The Burbage Surgery

Quality Report

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

Ratings

Overall rating for this service	Requires improvement
Are services safe?	Requires improvement
Are services effective?	Requires improvement
Are services caring?	Good
Are services responsive to people's needs?	Requires improvement
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 of The Burbage Surgery, Tilton Road, Burbage, Leicestershire on 28 and 29 April 2015. Overall the practice is rated as requires improvement.

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

- Patients were at risk of harm because systems and processes were not in place to keep them safe.
- Staff were clear about reporting incidents, near misses and concerns but there was limited evidence of learning and dissemination to staff.
- Data showed patient outcomes were average for the locality. Some clinical audits had been carried out and completed in order to improve patient outcomes. However we did not see evidence that the findings had been disseminated in order to maximise improvement.
- Patients gave us feedback about the practice and were positive about their care. They told us they were treated with compassion and dignity.
- Urgent appointments were usually available on the day they were requested.
- There was a system in place for reporting incidents, near misses or concerns, however evidence of learning and communication to staff was limited.

The areas where the provider must make improvements are:

- Have a system in place to ensure significant events and complaints are investigated fully, identified actions implemented and any learning cascaded to staff.
- Implement a robust system for dealing with safety alerts.

Summary of findings

- Ensure there are formal governance arrangements in place including systems for assessing and monitoring risks and the quality of the service provision.
- Ensure staff have appropriate and up to date policies and guidance to carry out their roles in a safe and effective manner which are reflective of the requirements of the practice.
- Ensure protocol and procedures are in place to ensure regular checks of emergency equipment.
- Ensure arrangements are in place for disposal of pharmaceutical waste and appropriate records kept of medicines to be disposed of.
- Ensure competency checks are carried out annually for dispensary staff.
- Ensure a robust business continuity plan is in place.

Action the provider SHOULD take to improve:

- Embed system to ensure staff appraisals continue annually.
- Ensure policies and procedures introduced relating to the safe storage of medicines are maintained.
- Embed revised infection control procedures.
- Request photographic identification as part of the recruitment process.
- Ensure clinical staff have an awareness of the Mental Capacity Act and Gillick competencies.
- Have in place a schedule of minuted meetings.
- Have a system in place for monitoring training needs.
- Ensure water monitoring is implemented in line with legionella risk assessment.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Requires improvement

The practice is rated as requires improvement for providing safe services as there are areas where it should make improvements. Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, when things went wrong, reviews and investigations were not thorough enough and lessons learned were not communicated widely enough to support improvement.

Some risks to patients who used services were assessed; however the systems and processes to address these risks were not implemented to ensure patients were kept safe. For example risks presented by the operation of two branch surgeries had not been considered.

Are services effective?

Requires improvement

The practice is rated as requires improvement for providing effective services. Data showed patient outcomes were at or above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles. However some staff told us they did not have time to complete training updates. A number of staff had not received an appraisal since 2013. There was evidence of some appraisals had taken place in the last 12 months. Those overdue were scheduled to take place in the coming months. Staff worked with multidisciplinary teams. Not all relevant staff showed an awareness of the Mental Capacity Act or Gillick competencies.

Are services caring?

Good

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

Are services responsive to people's needs?

Requires improvement

The practice is rated as requiring improvement for providing responsive services. he national patient survey results published on 1 January 2015 showed the practice was performing below local and

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national averages. It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Patients said there was continuity of care, with urgent appointments available the same day. The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded to issues raised. However learning was not always disseminated to staff.

Are services well-led?

Requires improvement

The practice is rated as requires improvement for being well-led. There was a documented leadership structure and most staff felt supported by management. The practice had a number of policies and procedures to govern activity, but some of these were well overdue for a review, or were not appropriate. Meetings were not held regularly enough and were not always minuted although we were told there were plans for more regular minuted meetings to be introduced. The practice sought feedback from patients and had an active patient participation group (PPG). Staff had received inductions but not all staff had received regular performance reviews.

Summary of findings

The six population groups and what we found

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

Older people

Requires improvement

The practice is rated as requires improvement for the care of older people. The provider was rated as good for being caring. However it was rated as requiring improvement for providing a safe, effective, responsive and well led service. The concerns which led to these ratings apply to everyone using the practice, including this population group.

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

People with long term conditions

Requires improvement

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

Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. Patients had a named GP and a structured annual review to check that their health and medication needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Requires improvement

The practice is rated as requires improvement for the care of families, children and young people. The provider was rated as good for being caring. However it was rated as requiring improvement for providing a safe, effective, responsive and well led service. The concerns which led to these ratings apply to everyone using the practice, including this population group.

There were some systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all

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standard childhood immunisations. Patients told us that children and young people were treated in an age-appropriate way. Appointments were available outside of school hours. We saw examples of joint working with midwives and health visitors.

Working age people (including those recently retired and students)

Requires improvement

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students). The provider was rated as good for being caring. However it was rated as requiring improvement for providing a safe, effective, responsive and well led service. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice 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.

People whose circumstances may make them vulnerable

Requires improvement

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The provider was rated as good for being caring. However it was rated as requiring improvement for providing a safe, effective, responsive and well led service. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice held a register of patients living in vulnerable circumstances including travellers and those with a learning disability. It had carried out annual health checks for people with a learning disability and 71% of these patients had received a follow-up. It also offered longer appointments for people with a learning disability.

The practice told vulnerable patients about how to access various support groups and voluntary organisations. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours but not all were clear on the process.

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People experiencing poor mental health (including people with dementia)

Requires improvement 

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

54% of people experiencing poor mental health and 79% of people with dementia had received an annual physical health check. The practice carried out advance care planning for patients with dementia.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health.

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What people who use the service say

The national patient survey results published on 1 January 2015 showed the practice was performing below local and national averages.

- 59.5% find it easy to get through to this surgery by phone compared with a CCG average of 72.6% and a national average of 74.4%.
- 74.2% find the receptionists at this surgery helpful compared with a CCG average of 86.5% and a national average of 86.9%.
- 56.3% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 57.4% and a national average of 60.5%.
- 85.5% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 87.7% and a national average of 85.4%.
- 86% say the last appointment they got was convenient compared with a CCG average of 91.4% and a national average of 91.8%.
- 60.8% describe their experience of making an appointment as good compared with a CCG average of 74.7% and a national average of 73.8%.
- 56% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 71.2% and a national average of 65.2%.
- 50.3% feel they don't normally have to wait too long to be seen compared with a CCG average of 61.8% and a national average of 57.8%.

We received 12 comments cards completed by patients and the majority were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were efficient, helpful supportive and caring.

Areas for improvement

Action the service MUST take to improve

- Have a system in place to ensure significant events and complaints are investigated fully, identified actions implemented and any learning cascaded to staff.
- Implement a robust system for dealing with safety alerts.
- Ensure there are formal governance arrangements in place including systems for assessing and monitoring risks and the quality of the service provision.
- Ensure staff have appropriate and up to date policies and guidance to carry out their roles in a safe and effective manner which are reflective of the requirements of the practice.
- Ensure protocol and procedures are in place to ensure regular checks of emergency equipment.
- Ensure arrangements are in place for disposal of pharmaceutical waste and appropriate records kept of medicines to be disposed of.
- Ensure competency checks are carried out annually for dispensary staff.
- Ensure a robust business continuity plan is in place.

Action the service SHOULD take to improve

- Embed system to ensure staff appraisals continue annually.
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- Embed revised infection control procedures.
- Request photographic identification as part of the recruitment process.
- Ensure clinical staff have an awareness of the Mental Capacity Act and Gillick competencies
- Have in place a schedule of minuted meetings.

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- Have a system in place for monitoring training needs.
- Ensure water monitoring is implemented in line with legionella risk assessment.

The Burbage Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP; three further CQC Inspectors, a CQC pharmacy inspector and a GP practice manager specialist advisor.

Background to The Burbage Surgery

The Burbage Surgery is a GP practice which provides a range of primary medical services to around 10,000 patients from a main surgery in the town of Burbage in Leicestershire and three branch surgeries, in Sapcote, Sharnford and Wolvey in Leicestershire. The practice's services are commissioned by West Leicestershire Clinical Commissioning Group (CCG).

The service is provided by three full time partners, one part time partner and two salaried GPs. There are also one full time and one part time nurse practitioner, a part time practice nurse and two full time health care assistants. In the dispensary there are two full time and two part time dispensers. They are supported by a practice manager and reception and administration staff.

Local community health teams support the GPs in provision of maternity and health visitor services.

The practice has two locations registered with the Care Quality Commission (CQC). We were not able to inspect one of the branch surgeries as part of this inspection as it was registered incorrectly with the Care Quality Commission (CQC) as a separate location and therefore required a separate inspection.

The location we inspected was The Burbage Surgery, Tilton Road, Burbage, Hinckley, Leicestershire. LE10 2SE. We also visited the Sharnford branch surgery at Evergreen Hall Sharnford, Leicestershire. LE10 3PP on 28 April 2015 as it was not open on the day we inspected the main surgery. We did not visit the other branch surgery at The Church Hall, Sapcote, Leicestershire. LE9 4JE.

The surgery is in a two storey building with a car park which includes car parking space designated for use by people with a disability.

We reviewed information from West Leicestershire CCG and Public Health England which showed that the practice population had much lower deprivation levels compared to the average for practices in England.

The practice is open from 8.00am to 6pm Monday to Friday, with the dispensary being open from 8.30am to 12.30pm and 2pm to 6pm Monday to Friday. The branch surgery at Sapcote was open from 11am to 11.45am and the Sharnford Surgery from 12 noon to 1pm on Tuesdays.

The practice has opted out of the requirement to provide GP consultations when the surgery is closed. The out-of-hours service is provided by The OOH service is provided to Leicester City, Leicestershire and Rutland by Central Nottinghamshire Clinical Services.

The practice is a GP training practice. (Teaching practices take medical students and generally have GP trainees). At the time of our inspection there were two GP trainees.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

Detailed findings

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

This provider had not been inspected before and that was why we included them.

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

How we carried out this inspection

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

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

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

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

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

We carried out an announced inspection on 28 and 29 April 2015.

We asked the practice to put out a box and comment cards in reception at the main surgery to enable patients and members of the public to share their views and experiences.

We reviewed 12 completed comment cards and spoke with nine patients on the day of our inspection

We spoke with four GPs, a trainee GP, a practice manager, a nurse practitioner, two practice nurses, two health care assistants, four dispensers , a clinical trials coordinator and reception and administration staff.

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

Requires improvement

Are services safe?

Our findings

Safe track record

The practice used some information to improve patient safety. For example, reported incidents as well as comments and complaints received from patients. The staff we spoke with were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses. We reviewed safety records and incident reports. Meeting minutes we looked at did not demonstrate that these were managed consistently over time.

Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events, incidents and accidents. There were records of significant events that had occurred during the last two years and we were able to review these. Significant events were a standing item on some clinical governance meeting agendas. A dedicated meeting was held six monthly to review actions from past significant events. We found evidence that the practice had not learnt from some of these and findings were not shared with all relevant staff. Staff, including receptionists, administrators and nursing staff, knew how to raise an issue for consideration.

Staff used incident forms provided by the practice manager. They showed us the system used to manage and monitor incidents. We reviewed three incidents and saw records were completed in a comprehensive and timely manner. We saw evidence of some actions identified as a result but found that these were not always implemented and learning had not been always been shared in order to prevent reoccurrences and improve patient outcomes. For example one incident we reviewed which had occurred in 2014 related to a piece of equipment having a flat battery. One of the actions identified was to put a procedure in place for the checking of emergency equipment. However we found there was no policy or procedure in place for the checking of emergency equipment.

National patient safety alerts were received by the practice manager via email. They told us they forwarded them to relevant staff. The practice policy relating to safety alerts identified and advised the need for two people to receive alerts. There was no system in place for these to be dealt with in the absence of the practice manager and no log of alerts received or how they had been actioned. However, some staff we spoke with were able to give examples of recent alerts. In the meeting minutes we looked at we did not see any safety alerts discussed. The practice was unable to evidence that all staff were aware of any relevant alerts to the practice and where they needed to take action.

Reliable safety systems and processes including safeguarding

The practice did not have robust systems to manage and review risks to vulnerable children, young people and adults. We looked at training records. Not all staff had received up to date relevant role specific training on safeguarding. For example some GP's were not up to date with the correct level of training. Following our inspection we were informed by the practice that GPs who were not up to date with training had been booked on a course.

We asked other members of medical, nursing and administrative staff about their most recent training. Staff knew how to recognise signs of abuse in older people, vulnerable adults and children. However some were not aware how to share information, properly record documentation of safeguarding concerns and how to contact the relevant agencies in and out of normal working hours. Staff were aware of their responsibilities in relation to safeguarding. Contact details for safeguarding team were accessible.

The practice had appointed a dedicated GP as the lead for safeguarding vulnerable adults and children. Some staff we spoke with were not aware who the lead was but told us they would speak with their line manager if they had a safeguarding concern.

There was not a robust system in place to highlight vulnerable patients on the practice's electronic records. One of the GPs we spoke to gave two examples of children at risk but there was no pop up alert or icon on the front screen of either patient record in order to alert other staff to their status. The pop up alerts were not consistently used which meant that the process was not embedded in practice and not all clinicians were using it consistently. Following our inspection we were told the lead role for safeguarding had been taken over by a different GP and a more robust system for identifying children at risk had been implemented and disseminated to all staff.

There was a chaperone policy, but there was no chaperone information visible in the waiting room. However it was displayed in the consulting rooms. (A chaperone is a person who acts as a safeguard and witness for a patient

and health care professional during a medical examination or procedure). Not all nursing staff, including health care assistants, had been trained to be a chaperone. Reception staff would act as a chaperone if nursing staff were not available. Receptionists had undertaken training and understood their responsibilities when acting as chaperones, including where to stand to be able to observe the examination. Not all staff undertaking chaperone duties had received Disclosure and Barring Service (DBS) checks. (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). Neither was there a risk assessment in place for these staff to carry out chaperone duties without a DBS check having been undertaken. Following our inspection we were provided with evidence by the practice that DBS checks had been requested for all staff at the practice that did not currently have one and this included any staff that carried out chaperone duties.

Medicines management

We checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely and were only accessible to authorised staff.

One member of staff checked the temperature of the fridge within the practice. We looked at the refrigerator temperature records and found that they had not always been recorded daily in line with national guidance to ensure they remained within specified limits. When the member of staff was off duty, for example, 9 January 2015 to 10 March 2015, 20, 26 27 March and 2, 3, 6, 9, 10, 13, 17, 24 April 2015, the temperatures had not been recorded. The practice could not demonstrate that the integrity and quality of the medicines were not compromised. The practice did not have a cold chain policy to ensure that medicines were kept at the required temperatures or describe the action to be taken in the event of a potential failure. In the dispensary, staff we spoke with had recorded fridge temperatures incorrectly and were unaware of the correct process. For example the temperature was being repeatedly recorded as 0.5 degrees Celsius, which was outside of the correct temperature range, when it was actually five degrees Celsius, which was within the correct temperature range. Following our inspection the practice provided us with the cold chain policy they had implemented.

Processes were in place to check medicines were within their expiry date and suitable for use. The medicines we checked were within their expiry dates. However in the dispensary we found some eye drops in a basket at the bottom of the refrigerator which were outside of their expiry date. The items in the refrigerator were not well organised, for example the basket contained various types of medication which were not separated. We pointed out the out of date eye drops to a member of the dispensary staff who disposed of them immediately.

In the dispensary there were two pharmaceutical bins where unwanted medicines were stored prior to disposal. These were not stored in line with waste regulations as there were no records kept of the medicines which had been placed in the bins. The bins were full and staff were not aware of the process in place to arrange disposal of the medicines and therefore no arrangement had been made for their collection.

We did not see records of practice meetings that noted the actions taken in response to reviews of prescribing data.

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

There was a system in place for the management of high risk medicines, which included regular monitoring in line with national guidance.

All prescriptions were reviewed and signed by a GP before they were given to the patient. Blank prescription forms were not handled in accordance with national guidance as these were not tracked through the practice. There was no record of the number of prescription pads documented.

The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had in place standard operating procedures (SOPs) which set out how they were managed. Arrangements regarding security of controlled drugs were not robust. Controlled drugs were stored in a controlled drugs cupboard and access to them was restricted. However, security of controlled drugs was reduced in the dispensary as staff had more than one set of keys. The SOP which was related to access to the controlled drugs cupboard, which was available in the dispensary,

was out of date. There was a second SOP available elsewhere in the practice which was in date but which also contained incorrect guidance. Following our inspection the practice reviewed their procedures in relation to controlled drugs with the medicines governance pharmacist from the NHS England area team. As a result of this they provided us with an amended and appropriate controlled drugs SOP which incorporated robust security procedures and reduced the number of keys available.

There were arrangements in place for the destruction of controlled drugs. Staff were aware of how to raise concerns around controlled drugs with the controlled drugs accountable officer in their area.

Dispensing staff at the practice were aware prescriptions should be signed before being dispensed. We saw that this process was working in practice.

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

The practice had a designated GP lead for the dispensary. The dispensary had in place Standard Operating Procedures (SOPs). All staff involved in the procedure had signed the SOPs to say they had read and understood the SOP and agreed to act in accordance with its requirements. However not all SOPs had been reviewed appropriately.

Records showed that all members of staff involved in the dispensing process had received appropriate training. However there was no record of their competence having been checked within the last year.

The practice had established a service for patients to pick up their dispensed prescriptions at two of the branch surgeries every Tuesday. The GP who was on duty at the branch surgeries also took medicines with them from the dispensary in order to dispense directly to patients who attended for appointments if necessary. There was no protocol or system in place to monitor this process, no record of which medicines had been taken or returned and no checks on expiry dates. We were told this was the responsibility of the GP who took the medicines. The practice told us they would review the process and acknowledged the need to implement a protocol.

Cleanliness and infection control

We observed the premises at the main surgery to be generally clean and tidy. We saw there were cleaning schedules in place and cleaning records were kept. However the cleaning schedules were not specific to the rooms within the practice and cleaning was not recorded correctly. For example, the cleaning checklist which had been signed by cleaning staff, and was displayed in one of the nurse's rooms, related to a toilet area and did not therefore give assurance that all areas had been cleaned adequately. Following our inspection the practice manager provided us with robust cleaning schedules which were specific to each room and clearly identified daily, weekly and monthly tasks.

There were no arrangements in place relating to infection control at either Sapcote or Sharnford branch surgery.

Patients we spoke with told us they always found the practice clean and had no concerns about cleanliness or infection control.

An infection control policy and supporting procedures were available for staff to refer to. This was dated January 2013 and had been due to be reviewed in January 2014. The policy gave guidance on different areas such as personal protective equipment. Disposable gloves, aprons and coverings were available for staff to use and staff were able to describe how they would use these to comply with the practice's infection control policy. There was also a policy for needle stick injury and staff were able to describe the procedure to follow in the event of an injury.

The practice had a lead for infection control. However they had not undertaken further training to enable them to provide advice on the practice infection control policy and carry out staff training. Staff received induction training about infection control specific to their role but not all had received annual updates. Nursing staff we spoke with told us infection control training was completed on line. We saw no evidence of any infection control audits having been carried out in order to identify any improvements required. Following our inspection the practice manager informed us that an interim infection control lead had been appointed until the current lead was able to undertake appropriate training for the role. Additionally an infection control audit was underway.

Requires improvement

Are services safe?

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

A legionella risk assessment had been carried out in September 2014 (legionella is a bacterium which can contaminate water systems in buildings). A number of recommendations had been made following the risk assessment but none had been implemented at the time of our inspection. One of these was the requirement for the implementation of monthly water temperature checks.

Equipment

Staff we spoke with told us they had equipment to enable them to carry out diagnostic examinations, assessments and treatments. One member of staff told us that all equipment was tested and maintained regularly and we saw equipment maintenance logs and other records that confirmed this. All portable electrical equipment was routinely tested and displayed stickers indicating the last testing date. A schedule of testing was in place. We saw evidence of calibration of relevant equipment; for example weighing scales, blood pressure monitoring and a spirometer used for testing the air in and out of patient's lungs.

Staffing and recruitment

The practice had a recruitment policy that set out the standards it followed when recruiting clinical and non-clinical staff. Records we looked at contained evidence that some appropriate recruitment checks had been undertaken prior to employment. For example, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (These 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). DBS checks were not undertaken for non-clinical staff but there was no risk assessment in place relating to this. Some of the DBS checks we saw had not been undertaken by the practice, but related to previous employment. Photographic identification was not requested as part of the recruitment process in line with national guidance.

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

Staff told us there were usually enough staff to maintain the smooth running of the practice and there were always enough staff on duty to keep patients safe.

Monitoring safety and responding to risk

The practice did not have systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. The practice had a health and safety policy which the practice manager told us was out of date as they were in the process of reviewing it. The practice had formed a health and safety committee to review all health and safety arrangements but none had yet been implemented. The practice held a health and safety meeting on 9 January 2015. An item on the agenda was 'review of hazards and perform a risk assessment'. We saw a review of hazards, for example, lighting in the car park and overcrowding in the waiting room. We did not see a risk assessment with mitigating risks and actions. There was a further health and safety meeting scheduled for May 2015. Following our inspection the practice manager provided us with a health and safety manual which the practice were in the process of implementing. The practice had not undertaken gas or electrical safety checks but following our inspection the practice manager provided us with evidence that these had been carried out.

An asbestos survey had been carried out in 2012 which stated it should be repeated the following year. This had not been implemented.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to manage emergencies. Records showed that all staff had received training in basic life support. Emergency equipment was available including access to oxygen and an automated external defibrillator (used to attempt to restart a person's heart in an emergency). Members of staff we spoke with all knew the location of this equipment. Emergency medicines were available in a secure area of the practice and all staff knew of their location. These included those for the treatment of anaphylaxis and hypoglycaemia. Anaphylaxis is an acute allergic reaction to an antigen (e.g. a bee sting) to which the body has become hypersensitive. Hypoglycaemia is a low blood sugar**.** The practice held

stocks of medicines for the treatment of cardiac arrest and epilepsy. We looked at the processes the practice had in place to check the emergency medicines and equipment. We reviewed the checklists and found that they had not been checked on a regular basis as per the practice policy. We found that when the senior nurse was not on duty the emergency equipment and medicines were not checked. The notes of the practice's significant event review meeting on 8 September 2014 showed that staff had discussed a medical emergency concerning a patient. We found that the practice had identified an action to ensure a policy for the checking of emergency equipment and medicine was available to all staff. On the day of the inspection we found that a policy was not in place. We spoke to the management team who told us they had not yet put a policy in place. A process was in place to check whether emergency medicines were within their expiry date and suitable for use. All the medicines we checked were in date and fit for use.

A business continuity plan was in place to deal with a range of emergencies that may impact on the daily operation of the practice. It had been reviewed on 19 February 2015 and was still in draft format. It was not specific to the practice and did not have risks rated and mitigating actions recorded to reduce and manage the risk. The document identified that the practice had an emergency box. It would contain a copy of the business continuity plan, list of employees and contact numbers together with other documents and equipment required in the event of an emergency. We asked to see the emergency box but one was not available on the day of the inspection.

The practice had a fire appliance test carried out on 12 February 2015. The practice were advised to obtain a CO2 extinguisher for reception. We did not see any evidence of this extinguisher in the reception waiting room area.

The practice manager told us a fire risk assessment had been carried out but this was not available on the day of our inspection. The practice had carried out a fire evacuation in November 2014. Documentation we reviewed showed that the evacuation practice was successful. It took less than two minutes to evacuate 15 members of staff and 21 patients from the building.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GPs and nursing staff we spoke with could clearly outline the rationale for their approaches to treatment. They were familiar with current best practice guidance, and accessed guidelines from the National Institute for Health and Care Excellence (NICE) and from local commissioners. We looked at minutes of Clinical Governance meetings but there was no record that new guidelines had been disseminated, the implications for the practice's performance and patients were not discussed or required actions agreed. We found from our discussions with the GPs and nurses that staff completed thorough assessments of patients' needs in line with NICE guidelines, and these were reviewed when appropriate.

Staff described how they carried out comprehensive assessments which covered all health needs and was in line with these national and local guidelines. They explained how care was planned to meet identified needs and how patients were reviewed at required intervals to ensure their treatment remained effective. For example, one of the practice nurses had written a diabetic protocol which had been agreed by the lead GP for diabetes and in line with local guidelines. This was being used with the aim of improving annual diabetic medication review results. Feedback from patients confirmed they were referred to other services or hospital when required.

The GPs told us they lead in specialist clinical areas such as diabetes, heart disease and asthma. The practice nurses supported this work which allowed the practice to focus on specific conditions. Clinical staff we spoke with were confident about asking for and providing colleagues with advice and support.

The practice had identified patients who were at high risk of admission to hospital. These patients were reviewed regularly to ensure multidisciplinary care plans were documented in their records. This meant that their needs were being met to assist them and where possible reduce the need for them to go into hospital. One of the GPs we spoke explained the process in place after patients were discharged from hospital to ensure they were followed up appropriately and their needs were continuing to be met.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results were 96.9% of the total number of points available. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2013-14 showed;

- Performance for diabetes related indicators was on the whole similar to the CCG and higher than national averages.
- The percentage of patients with hypertension having regular blood pressure tests was 76.8%, which was worse than the national average of 83.13%
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record in the preceding 12 months was 97.3% which was above the national average of 86.09%.
- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 75.36%, which was lower than the

Clinical audits were carried out to demonstrate quality improvement and relevant staff were involved to improve care and treatment and people's outcomes. We looked at three clinical audits completed in the last two years, Two of these were completed audits where the improvements made were implemented and monitored. The practice participated in local audits, national benchmarking, accreditation, peer review and clinical research. For example, a clinical audit had been carried out in January 2015 to identify if pre-diabetic patients were having an annual glucose blood test with intervention if needed and if recall systems were in place to enable this. The initial audit identified that 88% of pre diabetic patients had an annual blood test. A plan was put in place for a more effective recall system and on re-auditing three months later it was found that this figure had gone up to 96%. However there was no evidence of dissemination of findings and therefore the implementation of learning objectives could not be assured.

Requires improvement

Are services effective?

(for example, treatment is effective)

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The learning needs of staff were not always identified as some staff had not had an appraisal since 2013. However we were told these were due to be completed in May 2015. Some staff we spoke with felt they did not have time to undertake training due to their workload. There was no system in place to monitor training needs.
- As the practice was a training practice, doctors who were training to be qualified as GPs were offered extended appointments and had access to a senior GP throughout the day for support. We spoke with a trainee who spoke positively about the support they received.
- Practice nurses were expected to perform defined duties and were able to demonstrate that they were trained to fulfil these duties. For example, on administration of vaccines and cervical cytology. Those with extended roles, for example, seeing patients with long-term conditions such as diabetes were also able to demonstrate that they had appropriate training to fulfil these roles.
- We saw examples where poor performance had been identified and appropriate action had been taken to manage this.

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 patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

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 discharge from hospital. We saw evidence that multi-disciplinary team meetings took place on a regular basis and that care plans were routinely reviewed and updated.

We saw minutes from meetings in September 2014 and the needs of complex patients, for example, those with end of life care needs were discussed. These meetings were attended by district nurses, Macmillan and palliative care nurses.

Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance. GPs we spoke with understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. However some of the nursing staff we spoke with did not have an awareness of the Mental Capacity Act. They had not received any training and were unsure if the practice had a policy.

When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment. The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

However, the nursing staff we spoke to on the day of the inspection did not have a clear understanding of Gillick competencies and had not received any awareness training. (These are used to help assess whether a child under the age of 16 has the maturity to make their own decisions and to understand the implications of those decisions).

Health promotion and prevention

It was practice policy to offer NHS Health Checks to all its patients aged 40 to 74 years. Practice data showed that 429 patients in this age group had taken up the offer of the health check.

The practice had many ways of identifying patients who needed additional support, and it was pro-active in offering additional help. For example, the practice had given smoking cessation advice to 98% of identified smokers and referred 25.7% of those patients for treatment. Similar mechanisms of identifying 'at risk' groups were used for patients who were obese and those receiving end of life care. These groups were offered further support in line with their needs.

Requires improvement

Are services effective?

(for example, treatment is effective)

The practice's performance for the cervical screening programme was 80.22%, which was comparable to the national average of 81.89%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. A practice nurse had responsibility for following up patients who did not attend. The practice also encouraged its patients to attend national screening programmes for bowel cancer and breast cancer screening.

The practice offered a full range of immunisations for children, travel vaccines and flu vaccinations in line with current national guidance. Last year's performance was below average for the majority of immunisations where comparative data was available. For example:

- Flu vaccination rates for the over 65s were 66.27%, and at risk groups 36.57%. These were below national averages.

Childhood immunisation rates for the vaccinations given to under twos ranged from 96.2% to 100% and five year olds from 57% to 94.6%. These were comparable to CCG averages for under-twos and below the CCG averages for under-fives.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the national patient survey published in January 2015, the last survey of 419 patients, undertaken by the practice's patient participation group (PPG) between October and November 2013 and the NHS Friends and Family Test. (A PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care).

The evidence from all these sources showed patients were satisfied with how they were treated and that this was with compassion, dignity and respect. For example, data from the national patient survey showed the practice was in line with local and national figures for its satisfaction scores on consultations with doctors and nurses. For example:

- 86.8% said the GP was good at listening to them compared to the CCG average of 88.5% and national average of 88.6%.
- 84.1% said the GP gave them enough time compared to the CCG average of 86% and national average of 86.8%.
- 97.1% said they had confidence and trust in the last GP they saw compared to the CCG average of 94.9% and national average of 95.3%

Patients completed CQC comment cards to tell us what they thought about the practice. We received 12 completed cards and the majority were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were efficient, helpful supportive and caring. They said staff treated them with dignity and respect. Three comments were less positive with a common theme of the open access system being difficult for working people. We also spoke with eight patients on the day of our inspection. All told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

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

We saw that staff were careful to follow the practice's confidentiality policy when discussing patients' treatments so that confidential information was kept private. The practice switchboard was located at the reception desk and was shielded by glass partitions which helped keep patient information private. The reception staff were careful when speaking to patients either face to face or over the telephone not to disclose information as the patient seating area was close to the reception desk. There was no queuing system in place and staff we spoke with told us maintaining confidentiality was difficult at busier times when there was a queue of patients. However the receptionists were careful to speak quietly and if necessary would ask patients to go to a side door for privacy. Data from the national patient survey showed that of patients that responded, 74.2% said they found the receptionists at the practice helpful compared to the CCG average of 86.5% and national average of 85.4%.

There was a clearly visible notice in the patient reception area stating the practice's zero tolerance for abusive behaviour. Receptionists were able to give us an example of when referring to this had helped them diffuse a difficult situation and following the practice policy had changed a patient's behaviour towards the receptionists.

Care planning and involvement in decisions about care and treatment

The patient survey information we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and generally rated the practice well in these areas. For example:

- 85.8% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85.6% and national average of 86.3%.
- 78.9% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80.4% and national average of 81.5%.

Patients we spoke with on the day of our inspection told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and

Good

Are services caring?

supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment they wished to receive. Patient feedback on the comment cards we received was also positive and aligned with these views.

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

Patient/carer support to cope emotionally with care and treatment

The patient survey information we reviewed showed patients were fairly positive about the emotional support provided by the practice but the practice ratings for GPs were lower than the local and national average but in line with these figures for nurses. For example:

- 79.3% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83.3% and national average of 85.1%.
- 89.7% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 88.8% and national average of 90.4%.

The patients we spoke with on the day of our inspection and the comment cards we received were also consistent with this survey information. For example, these highlighted that staff responded compassionately when they needed help and provided support when required. One patient particularly described how a GP and reception staff had gone out of their way to support them and had been particularly adaptable to their needs.

Notices in the patient waiting room and patient website also told patients how to access a number of support groups and organisations.

Staff told us that if families had suffered bereavement a condolence card was sent to the family. A telephone call would also be made and patients would be offered a consultation to provide advice on how to find a support service if necessary.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We found the practice was responsive to patient's needs and had systems in place to maintain the level of service provided. The needs of the practice population were understood and systems were in place to address identified needs in the way services were delivered. The practice provided outreach surgeries once a week in two different locations to support patients living further away from the main surgery. They had also reviewed their appointment system. At the time of our inspection they were about to introduce a restructured appointment system in order to try and reduce waiting times, prevent overcrowding in the waiting area and reduce congestion in the patient car park.

The practice had implemented suggestions for improvements and made changes to the way it delivered services in response to feedback from the patient participation group (PPG). For example, following the PPG raising that the practice could benefit from redecoration, the practice obtained quotations for the work and had given instructions for the work to go ahead.

Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its services.

The practice provided equality and diversity training through e-learning. Training records demonstrated that a number of staff had completed equality and diversity training in the last 12 months.

The practice had a wheelchair available for patients if required and we spoke with patients who had a disabled family member. They told us that accessibility was not an issue and the layout of the waiting room meant there was space for a wheelchair next to seating to enable wheelchair users to sit next to a carer or family member.

The practice actively supported patients who had been on long-term sick leave to return to work, by giving them information on a service called "The fit for work team". The Fit For Work Service offered one to one, impartial support and advice to help individuals who are employed or self-employed and signed off sick from work to get back to work and is available to patients whoare registered at a GP Practice within Leicestershire. Patients were able to self-refer to the service.

The practice was situated on the ground and first floor of the building with all services for patients on the ground floor. The practice had wide corridors for patients with mobility scooters and wheelchairs. This made movement around the practice easier and helped to maintain patients' independence.

We saw that the waiting area was large enough to accommodate patients with wheelchairs and prams and allowed for easy access to the treatment and consultation rooms. Accessible toilet facilities were available for all patients attending the practice which included baby changing facilities.

The practice had a population of 99% English speaking patients though it had access to translation services if required.

The practice had a system in place for patients with hearing or speech difficulties whereby they would communicate via fax for appointment requests.

There were male and female GPs in the practice, therefore patients could choose to see a male or female doctor.

Access to the service

The surgery was open from 08:00 to 18:15 Monday to Friday, with the dispensary being open from 08:30 to 12:30 and 14:00 to 18:00 Monday to Friday. The branch surgery at Sapcote was open from 11:00 to 11:45 and the Sharnford Surgery from 12:00 to 13:00.

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

Longer appointments were also available for older patients, those experiencing poor mental health, patients with learning disabilities and those with long-term conditions. Home visits were made to local care homes and to those patients who needed one.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

The patient survey information we reviewed showed patients did not always responded positively to questions about access to appointments and did not rate the practice well in these areas. For example:

- 71% were satisfied with the practice's opening hours compared to the CCG average of 74.4% and national average of 75.7%.
- 60.8% described their experience of making an appointment as good compared to the CCG average of 74.7% and national average of 73.8%.
- 56% said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 71.2% and national average of 65.2%.
- 59.5% said they could get through easily to the surgery by phone compared to the CCG average of 72.6% and national average of 74.4%.

Patients were generally satisfied with the appointments system. Some patients were aware that the system was about to change and commented they would rather it stayed the same. They confirmed that they could see a doctor on the same day if they needed to. They also said they could see another doctor if there was a wait to see the doctor of their choice. Comments received from patients showed that patients in urgent need of treatment had always been able to make appointments on the same day of contacting the practice due to the open access until 10.30am. For example, one patient we spoke with told us how they needed an urgent appointment that morning and had walked in to the practice and waited their turn. They were happy that they had seen a GP even though they had to wait for an hour.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were generally in line with recognised guidance and contractual obligations for GPs in England. The practice manager was the designated responsible person who handled all complaints in the practice.

We saw that information was available to help patients understand the complaints system. Complaints leaflets were available in the waiting room and a poster was displayed in the reception area. Some of the information regarding timescales to make a complaint was incorrect. We pointed this out to the practice manager who told us they would rectify this. None of the patients we spoke with had ever needed to make a complaint about the practice.

We looked at one complaint which had been received in the last 12 months and found it had been dealt with appropriately. The practice manager told us that they showed complaint responses to one of the GPs before sending them to the complainant.

The practice had a system in place to review complaints annually to detect themes or trends. However there was no evidence of learning from complaints or findings shared with staff members in order to improve the quality of care provided.

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 vision to deliver high quality care and promote good outcomes for patients. We found the practice's statement of purpose stated one of their aims was to provide high quality personal health care to patients registered with the practice and to continually strive towards improving health care standards. The practice had recently undergone unexpected staffing changes. They had responded to the challenges raised and reviewed their staffing needs as part of the process. At the time of our inspection they were about to implement a new appointment system as part of their strategy in order to try and reduce waiting times, prevent overcrowding in the waiting area and reduce congestion in the patient car park. The practice told us they were limited by the size of the premises and had received approval for funding to extend the building but this was at the very early stages.

Governance arrangements

The practice had a number of policies and procedures in place to govern activity and these were available to staff within the practice. We looked at ten of these policies and procedures. Not all policies were either up to date or had been reviewed appropriately.

There was a clear leadership structure with named members of staff in lead roles. For example, the nurse practitioner was the lead for infection control and one of the GP partners was the lead for safeguarding. However not all staff were aware who the leads were. We spoke with members of staff and they were all clear about their own roles and responsibilities. Most of them told us they felt valued, well supported and knew who to go to in the practice with any concerns.

The practice had not identified, recorded and managed risks. It had not carried out necessary risk assessments in order to identify risks and mitigate them. The practice manager told us the practice had formed a health and safety committee who were meeting regularly to review the practice's arrangements relating to risk and health and safety including the health and safety policy. Following our inspection the practice manager provided a health and safety manual which the practice were in the process of implementing.

The practice held surgeries at two village halls in Sapcote and Sharnford on Tuesdays. While this was of great benefit to patients the practice had not considered any risks involved and did not have any policies or procedures in place with regard to the operation of these branch surgeries. For example with regard to infection control, medicines management, chaperoning, lone working and health and safety arrangements. Following our inspection the practice provided meeting minutes which demonstrated they had started to address these issues and planned to carry out risk assessments of these branch surgeries.

The practice used the Quality and Outcomes Framework to measure its performance (QOF is a voluntary incentive scheme which financially rewards practices for managing some of the most common long-term conditions and for the implementation of preventative measures). The QOF data for this practice showed it was performing in line with national standards. We were told that QOF data was regularly discussed but there was no record of QOF data being discussed at clinical governance meetings,

The practice had carried out clinical audits which it used to monitor quality and systems to identify where action should be taken. For example we looked at audits relating to antibiotic prescribing for sore throats and also nasal steroid use. Evidence from other data from sources, including incidents and complaints was used to identify areas where improvements could be made. Additionally, there were processes in place to review patient satisfaction and that action had been taken, when appropriate, in response to feedback from patients or staff. However identified findings from audits were not always disseminated to staff in order to share the learning and maximise improvement.

Leadership, openness and transparency

Staff told us the practice held monthly clinical governance meetings. We looked at minutes from the last three meetings and found that these reflected that they were not held monthly and there was no set agenda so performance, quality and risks had not been regularly discussed.

Practice and team meetings were not held on a regular monthly basis. Staff told us that the new lead nurse was trying to set up regular nurse meetings where they could have the opportunity to raise issues.

Are services well-led?

Requires improvement

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

We saw from minutes and found from staff we spoke with that the last full practice meeting had been in February 2015. The practice manager told us that going forward they would be held every two months.

The partners in the practice were visible in the practice and staff told us that they were approachable and took the time to listen to members of staff.

Seeking and acting on feedback from patients, public and staff

The practice had an active patient participation group (PPG) which had been in place for ten years and met on a monthly basis. The PPG included representatives from various population groups, including working mothers, people with long term conditions and older people. The PPG had carried out a survey in 2013. The Chairperson of the PPG showed us the analysis of the last patient survey, which the practice had considered in conjunction with the PPG. The results from these surveys were available on the practice website. (A PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care).

Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management however they didn't always feel that they were listened to or valued. Neither the PPG nor some of the staff we spoke with had been involved with, or consulted on the changes to the appointment system. Staff told us they were very happy in their roles and would welcome being more involved and engaged in the practice to improve outcomes for both staff and patients.

The staff that we spoke to were unaware of the practice having a whistleblowing policy however they stated that they would raise any concerns to the practice manager or one of the GP's if necessary. Following our inspection the practice provided a whistleblowing policy they had implemented and advised us that relevant training was scheduled for June 2015.

Management lead through learning and improvement

The practice were members of the East Midlands Clinical Trials Network. We spoke with the clinical trials co-ordinator who told us the practice took part in clinical trials to continually improve treatment for patients.

Some staff told us that the practice supported them to maintain their clinical professional development through training. However some staff told us their workload prevented them from undertaking training relevant to their role.

We looked at five staff files and found that most staff had not had an appraisal since 2013. The practice manager told us they were scheduled for May 2015.

The practice was a GP training practice and we spoke to a trainee who told us they felt well supported in the practice.

The practice had completed reviews of significant events and other incidents. There was no evidence that the reviews were shared with staff to ensure the practice improved outcomes for patients as practice meetings had not been held since May 2014.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment Safe Care and Treatment. Care and treatment was not being provided in a safe way for service users. The provider was not assessing the risks to the health and safety of service users of receiving the care or treatment or doing all that is reasonably practicable to mitigate any such risks. The provider was not ensuring that persons providing care or treatment to service users had the qualifications, competence, skills and experience to do so safely. The provider had not ensured that the premises used by the service provider are safe to use for their intended purpose and are used in a safe way. The provider did not have appropriate arrangements in place for the proper and safe management of medicines. This was in breach of regulation 12(1), 12(2)(a)(b)(c)(d)(e) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

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 • The system in place did not ensure significant events and complaints were investigated fully, identified actions implemented and any learning cascaded to staff.

This section is primarily information for the provider

Requirement notices

- There was not a robust system for dealing with safety alerts.
- Formal governance arrangements were not in place including systems for assessing and monitoring risks and the quality of the service provision.
- The provider had not ensured that staff had appropriate and up to date policies and guidance to carry out their roles in a safe and effective manner which were reflective of the requirements of the practice.
- The provider had not ensured there was a robust business continuity plan in place.

This was in breach of Regulation 17 (2)(a)(b)(e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.