The Westwood Surgery & Pickford Surgery

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Westwood Surgery and the branch surgery; Pickford Surgery on 28 July 2015. Overall the practice is rated as Inadequate.

Specifically, we found the practice to be inadequate for providing safe, effective and well-led services. It was requires improvement for providing responsive services and rated as good for providing a caring service.

The concerns which led to a rating of inadequate in safe, effective and well-led apply to all population groups using the practice. Therefore, all population groups have been rated as inadequate.

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

- Systems, processes and practices did not keep people safe. As a result, patients were at risk of harm. Over 1200 documents consisting of patient related letters from hospitals and other third parties had not been actioned since October 2014 and the practice had failed to identify this risk.
- Though staff understood their responsibilities to raise concerns, and report incidents and near misses, there was little evidence that learning from events was shared with all relevant staff in order to improve safety.
- Staff did not assess, monitor or manage risks to people who use the service and people received care from inappropriately qualified staff. One of the GP partners had recruited a member of staff to assist them with handling their patient related letters. This member of staff was non-clinical, but was making clinical decisions. The other partners were aware of this arrangement and they had failed to recognise the risk associated with it. Furthermore, recruitment checks had not been carried out on this member of staff.

Summary of findings

- The governance arrangements were unclear and the practice leadership had failed to identify and manage significant issues that threatened the delivery of safe and effective care.
- Patients said they found it easy to make an appointment with a named GP and that 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.
- The practice proactively sought feedback from staff and patients, which it acted on.

The areas where the provider must make improvements are:

- Ensure that only clinical staff are involved in clinical decision making and triaging patient letters.
- Ensure reliable and effective systems are in place for the safe management of patient related letters from hospitals and other providers.
- Ensure learning from incidents is shared with all relevant staff.
- Ensure learning identified from complaints is implemented effectively.
- Ensure recruitment arrangements include all necessary employment checks for all staff.

In addition the provider should:

- Ensure good systems are in use for the safe management of prescription pads.
- Ensure they improve systems of handling patient feedback and complaints.
- Ensure availability of an automated external defibrillator (AED) or undertake a risk assessment if a decision is made to not have an AED on-site.

I am placing this practice in special measures. Practices placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. The practice will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to vary the provider's registration to remove this location or cancel the provider's registration.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Inadequate

The practice is rated as inadequate for providing safe services, and improvements must be made.

Systems, processes and practices did not keep people safe. As a result, patients were at risk of harm as the management team had failed to identify and monitor risks. Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, when things went wrong, reviews and investigations were not communicated widely enough to support improvement. The Pickford Surgery did not have a defibrillator on site. The practice had an arrangement to use the defibrillator at the local pharmacy located 200 metres away. However a formal risk assessment for this had not been carried out.

Not all staff had appropriate checks undertaken before they commenced employment.

Are services effective?

Inadequate

The practice is rated as inadequate for providing effective services and improvements must be made.

The practice were not following their policy on, reading and acting on any issues arising from communications and correspondences from other care providers. We found the practice had patient related documents that had not been actioned since October 2014.

The practice were using the services of a non- clinical member of staff to make clinical decisions and recommend actions on documents received.

Are services caring?

Good

The practice is rated as good for providing caring services.

Data showed that patients rated the practice higher than others for several aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible. We 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 requires improvement for providing responsive services.

Summary of findings

The practice was equipped to treat patients and meet their needs. Patients could get information about how to complain in a format they could understand. Some patients reported that the practice had not responded to their complaints and they were not encouraged to make formal complaints. There was no evidence that learning from complaints had been shared with staff.

Are services well-led?

Inadequate

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

There was no clear leadership structure. The practice had a number of policies and procedures to govern activity, but these were not being followed and the practice leadership had failed to identify and manage significant issues. The practice held governance meetings that were attended only by Senior GPs and issues discussed were not shared with rest of the staff. The practice proactively sought feedback from patients and had an active patient participation group (PPG).

Summary of findings

The six population groups and what we found

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

Older people

Inadequate

The provider was rated as inadequate for safe, effective and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice had a named GP for all patients over 75. All patients above 90 years, as well as frail patients living alone even without long term conditions received regular reviews. All patients at risk of falls and needing bone health treatment were referred for specialist care. The practice followed up older patients that were discharged from hospital following emergency admission and their care plans were reviewed appropriately. Appointments were flexible to deal with emergencies and the practice had introduced a winter clinic to support older patients with emergency access.

People with long term conditions

Inadequate

The provider was rated as inadequate for safe, effective and well led. 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. The practice arranged and held meetings with the district nurses, the end of life care team and the hospice on a regular basis.

Families, children and young people

Inadequate

The provider was rated as inadequate for safe, effective and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice did not always follow their systems of policies to identify and follow up children living in disadvantaged circumstances and who were at risk. For example, there were no alerts on the system to identify vulnerable children. Patients told us that children and young people were treated in an age-appropriate way and we saw evidence to confirm this. Appointments were available outside of school hours.

Working age people (including those recently retired and students)

Inadequate

The provider was rated as inadequate for safe, effective and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Summary of findings

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 reflects the needs for this age group.

People whose circumstances may make them vulnerable

Inadequate

The provider was rated as inadequate for safe, effective and well led. 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 homeless people, travellers and those with a learning disability. It had carried out annual health checks for people with a learning disability.

The practice worked with multi-disciplinary teams in the case management of vulnerable people. Vulnerable patients were provided with appropriate information about how to access various support groups and voluntary organisations. Staff knew how to recognise signs of abuse in vulnerable adults and children.

People experiencing poor mental health (including people with dementia)

Inadequate

The provider was rated as inadequate for safe, effective and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

100% of people experiencing poor mental health had received an annual physical health check. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It 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. Staff had received training on how to care for people with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published in January 2015 showed the practice was performing in line with local and national averages in most areas. There were 113 responses which represent 33.8% of the practice population who had been asked to complete the national GP survey.

- 72% find it easy to get through to this surgery by phone compared with a CCG average of 64 % and a national average of 74%.
- 82% find the receptionists at this surgery helpful compared with a CCG average of 83% and a national average of 86%.
- 41% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 53% and a national average of 60%.
- 84% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 79% and a national average of 85%.
- 95 % say the last appointment they got was convenient compared with a CCG average of 90% and a national average of 91%.
- 69% describe their experience of making an appointment as good compared with a CCG average of 63% and a national average of 73%.
- 50% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 56% and a national average of 65%.
- 42% feel they don't normally have to wait too long to be seen compared with a CCG average of 50% and a national average of 57%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 15 completed cards and the majority were positive about the service experienced. Two comments were less positive with common themes around the unsatisfactory system the practice had dealt with patient complaints. We spoke to nine patients, five of whom described their GP as being nice, attentive or approachable. All patients told us that they were happy overall with their care. However, one patient commented that the practice GPs were occasionally dismissive, leading to repeat attendances for the same problem.

Areas for improvement

Action the service MUST take to improve

- Ensure that only clinical staff are involved in clinical decision making and triaging patient letters.
- Ensure reliable and effective systems are in place for the safe management of patient related letters from hospitals and other providers.
- Ensure learning from incidents is shared with all relevant staff.
- Ensure learning identified from complaints is implemented effectively.
- Ensure recruitment arrangements include all necessary employment checks for all staff.

Action the service SHOULD take to improve

- Ensure good systems are in use for the safe management of prescription pads.
- Ensure they improve systems of handling patient feedback and complaints.
- Ensure availability of an automated external defibrillator (AED) or undertake a risk assessment if a decision is made to not have an AED on-site.

Outstanding practice

N/A

The Westwood Surgery & Pickford 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, CQC inspector a practice manager and an expert by experience.

Background to The Westwood Surgery & Pickford Surgery

The Westwood Surgery is located in the London Borough of Bexley. The practice has a branch surgery, Pickford which we also visited as part of this inspection. The two surgeries operate on a rotational basis and staff work across both sites. The practices provide a general practice service to around 8,400 patients. Bexley Clinical Commissioning Group (CCG) is comprised of 28 member GP practices serving a population of approximately 230,000.

The Westwood Surgery is a GP training practice.

The practice is located in a premises converted from a residential property. The practice is registered as a partnership with the Care Quality Commission (CQC) to provide the regulated activities of: treatment of disease, disorder or injury; family planning services; surgical procedures; and maternity and midwifery services at one location.

The practice has a Personal Medical Services (GMS) contract and provides a full range of essential, additional and enhanced services including maternity services, child and adult immunisations, family planning, sexual health services and minor surgery.

The practice has one senior partner, two GP partners, one salaried GP and a GP registrar. There is a good mix of female and male staff. One of the partners is a member of the CCG governing body and is also the CCG IT lead , while another partner is the CCG GP lead for diabetes. The practice has a full time practice manager; the rest of the practice team consists of two practice nurses, two health care assistants, ten administrative staff, three secretaries and one IT manager. The practice also had access to two regular locum GPs if need be.

Both surgeries are open between 08.00-18.30 Monday-Fridays except that the Pickford Surgery is closed on Thursday afternoons from 13:00. Late evening appointments are available on Mondays-Tuesday at The Westwood Surgery between 18:30 and 20:30.There is a “sit and wait” surgery from 11.00 to midday at both surgeries Monday- Friday .

The practice has opted out of providing out-of-hours services to their own patients. A local out of hours service is used to cover emergencies.

There were no previous performance issues or concerns about this practice prior to our inspection.

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.

Detailed findings

Why we carried out this inspection

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

How we carried out this inspection

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

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

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

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

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 28 July 2015. During our visit we spoke with a range of staff including the two senior partners, practice manager, practice nurses and an administrative staff, salaried GP and spoke with patients who used the service. There were no GP trainees at the practice on the day of our inspection. We observed how people were being cared for and talked with carers and/or family members and reviewed the personal care or treatment records of patients. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

Inadequate

Are services safe?

Our findings

There were some systems in place to manage risks to patients, however the effectiveness of these varied. National patient safety alerts were received and disseminated to the appropriate staff by the practice manager and senior GP. The staff we spoke with were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses. Examples included a patient referral that had not been accurately done. The error was noticed by one of the senior doctors, who invited the patient for an urgent appointment and made the required referral. On reflection the practice found that the GP was a locum and was still getting used to the referrals system. However, the practice only shared the learning from this incident informally and there had been no changes or improvements to systems to avoid a reoccurrence.

Learning and improvement from safety incidents

The practice did not provide evidence of learning from events or action taken to improve safety. Significant events were discussed mainly in practice development meetings attended by the partners and practice manager. Sharing from incidents was informal. We reviewed records of four significant events that had occurred during the last 12 months. Some clinical and non- clinical staff we spoke with were not aware of incidents that had occurred and the learning that had been identified. Nursing staff appeared detached from the process and they told us that they relied on key messages being shared with them verbally.

Staff used incident forms on the practice intranet and sent completed forms to the practice manager. They showed us the system used to manage and monitor incidents. We tracked two incidents and saw records were completed in a comprehensive and timely manner.

Reliable safety systems and processes including safeguarding

The practice did not have systems to manage and review risks to vulnerable children, young people and adults. For example, an information request for a child protection case review that had been requested by the local authority in May 2015 had not been opened. The practice staff told us there was a system to highlight vulnerable patients on the practice's electronic records. We looked at number of records of vulnerable patients and no flags had been placed on them to alert of the vulnerability.

The practice had a lead for child and adult safeguarding though they did not have formal arrangements for cover during their absence. The safeguarding lead held meetings with the health visitor based at the practice to discuss children at risk. However, the safeguarding lead relied on the health visitor to keep a log of these meetings and took no notes of their own.

We asked 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. All GPs had completed Level 3 child protection training. All administrative staff had completed Level 1 training. The practice nurses had completed training up to Level 2.

There was a chaperone policy that had recently been introduced, which was visible on the waiting room noticeboard and in consulting rooms and on the practice web site. (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).

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 also undertaken chaperone training and understood their responsibilities when acting as chaperones, including where to stand to be able to observe the examination. 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).

Medicines management

We found that medicines were stored securely in the treatment rooms and medicine refrigerators and they were only accessible to authorised staff. There was a policy for ensuring that medicines were kept at the required temperatures, and it also described the action to take in the event of a potential failure. Records showed room temperature and fridge temperature checks were carried out which ensured medication was stored at the appropriate temperature.

Inadequate

Are services safe?

Processes were in place to check medicines were within their expiry date and suitable for use. All the medicines we checked were within their expiry dates. Expired and unwanted medicines were disposed of in line with waste regulations.

All prescriptions were reviewed and signed by a GP before they were given to the patient. However we found that both blank prescription forms for use in printers and those for hand written prescriptions were not handled in accordance with national guidance as these were not tracked through the practice. At the Pickford surgery we found that prescription pads were not kept securely and could be accessed by unauthorised people. We raised this with the practice staff and they took immediate action.

We saw records of practice data that noted the actions taken in response to a review of prescribing data. For example, patterns of antibiotic, hypnotics and sedatives and anti-psychotic prescribing within the practice.

There was a protocol in place for the management of high risk medicines such as warfarin, methotrexate and other disease modifying drugs, which included regular monitoring in accordance with national guidance. The practices also had a CCG pharmacist who visited the sites regularly to review and advise on prescribing.

The nurses used Patient Group Directives (PGDs) to administer vaccines and other medicines that had been produced in line with legal requirements and national guidance. We saw sets of PGDs that had been updated in 2014.

We saw a positive culture in the practice for reporting and learning from medicines incidents and errors. Incidents were logged efficiently and then reviewed promptly. This helped make sure appropriate actions were taken to minimise the chance of similar errors occurring again.

The practice had established a service for patients to pick up their dispensed prescriptions at a number of locations and had systems in place to monitor how these medicines were collected. They also had arrangements in place to ensure that patients collecting medicines from these locations were given all the relevant information they required by the pharmacy.

Cleanliness and infection control

We observed the premises to be clean and tidy. We saw there were cleaning schedules in place and cleaning records were kept. 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, which enabled them to plan and implement measures to control infection. For example, personal protective equipment including 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 knew the procedure to follow in the event of an injury.

The practice had a lead for infection control who had undertaken further training to enable them to provide advice on the practice infection control policy and carry out staff training. All staff received induction training about infection control specific to their role and received annual updates. We saw evidence that the lead had carried out audits for each of the last three years and that any improvements identified for action were completed on time.

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.

The practice had a policy for the management, testing and investigation of legionella (a bacterium which can contaminate water systems in buildings). Records confirmed the practice had undertaken a risk assessment for legionella and had decided that the risk was sufficiently low to make formal testing unnecessary.

Equipment

Staff we spoke with told us they had equipment to enable them to carry out diagnostic examinations, assessments and treatments. They 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 which was July 2015. A schedule of testing was in place. We saw evidence of calibration of relevant equipment; for example weighing scales, spirometers, blood pressure measuring devices and the fridge thermometer.

Inadequate

Are services safe?

Staffing and recruitment

We looked at six staff records and found that appropriate recruitment checks had not been undertaken prior to employment for one staff member**.** The file did not contain references; proof of identification, job description and employment history. This member of staff was employed as an administrative, non-clinical member of staff, who was working off site, on behalf of the senior partner to read and manage their clinical correspondence. No Disclosure and Barring Service checks had been conducted for this individual nor was a risk assessment available to mitigate lack of DBS.

The practice manager advised that this person had been employed for a long time and was not aware of the checks that had been made prior to employment. The practice was not following their recruitment policy that set out the standards they followed when recruiting staff. The partnership were aware of this arrangement and had failed to identify the risks associated with it.

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. Newly appointed staff had this expectation written in their contracts. The practice also had two regular locums they used if required.

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. The practice manager showed us records to demonstrate that actual staffing levels and skill mix met planned staffing requirements.

Monitoring safety and responding to risk

The practice were not following their systems, processes and policies to manage and monitor risks to patients. The practice had over 1200 documents consisting of letters and communications from other providers dating back from October 2014 that had not been actioned. Despite being aware, no risk assessment or action had been taken.

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 in cardiac emergencies) at the Westwood Surgery. The Pickford Surgery had oxygen on site but did not have a defibrillator. When we raised this with the practice manager they advised that the Patient Participation Group were looking to fundraise and contribute towards the purchase of a defibrillator for the site. They hoped this would be purchased by the end of 2015. The practice had an arrangement to use the defibrillator at the local pharmacy located approximately 200 metres away. However no formal risk assessment for this had been carried out to determine if they would be able to appropriately respond in a medical emergency.

When we asked members of staff, they were all aware of the location of this equipment and records confirmed that it was checked regularly. We checked that the pads for the one automated external defibrillator were within their expiry date.

Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. These included those for the treatment of cardiac arrest, anaphylaxis and hypoglycaemia. Processes were also 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. Each risk was rated and mitigating actions recorded to reduce and manage the risk. Risks identified included power failure, adverse weather, unplanned sickness and access to the building. The document also contained relevant contact details for staff to refer to. For example, contact details of a heating company to contact if the heating system failed. The plan was last reviewed in 2014.

The practice had carried out a fire risk assessment in 2013 that included actions required to maintain fire safety. Records showed that staff were up to date with fire training and that they practised regular fire drills.

Inadequate

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 saw that guidance from local commissioners was readily accessible in all the clinical and consulting rooms.

We discussed with the practice manager, GP and nurses how NICE guidance was received by the practice. They told us this was downloaded from the website and disseminated to staff. Staff we spoke with all demonstrated a good level of understanding and knowledge of NICE guidance and local guidelines.

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, patients with diabetes were having regular health checks and were being referred to other services when required. One of the practice nurses and one of the healthcare assistants together ran the X-PERT course, a Saturday morning education group for patients with diabetes, with the purpose of increasing knowledge to enable self-caring.

The GPs told us they lead in specialist clinical areas such as diabetes, and IT systems to capture and deliver data required in primary care. Clinical staff we spoke with were open about asking for and providing colleagues with advice and support.

The practice used computerised tools to identify 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 and that their needs were being met to assist in reducing the need for them to go into hospital.

Discrimination was avoided when making care and treatment decisions. Interviews with GPs showed that the culture in the practice was that patients were cared for and treated based on need and the practice took account of patient's age, gender, race and culture as appropriate.

Management, monitoring and improving outcomes for people

The practice showed us two clinical audits that had been undertaken in the last year. One of these was a completed audit where the practice was able to demonstrate the changes resulting since the initial audit. The practice had decided to undertake this audit after the Medicines & Healthcare Products Regulatory Agency (MHRA) recommended that a maximum dose of Simvastatin; 20mg should not be prescribed in conjunction with Amlodipine or Diltiazem, because these two drugs may interact with Simvastatin. The results of the first cycle identified 30 patients who had been prescribed the combination that was deemed to be risky. Following this the GPs reviewed the prescriptions for these patients. The second cycle found 100% of patients were prescribed the recommended combination of medicines.

Other examples included audits to confirm that the GPs who undertook minor surgical procedures such as injections, contraceptive implants and the insertion of intrauterine contraceptive devices were doing so in line with their registration and National Institute for Health and Care Excellence guidance. We saw certificates to confirm that GPs were continually receiving training for these additional services they offered.

The practice also used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. This practice was not an outlier for any QOF clinical targets; It achieved 97.6% of the total QOF target in 2014, which was above the national average of 94%. Specific examples to demonstrate this included:

- Performance for diabetes related indicators was similar to the national average.
- The percentage of patients with hypertension having regular blood pressure tests was similar to the national average.
- Performance for mental health related and hypertension QOF indicators was similar to the national average.
- The dementia diagnosis rate was comparable to the national average.

Inadequate

Are services effective?

(for example, treatment is effective)

The practice was aware of all the areas where performance was not in line with national or CCG figures such as childhood immunisations uptake and we saw action plans setting out how these were being addressed.

The practice's prescribing rates were also similar to national figures. There was a protocol for repeat prescribing which followed national guidance. This required staff to regularly check patients receiving repeat prescriptions had been reviewed by the GP. The GPs also checked all routine health checks were completed for long-term conditions such as diabetes and that the latest prescribing guidance was being used. The IT system flagged up relevant medicines alerts when the GP was prescribing medicines. We saw evidence that after receiving an alert, the GPs had reviewed the use of the medicine in question and, where they continued to prescribe it, outlined the reason why they decided this was necessary.

The practice had made use of the gold standards framework for end of life care. It had a palliative care register with 37 patients on it. Internal as well as multidisciplinary meetings to discuss the care and support needs of patients and their families were held every six weeks.

The practice participated in local benchmarking run by the CCG. This is a process of evaluating performance data from the practice and comparing it to similar surgeries in the area. The benchmarking data showed the practice had outcomes that were comparable to other services in the area.

Effective staffing

Practice staffing included medical, nursing, managerial and administrative staff. We reviewed staff training records and saw that most staff were up to date with attending mandatory courses such as annual basic life support. We noted a good skill mix among the doctors with a number having additional diplomas in sexual and reproductive medicine, and one GP with a diploma in children's health, obstetrics and geriatric care. All GPs were up to date with their yearly continuing professional development requirements and some had been revalidated in 2014/15 and others were due to be revalidated in 2016. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England).

All staff undertook annual appraisals that identified learning needs from which action plans were documented. Our interviews with staff confirmed that the practice was proactive in providing training and funding for relevant courses, for example an administrative staff had identified an interest in becoming a healthcare assistant and were being signed up to undertake training to equip them with the nursing skills required. 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.

The practice had an individual who was employed part time by the practice and worked from home. Our discussions with the senior partner and the practice manager revealed that this person worked on behalf of the senior partner to read clinical letters and other documents daily. This person was not clinically trained, but made clinical decisions relating to action needed based on letters received by the practice. The non-clinical colleague would forward all documents that required action by a clinician to the senior GP for further action. The senior GP partner confirmed that this person made clinical decisions and they were aware of the risks that this presented. However they felt that this person had worked for a number of years in the same role and had never made any mistakes. The practice did not have protocols and procedures that outlined the limitations of this role. However, we were told that the partnership as a whole was aware of and accepted this practise.

Practice nurses and health care assistants had job descriptions outlining their roles and responsibilities and provided evidence that they were trained appropriately to fulfil these duties. For example, on administration of vaccines, cervical cytology .Those with extended roles such as asthma, COPD, diabetes and coronary heart disease were also able to demonstrate that they had appropriate training to fulfil these roles.

Staff files we reviewed showed that where poor performance had been identified appropriate action had been taken to manage this.

Working with colleagues and other services

Inadequate

Are services effective?

(for example, treatment is effective)

Out-of-hours GP services and the 111 service reports were received both electronically and by post. Though the practice had a policy outlining the responsibilities of all relevant staff in passing on, reading and acting on any issues arising from communications with other care providers this was not being followed. Our discussions with staff identified that there was no ownership or responsibility in dealing with these. The practice manager explained that each doctor dealt with their own workflows.

We found that the practice had over 1200 documents consisting of letters and communications from other providers dating back from October 2014 that had not been actioned. The documents had been allocated to a number of GPs working within the practice and most had a significant backlog of un-actioned documents. Whilst one GP appeared to have no documents pending this was not in fact the case as 300 documents dating back to April 2015 that had been screened by a non-clinician were awaiting this clinician's action. For example; a letter from May 2015 from the local hospital asking the GPs to prescribe aspirin for a patient was not opened. We looked at the patient's medical record and found that this patient had not been seen nor started on the aspirin. A safeguarding case review request for a child at the practice for a case review that was held on 12 May 2015 was unread and therefore not actioned. Another request had been sent for a patient to have medication changed from co-codamol to tramadol had not been actioned. When we spoke to the senior partner and practice manager they felt that the delays were due to workload pressures and they were in the process of recruiting more staff.

The practice used a different system to receive pathology results. We found that these were received in a separate in box and cleared. We found no outstanding pathology results at the time of our inspection.

Emergency hospital admissions for ambulatory care for the practice were relatively low, 9% compared to the national average of 14.4%. The practice was commissioned for the unplanned admissions enhanced service and had a process in place to follow up patients discharged from hospital. (Enhanced services require an enhanced level of service provision above what is normally required under the core GP contract).

The practice held multidisciplinary team meetings monthly to discuss patients with complex needs. These meetings were attended by district nurses, social workers, palliative care nurses and decisions about care planning were documented in a shared care record. Staff felt this system worked well. Care plans were in place for patients with complex needs and shared with other health and social care workers as appropriate.

Information sharing

The practice used several electronic systems to communicate with other providers. For example, there was a shared system with the local GP out-of-hours provider to enable patient data to be shared in a secure and timely manner. We saw evidence there was a system for sharing information for patients with complex needs with the ambulance and out-of-hours services.

For patients who were referred to hospital in an emergency there was a policy of providing a printed copy of a summary record for the patient to take with them to Accident and Emergency. The practice had also signed up to the electronic Summary Care Record and this was fully operational. (Summary Care Records provide faster access to key clinical information for healthcare staff treating patients in an emergency or out of normal hours).

The practice had systems to provide staff with the information they needed. Staff used an electronic patient record to coordinate, document and manage patients' care. All staff were fully trained on the system. This software enabled scanned paper communications, such as those from hospital, to be saved in the system for future reference. We saw evidence that audits had been carried out to assess the completeness of these records and that action had been taken to address any shortcomings identified.

Consent to care and treatment

We found that clinical staff were aware of the Mental Capacity Act 2005, the Children Acts 1989 and 2004 and their duties in fulfilling it. All the clinical staff we spoke with understood the key parts of the legislation and were able to describe how they implemented it. For some specific scenarios where capacity to make decisions was an issue for a patient, the practice had drawn up a policy to help staff. For example, with making do not attempt resuscitation orders. The policy also highlighted how patients should be supported to make their own decisions and how these should be documented in the medical notes.

Inadequate

Are services effective?

(for example, treatment is effective)

Patients with a learning disability and those with dementia were supported in making decisions through the use of care plans, which they were involved in agreeing. These care plans were reviewed annually or more frequently if changes in clinical circumstances dictated it and had a section stating the patient's preferences for treatment and decisions.

When interviewed, staff gave examples of how a patient's best interests were taken into account if a patient did not have capacity to make a decision. All clinical staff demonstrated a clear understanding of the Gillick competency test. (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).

There was a practice policy for documenting consent for specific interventions. For example, for all minor surgical procedures, a patient's verbal consent was documented in the electronic patient notes with a record of the discussion about the relevant risks, benefits and possible complications of the procedure. In addition, the practice obtained written consent for significant minor procedures and all staff were clear about when to obtain written consent. We were shown an audit that confirmed the consent process for minor surgery had being followed in all cases.

The practice had not needed to use restraint in the last three years, but staff were aware of the distinction between lawful and unlawful restraint.

Health promotion and prevention

The practice used information about the needs of the practice population identified by the Joint Strategic Needs Assessment (JSNA) undertaken by the local authority to help focus health promotion activity. The JSNA pulls together information about the health and social care needs of the local area.

It was practice policy to offer a health check to all new patients registering with the practice. The GP was informed of all health concerns detected and these were followed up in a timely way. We noted a culture among the GPs to use their contact with patients to help maintain or improve mental, physical health and wellbeing. For example, by offering opportunistic chlamydia screening to patients aged 18 to 25 years and offering smoking cessation advice to smokers.

The practice also offered NHS Health Checks to all its patients aged 40 to 75 years. Practice data showed that 23% of patients in this age group took up the offer of the health check. We were shown the process for following up patients within two weeks if they had risk factors for disease identified at the health check and how further investigations were scheduled.

The practice had identified the smoking status of 88% of patients over the age of 16 and actively offered nurse-led smoking cessation clinics to 90% of these patients. 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.

The practice's performance for the cervical screening programme was 89%, which was above the national average of 83%. 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 above average for the majority of immunisations where comparative data was available. For example:

- Flu vaccination rates for the over 65s were 73%, and at risk groups 52%. These were similar to national averages.

Childhood immunisation rates for the vaccinations given to under twos ranged from 63% to 82% and five year olds from 69% to 76.6%. Some of these were below CCG/ National averages and the practice was addressing this as they felt it was the reporting systems they used as opposed to low uptakes that resulted in apparently poor performance.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

The 2014 national GP survey published in January 2015 had a 33.8% completion rate for the practice.

- 94.3% of patients said that the last nurse they saw was good at treating them with care and concern, compared to the CCG average of 87.6% and national average of 90.4%.
- 86.3% of patients said that the last GP they saw or spoke to was good at treating them with care and concern, compared with a CCG average of 81.4% and a national average of 85.1%.
- 96.7% of patients said they had confidence and trust in the last GP they saw or spoke to, compared to the CCG average of 94.1% and national average of 95.3%.

Patients completed CQC comment cards to tell us what they thought about the practice. We received 15 completed cards and the majority were positive about the service experienced.

We spoke to nine patients, five of whom described their GP as being nice, attentive or approachable. All patients told us that they were happy overall with their care They said staff treated them with dignity and respect.

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 / treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

The practice's switchboard was located on the first floor and could not be accessed by patients. This had been implemented following a survey conducted by the practice Patient Participation Group (PPG).The group had felt that having a switchboard near the patient waiting room did not allow any privacy. We saw this system in operation during our inspection and noted that it enabled confidentiality to be maintained. Additionally, 82% of respondents to the patient survey said they found the receptionists at the practice helpful compared to the CCG average of 83% and national average of 86%. However patient feedback on the day of the inspection about reception staff was mixed; some patients told us that the reception staff were occasionally rude, dismissive or snappy. And the others told us that reception staff offered an excellent service and staff were efficient, helpful and caring.

Staff told us that if they had any concerns or observed any instances of discriminatory behaviour or where patients' privacy and dignity was not being respected, they would raise these with the practice manager. The practice manager told us they would investigate these and any learning identified would be shared with staff. We were shown an example of a report on a recent incident that showed appropriate actions had been taken. There was also evidence of learning taking place as staff meeting minutes showed this has been discussed.

There was a clearly visible notice in the patient reception area stating the practice's zero tolerance for abusive behaviour. Receptionists told us that referring to this had helped them diffuse potentially difficult situations.

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:

- 82% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86%.
- 73% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 78% and national average of 82%.
- 91% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 87%and national average of 90%
- 83.4% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 82.7%and national average of 84.9%

Most 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 supported by staff and had sufficient time during

Good

Are services caring?

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 though they had been a new contracted company based overseas and it was not always to book short notice interpreters. We saw notices in the reception areas informing patients this service was available.

Patient/carer support to cope emotionally with care and treatment

The patient survey information we reviewed showed patients were positive about the emotional support provided by the practice and rated it well in this area. For example:

- 86% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 81% and national average of 85%.
- 94% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 87% and national average of 90%.

The majority of patients we spoke with on the day of our inspection and the comment cards we received were also consistent with this survey information. A small number of patients reported that at times some GPs did not seem to be caring and wanted them out of the consultations as soon as they walked in.

Notices in the patient waiting room, on the TV screen 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, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

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 were aware of the high number of patients affected by diabetes in the area and so were offering a number of clinics and advice group sessions to enable patients to have in-depth knowledge in managing the condition. The practice were also aware of a high drug use in the Welling area and were routinely asking patients their status on drug use and making referrals for support where needed.

The NHS England Area Team and Clinical Commissioning Group (CCG) told us that the practice engaged regularly with them and other practices to discuss local needs and service improvements that needed to be prioritised. The senior GP at the practice was also the CCG IT lead for practices software systems while another GP partner was the diabetes lead. We saw minutes of meetings where this had been discussed and actions agreed to implement service improvements to better meet the needs of its population.

The practice had met with the Public Health team from the local authority and the CCG to discuss the implications and share information about the needs of the practice population identified by the Joint Strategic Needs Assessment (JSNA). The JSNA pulls together information about the health and social care needs of the population in the local area. This information was used to help focus services offered by the practice.

The practice had also 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, the PPG had identified the need to have the practice switchboard located in a private area in the practice to ensure patient confidentiality was maintained. The practice had listened to this and had created a room in an area on the first floor that was not accessible to patients where all patient telephone conversations were made from.

Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its services. For example, longer appointment times were available for patients with learning disabilities or those that required translation services.

The majority of the practice population were English speaking patients but access to online and telephone translation services were available if they were needed. Staff were aware of when a patient may require an advocate to support them and there was information on advocacy services available for patients.

The premises and services had been designed to meet the needs of people with disabilities. The practice was accessible to patients with mobility difficulties as facilities were all on one level. The consulting rooms were also accessible for patients with mobility difficulties and there were disabled access enabled toilets and baby changing facilities. There was a large waiting area with plenty of space for wheelchairs and prams. This made movement around the practice easier and helped to maintain patients' independence.

Staff told us that they did not have any patients who were of "no fixed abode" but would see someone if they came to the practice asking to be seen and would register the patient so they could access services. There was a system for flagging vulnerability in individual patient records.

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

The practice provided equality and diversity training through e-learning. Staff we spoke with confirmed that they had completed the equality and diversity training in the last 12 months and that equality and diversity was regularly discussed at staff appraisals and team events.

Access to the service

The practices are open between 08.00-18.30pm Monday-Friday and the Pickford Surgery is closed on Thursday afternoons from 13:00. Late evening appointments are available on Mondays-Tuesday at The Westwood Surgery between 18:30 and 20:30.There is a (sit and wait) surgery from 11.00am-12:00 at both surgeries Monday to Friday. Comprehensive information was available to patients about appointments on the practice website. This included how to arrange urgent

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

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. This also included appointments with a named GP or nurse.

The patient survey information we reviewed showed patients responded positively to questions about access to appointments and generally rated the practice well in these areas. For example:

- 72% were satisfied with the practice's opening hours compared to the CCG average of 72% and national average of 75%.
- 69% described their experience of making an appointment as good compared to the CCG average of 63% and national average of 73%.
- 50% said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 56% and national average of 65%.
- 72% said they could get through easily to the surgery by phone compared to the CCG average of 64% and national average of 74%.

The practice were aware of the areas they had scored low in and were working with the PPG to make improvements.

Patients we spoke with were satisfied with the appointments system and said it was easy to use. They confirmed that they could see a doctor on the same day if they felt their need was urgent although this might not be their GP of choice. They also said they could see another doctor if there was a wait to see the GP of their choice. Routine appointments were available for booking four weeks in advance. Comments received from patients also showed that patients in urgent need of treatment had often been able to make appointments on the same day of contacting the practice.

Listening and learning from concerns and complaints

We saw that information was available to help patients understand the complaints system. However; out of the nine patients we spoke with, five were unsatisfied with the practices complaints handing process. One patient told us they had made a formal complaint in 2012 and this had never been resolved. Other patients felt that when they raised verbal complaints they were not encouraged or sign posted to the complaints procedure. We spoke to the practice manager who advised that all staff were encouraged to direct all complaints to the practice complaints lead.

We looked at six complaints that had been received in the last 12 months and had been acted on. We found that these were satisfactorily handled, in a timely way. The practice reviewed complaints annually to detect themes or trends. We looked at the report for the last review and no themes had been identified .However the practice did not have mechanisms in place to ensure lessons learnt were shared with all relevant staff. Complaints were discussed in clinical meetings that were not attended by nursing and administrative no other formal system was in place to share the learning identified.

Are services well-led?

Inadequate

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

Our findings

Vision and strategy

The practice had a vision to deliver high quality care and promote good outcomes for patients. We saw evidence that the strategy and business plan were regularly reviewed by the practice.

We spoke with eight members of staff and they all knew and understood the vision and values and knew what their responsibilities were in relation to these and had been involved in developing them.

Governance arrangements

The practice did not have clear governance arrangements in place. We found over 1200 incoming documents that had not been actioned dating back to October 2014 .This could have put patients at the risk of poor care due to care needs not being followed up.

We also found that the practice did not have clear governance to safeguard the management of patient correspondence. The senior partner had an arrangement with a non-clinical person who was employed by the practice. This person was not clinically trained, but made clinical decisions relating to action needed based on letters received by the practice. The practice did not have protocols and procedures that outlined the limitations of this role. The senior GP partner confirmed that this person made clinical decisions and they were aware of the risks that this presented. However they felt that this person had worked for a number of years in the same role and had never made any mistakes. The other partners were aware of this arrangement and they had failed to recognise the risk associated with it.

The practice held clinical governance meetings, but the systems of learning, sharing and making improvements following Significant Events Analyses (SEA) and complaints were not effective as they did not involve all relevant staff.

Whilst the GP partners and practice took an active role in monitoring and improving patient outcome data through audits and the Quality and Outcomes Framework (QOF), risks to patients were not appropriately identified or managed. For example, the practice had a policy on how to manage clinical correspondence, but this was not being followed safely.

The practice manager was responsible for human resource policies and procedures. We reviewed a number of policies, for example disciplinary procedures, induction policy, and management of sickness which were in place to support staff. We were shown the electronic staff handbook that was available to all staff, which included sections on equality and harassment and bullying at work. Staff we spoke with knew where to find these policies if required. The practice had a whistleblowing policy which was also available to all staff in the staff handbook and electronically on any computer within the practice.

Leadership, openness and transparency

The concerns found on the day of inspection, in relation to the significant number of outstanding patient documents amongst most GPs and the employment of an unqualified staff indicated that the practice did not have effective leadership.

The senior partner told us that they were the lead at the practice for a number of years but due to other commitments with the CCG it was becoming difficult to maintain this active leadership role. Despite having identified this, no plan had been put in place to address it.

Seeking and acting on feedback from patients, public and staff

The practice encouraged and valued feedback from patients. It had gathered feedback from patients through the patient participation group (PPG), surveys and complaints received. It had an active PPG which included representatives from various population groups; such as the retired and working age. The PPG had carried out quarterly surveys and met every quarter. The practice manager showed us the analysis of the last patient survey, which was considered in conjunction with the PPG. The results and actions agreed from these surveys are available on the practice website. We spoke with two members of the PPG and they were very positive about the role they played and told us they felt engaged with the practice. (A PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care).

We also saw evidence that the practice had reviewed its results from the national GP survey to see if there were any areas that needed addressing. The practice was actively encouraging patients to be involved in shaping the service delivered at the practice.

Are services well-led?

Inadequate

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

The practice had also gathered feedback from staff through appraisals and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. One member of staff told us that they had asked for specific training to become a health care assistant and this had happened. Staff told us they felt involved and engaged in the practice to improve outcomes for both staff and patients.

Management lead through learning and improvement

There was a lack of systems in place that enabled sharing of learning and improvement of performance. We found limited evidence of learning and sharing of information to help improve care delivery. We found there was a lack of effective discussions around incidents and significant events with no sharing of learning within the practice. Non-clinical staff were not able to give us an example of an incident or event that had led to improvements as incidents were discussed in meetings they did not attend. The GPs and practice manager gave us examples of incidents that had occurred or near misses but most of these were only shared through word of mouth.

Similarly, the practice did not appear to have a system in place for learning from complaints received in the practice. There were no formal meetings attended by clinical and non-clinical staff to discuss the complaints, ensure they were handled appropriately, analysed and lessons learned.

Staff told us that the practice supported them to maintain their clinical professional development through training and mentoring. We looked at eight staff files and saw that regular appraisals took place which included a personal development plan. Staff told us that the practice was supportive of training.

The practice is a GP training practice. They had a GP registrar who was soon due to take up a full time GP post on the completion of their course in September 2015. The GP registrar was not at the surgery on the day of our inspection.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance How the regulation was not being met: 17.—(1) Systems or processes must be established and operated effectively to ensure compliance with the requirements in this Part(2) Without limiting paragraph (1), such systems or processes must enable the registered person, in particular, to— (a)assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services); (b) assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity; (e) seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services; The practice did not have systems to ensure that learning from incidents was effectively shared with all staff to enable improvements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed 3.The following information must be available in relation to each such person employed— (a)the information specified in Schedule 3, and

This section is primarily information for the provider

Requirement notices

(b). such other information as is required under any enactment to be kept by the registered person in relation to such persons employed

Appropriate recruitment checks were not carried out before staff started work at the practice

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment 12.— 1. Care and treatment must be provided in a safe way for service users. The registered provider did not ensure that care and treatment was provided in a safe way. The practice did not have a safe and reliable system to manage blood test result, other diagnostic test and communications from other providers. 1200 work-flows dating back to October 2014 were not actioned. 2(C) The registered person did not ensure that persons providing care or treatment to service users have the qualifications, competence, skills and experience to do so safely. A non-clinical staff member was carrying out the role of reading tests results and making clinical decisions.