was no record of immunity status of staff.
- there were not safe systems in place for medicines management including safe prescribing, including where any errors are identified and for prescribing of high risk medicines; written authorisations for Patient Specific Directions; and ensuring the security of blank prescription paper.

At this inspection on 13 July 2017 we saw:

Records that confirmed all staff had completed safeguarding training suitable to their role. For example, all GPs were trained to child safeguarding level 3 and nurses to level 2.

A completed infection prevention and control (IPC) audit, dated 06/02/2017, which showed no significant actions had been required, other than infection control training for staff. We saw evidence that the lead nurse for IPC had attended a link meeting with other IPC lead nurses in January 2017 and information was shared with the nursing team. A hand washing audit had been carried out in May 2017 and an environmental waste audit had been carried in January 2017; and we saw evidence that actions were allocated to and completed by named individuals.

All staff had been given access to a new e-learning training system. We reviewed records that showed all staff, except two, had completed the IPC training module, including GPs, practice nurses and HCAs. We saw that the two nurse practitioners had protected time planned to enable them to complete the IPC training; and the lead nurse for IPC had planned protected time clinical sessions blocked out to enable attendance at planned IPC link meetings, arranged by the Clinical Commissioning Group, for the remainder of 2017. All staff had access to a folder on the practice intranet that contained relevant IPC documents and guidance.

Are services safe?

Evidence that arrangements were in place to check the immunity status of clinical staff and we saw records were being maintained for all clinical staff and five non-clinical staff. The recruitment induction checklist had been updated to include a section for vaccinations and immunity status.

Evidence in five personnel files for staff, including three new starters, that all had a record of appropriate pre-employment checks, including Disclosure and Barring Service (DBS), full employment history and written references; and had a completed induction checklist on file.

There were systems in place for medicines management, including; safe prescribing, including where any errors are identified and for prescribing of high risk medicines. For example, we saw that any prescribing errors were recorded in a log, with details noted in a template on the practice clinical computer system. We saw an examples where an incorrect medicine and an incorrect medical device had been prescribed, along with notes of completed corrective actions. Agendas for practice business meetings and multi-disciplinary team meetings included discussion of any such incidents. An annual review report had been compiled for 2016 and this had been used to share learning with clinical and administrative staff.

We saw evidence that improved arrangements had been implemented for monthly checks of where patients were prescribed high risk medicines. This included a search carried out to identify all patients prescribed medicines including methotrexate and warfarin. For example, the search and audit of patients on warfarin identified any mismatches between the list of patients prescribed warfarin and those with an INR blood test result recorded. We saw evidence of apparent mismatches identified and explanatory notes that patients were no longer registered or had subsequently been prescribed an alternative medicine. The anticoagulation team also now had direct access to enable them to record INR blood test results directly into the patients' electronic medical records.

There were training records and arrangements in place for HCAs to use to written authorisations in the form of Patient Specific Directions (PSDs) before vaccinations were given to patients. For example, we saw records of training for the administration of influenza and shingles vaccines; and a

PSD template on the practice clinical computer system. We saw examples of completed templates, along with names of patients, signed by the authorising GP and the HCA for shingles vaccinations.

There were arrangements in place to ensure the security of blank prescription paper, including evidence that a written protocol had been implemented. For example, we saw that stocks of blank prescription stationery were kept in a locked store before being issued. An electronic log was in place on which was recorded the serial numbers of blank prescriptions issued to clinicians. All clinical rooms were kept locked when not in use and at the end of each day prescription stationery was removed from the printer in each room and placed in locked storage. A paper log was used to record the serial numbers of blank forms when removed from and replaced in each numbered printer. A rolling audit was carried out every three weeks to check the stock of blank forms in each printer had the correct serial numbers.

Monitoring risks to patients

At our inspection on 10 January 2017, we found:

There were not safe systems in place for medicines management including that relevant staff had not received Medicines and Healthcare products Regulatory Agency (MHRA) drug safety alerts.

At this inspection on 13 July 2017 we found:

There were systems in place for medicines management, including addressing MHRA drug safety alerts. We saw that a system was in place to monitor two specified email inboxes twice each day for any alerts. All alerts were addressed by either a manager or forwarded to a GP partner; and arrangements were in place to cover absence of managers. An electronic spreadsheet recorded details of all alerts including topic, action taken, by whom and when. For example, we saw records of an MHRA alert received relating a medicine used to treat mental health conditions. The spreadsheet confirmed that a relevant patient had been identified by a search of clinical records and had been written to, with a copy of the letter attached to the patient's medical record.

Arrangements to deal with emergencies and major incidents

At our inspection on 10 January 2017, we found:

Are services safe?

The practice could not demonstrate that all staff had received annual basic life support training.

At this inspection on 13 July 2017 we found:

There were records in place confirming that all staff had received training in basic life support within the last 12 months.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 10 January 2017, we rated the practice as requires improvement for providing effective services as we found arrangements needed improving in respect of delivering care in line with current National Institute for Health and Care Excellence (NICE) best practice guidelines; quality improvement, including clinical audit; systems and records for staff to receive appropriate support, including regular appraisal and training relevant to their role.

These arrangements had significantly improved when we undertook a follow up inspection on 13 July 2017. The practice is now rated as good for providing effective services.

Effective needs assessment

At our inspection on 10 January 2017, we found:

The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE; however, we found that this information was not always shared with relevant staff so they could deliver care and treatment that met patients' needs.

At this inspection on 13 July 2017 we found:

Evidence that improved arrangements had been put in place to ensure all NICE guidelines were received and shared at regular clinical meetings. For example, we saw that where updated NICE guidelines were received, these were forwarded to the appropriate clinician for review and summarising. We saw that minuted monthly clinical meetings included discussion of updated NICE guidelines and where necessary, actions were agreed to ensure delivery of care and treatment that met patients' needs.

Management, monitoring and improving outcomes for people

At our inspection on 10 January 2017, we found:

There was evidence of quality improvement activity, including clinical audit. However, we found gaps in the arrangements for audits and in addressing some areas of concern identified. For example, the practice provided evidence of six clinical audits undertaken in the last two years. However, we found that all six were single cycle audits, two did not fit the criteria for a clinical audit, evidence of a response to findings was patchy and there

was no evidence of discussion of audit outcomes. For example, one audit indicated significant differences in the results achieved by a range of clinicians and some high rates of unacceptable results. There was no evidence of action taken to improve the results achieved; no record of training for staff and no re-audit had been completed to monitor progress.

At this inspection on 13 July 2017 we found:

There was evidence of quality improvement including completed audit cycles and appropriate action taken in response to concerns regarding high rates of unacceptable clinical audit results. We saw evidence that action had been taken to address the results of these audit findings, including copies of relevant clinical training records, changes to staff undertaking the clinical activity; and a re-audit of the activity dated July 2017. This showed clinical audit results had improved and were in line with national averages for such audits.

Other completed audits included:

- a review in November 2016 of patients who had received joint injections was repeated in May 2017. This showed appropriate patient consent was obtained and recorded for all patients; and there was no evidence of complications or post-procedure infection.
- an audit of patients prescribed medicines to treat both asthma and also a heart condition was carried out in August 2016 and repeated in February 2017. This showed a reduction in the number of patients from 70 to 50 identified as being prescribed both medicines.

We saw an audit plan in place to log all audits, ensure audit cycles were completed and results were shared with relevant staff. The log included further audits that had commenced including for patients undergoing anti-platelet therapy following heart attacks.

Effective staffing

At our inspection on 10 January 2017, we found:

The practice did not have evidence of up to date records of staff training, as necessary to enable them to carry out the duties they are employed to perform. For example, there was no record of training in basic life support, safeguarding (children and adults), infection control, fire safety and information governance. The practice could not demonstrate how they ensured role-specific training and updating for relevant staff, including staff administering

Are services effective?

(for example, treatment is effective)

vaccines and taking samples for the cervical screening programme. We saw that staff had access to a new e-learning training system and the modules were ready to be used.

The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. However, no staff had had an appraisal in the last 12 months. We spoke to the practice manager who provided evidence that they were designing a new appraisal process and form; and that plans were in place to ensure all staff had an appraisal within 12 months, in line with the frequency of the provider's appraisal policy.

At this inspection on 13 July 2017 we found:

There were systems and records in place for staff to demonstrate they had received appropriate training for their role. For example, all staff had a record of training in basic life support, safeguarding children to an appropriate level and safeguarding adults. All staff, except two, had a record of training in infection control, fire safety and information governance. We saw plans in place for protected time to enable those two staff to complete all relevant training.

We saw up to date records of role-specific training for relevant staff, including nursing staff training in the Mental Capacity Act 2005; and for appropriate training for staff administering vaccines and taking samples for the cervical screening programme. There was evidence of significant improvement in access to and records of training with all staff using the e-learning training system and records of other training and learning events recorded on the system to provide complete and up to date records.

An improved appraisal scheme was in place including introductory letter, pre-appraisal questionnaire, appraisal

summary form and personal development plan. Staff had received appraisals and those who we spoke with gave positive feedback regarding the new appraisal scheme. For those staff who had not yet completed their appraisal, we saw that appraisers had been allocated and meetings were planned to complete all appraisals within 12 months, in line with the provider's appraisal policy.

Coordinating patient care and information sharing

At our inspection on 10 January 2017, we found:

The arrangements for dealing with received correspondence when a named GP was absent were not failsafe and we found that letters could be left unread until the GP returned. Following the inspection, the practice provided evidence that they had addressed this by extending the use of an existing procedure for reviewing test results when a GP was absent, to include reviewing received correspondence daily.

At this inspection on 13 July 2017 we found:

Arrangements were in place to ensure information regarding patients care and treatment was responded to and acted upon in a timely way. For example, we saw that the procedure for reviewing test results when a GP was absent included reviewing received correspondence daily. We saw an example of a letter dated 29 June 2017 received when Dr Ward was absent. Dr Lane had checked the letter, taken appropriate action and noted this on the patient's medical record. There were plans in place to further improve arrangements for correspondence with staff booked on a training event in January 2018 to enable them to review, code and forward clinical correspondence to a relevant, available clinician.

Are services well-led?

Good 

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

Our findings

At our previous inspection on 10 January 2017, we rated the practice as requires improvement for providing well-led services as we found the arrangements for quality improvement and governance were ineffective, including those for infection control; medicines management; and the recruitment, training and appraisal of staff.

These arrangements had significantly improved when we undertook a follow up inspection of the service on 13 July 2017. The practice is now rated as good for being well-led.

Governance arrangements

At our inspection on 10 January 2017, we found:

There were ineffective systems in place for infection prevention and control, including arrangements for checking and recording the immunity status of staff; staff recruitment checks; staff training and appraisal; and prescription security. The practice did not have effective arrangements for record keeping in relation to persons employed; and also did not have records of staff training undertaken.

An understanding of the performance of the practice was maintained, however, regular practice meetings had not commenced.

A programme of clinical and internal audit was used to monitor quality. However, the outcomes were not always used to make improvement, shared with staff across the practice or any re-audits carried out.

There were some arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, the practice had not, at the time of inspection, implemented some arrangements including those for team meetings, staff training and appraisals; and the system for safety alerts had not captured recent MHRA alerts.

At this inspection on 13 July 2017 we found:

There were effective systems in place for infection prevention and control, including arrangements for

checking and recording the immunity status of staff; staff recruitment checks; staff training and appraisal; and prescription security. We looked at five personnel files for staff, including three new starters, that all had a record of appropriate pre-employment check. The practice had in place effective arrangements for records of staff training undertaken. We saw that staff had access to and were using a new e-learning training system; and staff had completed modules relevant to their roles. Staff had received appraisals, under an improved appraisal scheme, or had a planned date for appraisal.

We saw evidence of minuted meetings held and planned dates for future meetings held quarterly by the nursing team, monthly by the reception team, monthly by the multi-disciplinary team and monthly business meetings of partners and practice manager. The minutes we saw demonstrated the meetings provided effective communication and shared learning, including opportunities for staff to learn about the performance of the practice.

A programme of quality improvement had been implemented including clinical and internal audit. We saw evidence that audits were logged and monitored; and outcomes were used to make improvements in patient care and learning was shared with staff across the practice.

Effective arrangements were in place to capture, record and address all Medicines and Healthcare products Regulatory Agency (MHRA) drug safety alerts.

Leadership and culture

At our inspection on 10 January 2017, we found:

There was an open culture within the practice and staff told us they had the opportunity to raise any issues and felt confident and supported in doing so. However, there was no evidence that regular, minuted team and whole practice meetings had been held.

At this inspection on 13 July 2017 we found:

We saw evidence that minuted whole practice meetings had been held and a planned timetable for future meetings.