

Alton Surgery

Quality Report

Hurstons Lane
Stoke On Trent
Staffordshire
ST10 4AP
Tel: 01538 704200
Website: www.altonsurgery.nhs.uk

Date of inspection visit: 13 June 2017
Date of publication: 11/07/2017

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

Ratings

Overall rating for this service

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Outstanding 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	8
What people who use the service say	12
Areas for improvement	12
Outstanding practice	13

Detailed findings from this inspection

Our inspection team	14
Background to Alton Surgery	14
Why we carried out this inspection	14
How we carried out this inspection	14
Detailed findings	16
Action we have told the provider to take	28

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Alton Surgery on 13 June 2017. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- Staff were aware of current evidence based guidance.
- Systems were not in place to protect patients from potential health care associated infections.
- Some staff were not aware of the manufactures' temperature range guidelines in which medicines must be stored. Action had not been taken immediately to address issues identified.
- Specified recruitment information was not available regarding every person employed at the practice.
- Some staff had not received the appropriate mandatory training identified by the practice to enable them to carry out their duties.
- Risk assessments of the emergency medicines that should be held at the practice had not been completed to demonstrate how patients would be kept safe in the absence of several emergency medicines.
- A comprehensive business continuity plan for managing major incidents was not in place.
- A risk assessment to reflect guidance from The Control of Substances Hazardous to Health Regulations 2002 (COSHH) in relation to the storage or spillage of mercury had not been completed.
- A formal system of support and mentorship for nurses who prescribe was not in place.

Summary of findings

- Feedback from patients about their care was very positive.
- Results from the national GP patient survey published in July 2016 showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment. It also showed that patient's satisfaction with how they could access care and treatment was significantly higher than local and national averages.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by the management.
- The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

We saw two areas of outstanding practice:

- The practice had won an award from the National GP Patient Survey achieving the highest patient satisfaction ratings in England. The practice had achieved 100% patient satisfaction in many areas of their performance.
- Data showed 100% satisfaction with patient access to appointments. As a result of the practice's approach to offering quick and easy access to appointments they had the lowest A&E attendance rate within GP opening hours within the local Clinical Commissioning Group (CCG). Data over three years showed a consistent year on year decrease in this rate.

The areas where the provider must make improvement are:

- Ensure that systems are in place to protect patients from potential health care associated infections by the provision of immunisations for staff, risk assessments and appropriate screening.
- Ensure that staff are aware of manufacturers' temperature range guidelines in which medicines must be stored and that action is taken immediately to address any issues identified.
- Ensure specified recruitment information is available regarding each person employed.
- Ensure persons employed in the provision of the regulated activity receive the appropriate training necessary to enable them to carry out their duties.
- Introduce systems to risk assess the emergency medicines that should be held at the practice.
- Develop a comprehensive business continuity plan for major incidents.

The areas where the provider should make improvement are:

- Complete a risk assessment to reflect guidance from The Control of Substances Hazardous to Health Regulations 2002 (COSHH) in relation to the storage or spillage of mercury.
- Introduce a formal system of support and mentorship for nurses who prescribe.

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?

The practice is rated as requires improvement for providing safe services.

Requires improvement



- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events. Lessons were shared to make sure action was taken to improve safety in the practice.
- The practice had a process in place to act on alerts that may affect patient safety, for example from the Medicines and Healthcare products Regulatory Agency (MHRA).
- The practice had some systems, processes and practices to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and most had received training on safeguarding children and vulnerable adults relevant to their role. We saw that a locum GP had not received training in safeguarding vulnerable adults.
- Systems were not in place to protect patients from potential health care associated infections including provision of immunisations for staff, risk assessments and appropriate screening.
- Guidance from The Control of Substances Hazardous to Health Regulations 2002 (COSHH) in relation to the storage or spillage of mercury had not been actioned. However, the practice did order a mercury spillage kit on the day of our inspection.
- Some key staff were not aware of the manufactures' temperature range guidelines in which medicines must be stored. Immediate action had not been taken when the temperature of the medicine's fridge in the dispensary appeared to have fallen outside of the specified range on six different occasions.
- Specified information was not always available regarding each person employed.
- Clinical staff had not received timely training in basic life support as recommended by the Resuscitation Council UK.
- Systems were not in place to risk assess the emergency medicines that should be held at the practice. The actions to take to ensure that patients who experienced a medical emergency received appropriate care and treatment in the absence of required medicines were not in place.

Summary of findings

- A comprehensive business continuity plan for major incidents such as pandemic influenza, extreme weather conditions, a major traffic accident, industrial action or loss of premises was not in place.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average compared to the national average.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved sharing of information with the out of hours service through special notes.
- The practice was effective in supporting patients to live healthier lives. The practice's uptake for the cervical screening programme was 87% which was higher than the Clinical Commissioning Group average of 82% and the national average of 81%. Their childhood immunisation rates and breast and bowel cancer screening rates were above or comparable to national data.

Are services caring?

The practice is rated as outstanding for providing caring services. Feedback from patients about their care and treatment was consistently positive and we observed a strong patient-centred culture:

Outstanding



- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this. For example, staff had received training in dementia care enabling the practice to become a dementia friendly practice. The practice sent flowers to patients when they reached 100 years old.
- We found many positive examples to demonstrate how patient's choices and preferences were valued and acted on.
- The practice had identified 3% of their practice list as carers. Written information was available to direct carers to the various

Summary of findings

avenues of support available to them and the GPs went over and above their clinical role to support carers to complete benefit forms. The practice also offered flu immunisations and health checks for carers.

The practice had won an award from the National GP Patient Survey achieving the highest patient satisfaction ratings in England. The practice had achieved 100% patient satisfaction in many areas of their performance. Data from the national GP patient survey published in July 2016 showed patients rated the practice significantly higher than others for all aspects of care.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population. For example, staff had completed training to become a dementia friendly practice and provided chair based exercise classes to improve patient's muscle strength and balance and reduce social isolation.
- Patients could access appointments and services in a way and at a time that suited them. Results from the national GP patient survey published in July 2016 showed that patient's satisfaction with how they could access care and treatment was significantly higher than local and national averages.
- The practice had the lowest A&E attendance rate within GP opening hours within the Clinical Commissioning Group (CCG).
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from the example we reviewed showed the practice responded quickly to issues raised.

Good



Are services well-led?

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

- The practice had a clear vision to deliver high quality care and promote good outcomes for patients. However, the one page five year business plan did not provide a supporting strategy detailing how the vision would be delivered and monitored.
- There was a clear leadership structure and staff felt supported by the management. The practice had policies and procedures to govern activity and held regular governance meetings.

Good



Summary of findings

- An overarching governance framework supported the delivery of the strategy and good quality care. This included some arrangements to monitor and improve quality and identify risk. However, we found areas that had not been assessed to mitigate potential risks.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The practice was aware of the requirements of the duty of candour.
- The GP partners encouraged a culture of openness and honesty. The practice had a system for sharing notifiable safety incidents with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients. The practice engaged positively with the patient participation group.
- There was a focus on continuous learning and improvement.
- GPs who were skilled in specialist areas used their expertise to offer additional services to patients. For example, minor surgery and women's health.

Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for the care of older people.

Good



- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible. For example, the practice nurse ran chair based exercise classes at the practice to improve patients' muscle strength and balance and reduce social isolation.

People with long term conditions

The practice is rated as good for the care of people with long-term conditions.

Good



- The percentage of patients with diabetes, on the register, who had their blood pressure reading measured in the preceding 12 months and it was within recognised limits was 88%. This was higher than the Clinical Commissioning Group (CCG) average of 77% and the national average of 76%.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- Patients with a long term condition such as asthma or diabetes were offered an annual review with the practice nurse to review their health and effectiveness of their medication.

Summary of findings

- The practice provided near patient testing for patients on a medicine used to slow down the blood clotting process. This meant older patients and those with mobility problems did not have to travel far to have this procedure carried out.
- The practice worked closely with other professionals such as palliative care nurses, the community matron, community psychiatric nurses and social services to support patients with declining health and nearing the end of their life.

Families, children and young people

The practice is rated as good for the care of families, children and young people.

- There was a system in place to follow up children who failed to attend for hospital appointments.
- Immunisation rates were high for all standard childhood immunisations.
- Same day appointments were available for young children and the premises were suitable for children and babies.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.

Good



Working age people (including those recently retired and students)

The practice is rated as good for the care of working age people (including those recently retired and students).

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, telephone consultations were offered if a patient was unable to access the practice within working hours.
- 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. The practice sent text message reminders of appointments and test results.
- The practice's uptake for the cervical screening programme was 87%, which was higher than the CCG average of 82% and the national average of 81%.

Good



Summary of findings

People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

Good



- The practice held a register of the most vulnerable patients at risk of unplanned hospital admissions. These patients had a comprehensive care plan in place which was reviewed on a regular basis and following hospital discharge.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They 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.
- There were accessible facilities, which included a hearing loop, large print leaflets and interpretation services. The practice was a single storey building with electronic front door access, parking for disabled patients and a disabled toilet. A wheelchair was also available for patients with mobility difficulties.
- Patients with a learning disability were offered an annual health check.

People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

Good



- The practice carried out advance care planning for patients living with dementia.
- 80% of patients diagnosed with dementia had a care plan in place that had been reviewed in a face-to-face review in the preceding 12 months. This was slightly lower than the CCG average of 87% and national average of 84%.
- Staff had completed training to become a dementia friendly practice to ensure they were aware of the needs of patients with dementia and supportive to these patients and their carers.

Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- 92% of patients with a diagnosed mental health condition had a comprehensive, agreed care plan documented in their record, in the preceding 12 months. This was higher than the CCG and national averages of 89%.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.
- Wellbeing counselling sessions were held at the practice for patients experiencing poor mental health.

Summary of findings

What people who use the service say

The national GP patient survey results published in July 2016 showed the practice was performing significantly above national averages. Two hundred and twelve forms were distributed and 117 were returned. This represented a return rate of 55%:

- 100% of patients described their overall experience of this GP practice as good compared with the Clinical Commissioning Group (CCG) average of 89% and the national average of 85%.
- 100% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 83% and the national average of 80%.
- 100% of patients described their experience of making an appointment as good compared with the CCG average of 78% and the national average of 73%.
- 100% of patients said they could get through easily to the practice by phone compared to the CCG average of 72% and the national average of 73%.
- 100% of patients said their last appointment was convenient compared with the CCG average of 95% and the national average of 92%.
- 100% of patients said the GP was good at listening to them compared with the CCG and national averages of 89%.

- 100% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 92%
- 100% of patients said the nurse gave them enough time compared with the CCG average of 94% and the national average of 92%.
- 100% of patients said they had confidence and trust in the last nurse they saw compared with the CCG and national averages of 97%.

As part of our inspection we also asked for Care Quality Commission (CQC) comment cards to be completed by patients prior to our inspection. We received 12 comment cards which were all positive about the standard of care received. Patients told us staff were empathetic, caring respectful, friendly and good at listening. They told us they could always get an appointment quickly.

We spoke with 12 patients during the inspection and four members of the Patient Participation Group (PPG) who were also patients at the practice. All 16 patients we spoke with were highly complementary about the care received and extremely satisfied. They thought staff were respectful, supportive, understanding and caring. Every patient we spoke with told us it was easy to get an appointment and that they felt lucky to receive this level of care. Data from the Friends and Family test consistently showed that patients would recommend this practice to their friends and family.

Areas for improvement

Action the service MUST take to improve

- Ensure that systems are in place to protect patients from potential health care associated infections by the provision of immunisations for staff, risk assessments and appropriate screening.
- Ensure that staff are aware of manufacturers' temperature range guidelines in which medicines must be stored and that action is taken immediately to address any issues identified.
- Ensure specified information is available regarding each person employed.
- Ensure persons employed in the provision of the regulated activity receive the appropriate training necessary to enable them to carry out their duties.
- Introduce systems to risk assess the emergency medicines that should be held at the practice.
- Develop a comprehensive business continuity plan for major incidents.

Summary of findings

Action the service **SHOULD** take to improve

- Complete a risk assessment to reflect guidance from The Control of Substances Hazardous to Health Regulations 2002 (COSHH) in relation to the storage or spillage of mercury.
- Introduce a formal system of support and mentorship for nurses who prescribe.

Outstanding practice

We saw two areas of outstanding practice:

- The practice had won an award from the National GP Patient Survey achieving the highest patient satisfaction ratings in England. The practice had achieved 100% patient satisfaction in many areas of their performance.
- Data showed 100% satisfaction with patient access to appointments. As a result of the practice's approach to offering quick and easy access to appointments they had the lowest A&E attendance rate within GP opening hours within the local Clinical Commissioning Group (CCG). Data over three years showed a consistent year on year decrease in this rate.

Alton Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

by a Care Quality Commission (CQC) lead inspector. The team included a GP specialist adviser and an Expert by Experience.

Background to Alton Surgery

Alton Surgery is registered with the Care Quality Commission (CQC) as a partnership provider in North Staffordshire. The practice holds a General Medical Services (GMS) contract with NHS England. A GMS contract is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract. Alton Surgery is a purpose built medical centre and has five treatment rooms and a dispensary. There is easy access for disabled patients via electronic doors and disabled car parking spaces are available. The premises belong to NHS Property Services Limited who maintain the building and provide cleaning services.

The practice area is one of low deprivation when compared with the national and local Clinical Commissioning Group (CCG) area. At the time of our inspection the practice had 2,548 patients. Demographically the population is predominantly white British and has a higher than average over 65 years population of 25% in comparison to the CCG average of 21% and national average of 17%. The percentage of patients with a long-standing health condition is 51% which is comparable with the local CCG average of 57% and national average of 54%. The practice is a training practice for recently qualified doctors to gain experience in general practice and family medicine.

The practice staffing comprises of:

- Two GP partners (one male and one female)
- One locum GP to cover annual leave
- A female practice nurse and a health care assistant.
- A practice manager
- Three dispensary staff
- Two receptionists.

The practice is open between 8.30am and 6pm Monday to Friday except for Thursday afternoons when it closes at 1pm. Appointments are from 9am to 11.30am every morning and 4.30pm to 6pm daily except for Thursdays. Telephone consultations are available if needed. Pre-bookable appointments can be booked up to three months in advance and urgent appointments are available for those that need them. The practice has opted out of providing cover to patients in the out-of-hours period and Thursday afternoons. During this time services are provided by Staffordshire Doctors Urgent Care, patients access this service by calling NHS 111.

Why we carried out this inspection

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

Detailed findings

How we carried out this inspection

Before our inspection, we reviewed a range of information we held about the practice and asked other organisations to share what they knew. We carried out an announced comprehensive inspection on 13 June 2017. During our inspection we:

- Spoke with a range of staff including GPs, nurses, reception and dispensary staff.
- Spoke with patients who used the service, carers and members of the Patient Participation Group (PPG).
- Observed how patients were being cared for in the reception area.
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.

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

- Is it safe?

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

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

- older people
- people with long-term conditions
- families, children and young people
- working age people (including those recently retired and students)
- people whose circumstances may make them vulnerable
- people experiencing poor mental health (including people living with dementia).

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

Are services safe?

Our findings

Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they informed the practice manager of any incidents and showed us the forms they completed to record significant events. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- The practice had recorded 16 significant events in the previous 12 months. From the sample of six documented examples we reviewed (two practice and four dispensary related) we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support and a written apology. The practice carried out a thorough analysis of the significant events.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. We saw that significant events were shared and discussed within practice and clinical meetings, or sooner if required.
- The practice also monitored trends in significant events and evaluated any action taken.

The practice had a process in place to act on alerts that may affect patient safety, for example from the Medicines and Healthcare products Regulatory Agency (MHRA). Following an alert being received the practice checked to ensure that patients were not affected by the medicines or equipment involved and took appropriate action where required.

Overview of safety systems and processes

The practice had systems, processes and practices in place to minimise most risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies outlined who to contact for further guidance if staff had concerns about

a patient's welfare. There was a lead member of staff for safeguarding. We saw that the GPs attended safeguarding meetings when possible or on their day off.

- There was a system in place to follow up children who failed to attend for hospital appointments.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to level three for safeguarding children. However, the locum GP had not completed training in safeguarding vulnerable adults. The GP supervising the locum GP told us this had been set as a target within the GP's appraisal.
- Notices in the waiting room, clinical and consultation rooms advised patients that chaperones were available if required. Only clinical staff acted as chaperones and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules in place for the contract cleaners and schedules for practice staff to follow when cleaning the rooms they used.
- The practice nurse was the infection prevention and control (IPC) clinical lead. There was an IPC protocol and most staff had received up to date training. We looked at the most recent IPC audit and saw the practice had achieved an 89% compliance rate. An action plan had been put in place to address any improvements identified as a result of the audit. We saw that some of the action points had been addressed and others were being reviewed.
- There was no documented evidence that staff had received appropriate immunisations against health care associated infections. Risk assessments had not been completed to demonstrate how patients would be protected from potential harm.

Are services safe?

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, dispensing, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical commissioning group medicines management teams, to ensure prescribing was in line with evidence based guidelines for safe prescribing. Blank prescription forms were securely stored.
- The practice nurse had qualified as an Independent Prescriber and could therefore prescribe medicines for clinical conditions within their expertise. The practice nurse told us that a GP always checked the prescriptions she issued and a GP was always available if she needed to discuss any issues relating to a prescription. However, a formal system of support and mentorship was not in place for this extended role. Patient Group Directions had been adopted by the practice to allow the practice nurse to administer medicines in line with legislation. The health care assistant was trained to administer vaccines and medicines and patient specific prescriptions or directions from a prescriber were produced appropriately.
- There was a named GP responsible for the dispensary. Dispensary staff had received appropriate training and were appropriately qualified. The practice had signed up to the Dispensing Services Quality Scheme (DSQS), which rewards practices for providing high quality services to patients of their dispensary. Staff had completed a dispensary audit that looked at the safe dispensing of high risk medicines. There were standard operating procedures which covered all aspects of the dispensing process which were regularly reviewed in response to incidents or changes to guidance. Systems were in place to deal with any medicines alerts or recalls and records were kept of any actions taken. There was a positive culture in the practice for reporting and learning from medicines incidents and errors to ensure appropriate actions were taken to minimise the chance of similar errors occurring again.

- Manufactures' guidelines specified that certain medicines needed to be stored in a fridge within a specified temperature range. We reviewed the daily dispensary records used to record and monitor the upper and lower temperature range of these medicines. We saw that the required temperature range had not been met for six days throughout May and June 2017. No action had been taken by staff or the practice to address this issue or ensure that the medicines were safe to dispense. We informed the provider of our concerns. The practice nurse then checked the data logger used to provide an alternative continuous electronic monitoring of the fridge temperature. This demonstrated that the temperature range had been adequate.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures to manage them safely. There were also arrangements for the destruction of controlled drugs.

We reviewed four personnel files and found that all the information specified in schedule three of the Health and Social Care Act 2008 was not available for each person employed. In particular, evidence of good character, photographic evidence of identity, health assessments and unaccounted gaps in employment histories. Clinical staff had been subject to DBS checks and risk assessments had been completed for non-clinical staff who had not had a DBS check, including the practice manager, to demonstrate how patients were protected from the risk of abuse.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- The practice had an up to date fire risk assessment and carried out regular fire drills. There was a designated fire marshal within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order. We saw that there was a mercury blood pressure machine in a room at the practice. Guidance from The Control of Substances Hazardous to Health Regulations 2002 (COSHH) had not been followed. A risk assessment had not been completed to demonstrate how patients would be kept safe in the event of a

Are services safe?

breakage or spillage of mercury and there was no mercury spillage kit available. The practice ordered a mercury spillage kit on the day of our inspection and informed us that they would arrange for the disposal of the blood pressure machine as soon as practically possible.

- The practice had risk assessments to monitor safety of the premises such as infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

Arrangements to deal with emergencies and major incidents

The practice had some arrangements to respond to emergencies and major incidents.

- Clinical and non-clinical staff had not received basic life support training for over 2 years. The Resuscitation Council UK recommends that all clinical staff should have at least annual updates in the resuscitation of

adults and children. There was no record of when the locum GP had received this training. We saw that the practice had arranged for staff to receive this training on 22 June 2017.

- The practice had emergency equipment which included an automated external defibrillator (AED), (which provides an electric shock to stabilise a life threatening heart rhythm), oxygen with adult and children's masks and pulse oximeters (to measure the level of oxygen in a patient's bloodstream).
Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely. However, a range of medicines to treat emergency conditions were not stored with the emergency medicines. Two of the missing medicines were available in the dispensary but the remaining two were not available. Risk assessments had not been completed to demonstrate how patients experiencing these medical emergencies would receive appropriate care and treatment.
- The practice did not have a comprehensive business continuity plan for major incidents such as pandemic influenza, extreme weather conditions, a major traffic accident, industrial action or loss of premises.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinical staff were aware of the relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) evidence based guidelines.

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results for 2015/16 showed the practice had achieved 100% of the total number of points available compared with the Clinical Commissioning Group (CCG) average of 96% and national average of 95%. Their overall exception rate was 5% which was comparable with the CCG rate of 5% and the national rate of 6%. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.

Data from 2015/16 showed:

- 72% of patients with asthma, on the register, had an asthma review in the preceding 12 months that included an assessment of asthma control. This was comparable with the CCG average of 77% and the national average of 76%.
- The percentage of patients with high blood pressure in whom the last blood pressure reading (measured in the preceding 12 months) was within recognised limits was 86%. This was comparable with the CCG and national averages of 83%.
- 94% of patients with chronic obstructive pulmonary disease (COPD) had had a review undertaken including

an assessment of breathlessness using a recognised scale in the preceding 12 months. This was higher than the CCG average of 89% and the national average of 90%.

- The percentage of patients with diabetes, on the register, who had their blood pressure reading measured in the preceding 12 months and it was within recognised limits was 88%. This was higher than the CCG average of 77% and the national average of 76%.
- 92% of patients with a diagnosed mental health condition had a comprehensive, agreed care plan documented in their record, in the preceding 12 months. This was higher than the CCG and national averages of 89%.
- 80% of patients diagnosed with dementia had a care plan in place that had been reviewed in a face-to-face review in the preceding 12 months. This was slightly lower than the CCG average of 87% and national average of 84%.

We looked at several areas of high exception reporting for some of the above QOF results. We saw that they related to a small number of patients and were within normal exception reporting criteria.

The practice participated in a number of schemes designed to improve care and outcomes for patients. For example, the practice had participated in the avoiding unplanned hospital admission enhanced service. Patients with complex health or social needs had individualised care plans in place to assess their health, care and social needs. Patients were discussed with other professionals when required and if a patient was admitted to hospital their care needs were reassessed on discharge. The care plans were available in the patient's home to enable other health professionals who may be involved in their care to have comprehensive information about them.

North Staffordshire CCG maintained a dashboard of annual GP indicators to improve the detection and management of long-term conditions. We saw that the practice performance for unplanned admissions to hospital was lower than the CCG average. Data from the dashboard for 2015/16 showed that:

- Emergency admissions rates to hospital for patients with conditions where effective management and treatment may have prevented admission was 6.7 patients per 1000 lower than the CCG average.

Are services effective?

(for example, treatment is effective)

There was evidence of quality improvement including clinical audit:

- The practice told us they had completed clinical audits. We saw that two completed audit cycles had been completed in the last year where the improvements identified were implemented and monitored.
- Information about patient outcomes were used by the practice to improve services. For example, the practice had identified three out of 28 patients who received high risk medicines, were overdue the required blood screening and one was overdue a medication review. A policy for the monitoring of patients receiving high risk medicines was put in place with additional training for dispensary staff. Following these changes a second audit cycle showed that there were two patients overdue a blood test which they were contacted about and all patients had received a medication review.
- The practice had also completed medicine management audits with the local CCG medicines management team. We saw that the practice had been effective in reducing the number of antibiotics they prescribed moving up from ninth to sixth rank within the local CCG.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, the practice nurse had been supported to complete updates for the care and treatment of patients with long term conditions such as diabetes and chronic obstructive pulmonary disease.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines attended annual updates. Following a vaccination and immunisation update this year, the practice nurse had introduced a data logger to automatically monitor the temperature of the fridges used to store vaccines in on a 24 hour basis.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, weekly clinical meetings and facilitation and support for revalidating GPs and nurses. We reviewed four staff files and saw that all of these staff had received an appraisal within the last 12 months.
- Staff received training that included safeguarding, fire safety awareness, infection control, the mental capacity act and information governance. However, the training records of the locum GP showed the only mandatory training they had completed was safeguarding children.

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 investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. The practice used special notes to share information with the out of hours service for patients nearing the end of their life or if they had a 'do not attempt cardiopulmonary resuscitation' (DNACPR) plan in place.

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

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

Are services effective?

(for example, treatment is effective)

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP assessed the patient's capacity and, recorded the outcome of the assessment.
- We saw there was a formal consent form that the GP completed with the patient prior to minor surgery. The GP signed to say that they had discussed the procedure and risks with the patient.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.
- The practice nurse ran chair based exercise classes at the practice to improve patients' muscle strength and balance and reduce social isolation.

The practice participated in the national cervical screening programme. If a patient failed to attend for their screening the practice nurse wrote to the patient to highlight the importance of the test. The effectiveness of this system was reflected in the practice's uptake for the cervical screening programme which was 87%. This was higher than the CCG

average of 82% and the national average of 81%. Their exception reporting rate of 1% was lower than the CCG average of 5% and the national average of 7% meaning more women had been included. There was a system in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. Public Health England cancer data 2015/16 showed that 81% of eligible females aged 50-70 years had been screened for breast cancer in last 36 months. This was comparable with the CCG average of 80% and the national average of 73%. Sixty-one per cent of eligible persons aged 60-69 years were screened for bowel cancer in last 30 months. This was comparable with the CCG average of 62% and the national average of 58%.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were comparable with CCG and national averages. For example, childhood immunisation rates for children two years and under was 100% and five year olds was 90%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40-74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.



Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. A privacy consultation room was readily available.
- Patients could be treated by a GP of the same sex.

All of the 12 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients told us staff were empathetic, caring, respectful, friendly and good at listening.

We spoke with 10 patients, two carers and four members of the patient participation group (PPG) who were also patients registered with the practice. All 16 patients we spoke with were highly complementary about the care received and extremely satisfied. They thought staff were respectful, supportive, understanding and caring. Comments highlighted that staff responded compassionately when patients needed help and provided support when required.

The practice had won an award from the National GP Patient Survey for achieving the highest patient satisfaction ratings in England during 2015/16. The practice had achieved 100% patient satisfaction in many areas of their performance. Results published in July 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was consistently above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 100% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) and national averages of 89%.

- 100% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 100% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 92%.
- 98% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 85%.
- 97% of patients said the nurse was good at listening to them compared with the CCG average of 92% and the national average of 91%.
- 100% of patients said the nurse gave them enough time compared with the CCG average of 94% and the national average of 92%.
- 100% of patients said they had confidence and trust in the last nurse they saw compared with the CCG and national averages of 97%.
- 97% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG and national averages of 91%.
- 94% of patients said they found the receptionists at the practice helpful compared with the CCG average of 88% and the national average of 87%.

The GP national patient survey data summarised views on GP and nurse interactions with patients across 10 different outcomes. Patients were asked to rate their satisfaction levels from good to poor across these outcomes. Of particular note, there was only one outcome area where patients from Alton Surgery had given a poor rating. This rate was still eight times lower than the local and national dissatisfaction levels.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.



Are services caring?

Results from the national GP patient survey published in July 2016 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were higher than local and national averages. For example:

- 99% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 87% and the national average of 86%.
- 96% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and the national average of 82%.
- 99% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 91% and the national average of 90%.
- 95% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care. Staff told us that interpretation services were available for patients who did not have English as a first language. Documents could be printed in large print to support patients who were visually impaired.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access

a number of support groups and organisations. Information about support groups was also available on the practice website. Support for isolated or house-bound patients included signposting to relevant support and volunteer services. Dependant on need, home visits were provided by either the GP or health care assistant to support vulnerable, housebound patients and care plans were available in homes to ensure continuity of care between services. We saw that patients who celebrated their 100th birthday were sent flowers by the practice and visited by a GP.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 72 patients as carers (3% of the practice list). We spoke with two carers on the day of our inspection who were positive about the support they received from the practice. One carer told us how a GP had spent time helping her to complete a council tax reduction application form. Written information was available to direct carers to the various avenues of support available to them, for example the carer's association. The practice also offered flu immunisations and health checks for carers. Staff had completed training to become a dementia friendly practice to ensure they were aware of the needs of patients with dementia and supportive to these patients and their carers.

If families had experienced bereavement, their usual GP provided a home visit at a flexible time and location to meet the family's needs and provide them with advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice nurse ran chair based exercise classes at the practice to improve patients' muscle strength and balance and reduce social isolation.
- The practice held a register of the most vulnerable patients at risk of unplanned hospital admissions. These patients had a comprehensive care plan in place which was reviewed on a regular basis and following hospital discharge.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice provided near patient testing for patients on a medicine used to slow down the blood-clotting process. This meant older patients and those with mobility problems did not have to travel far to have this procedure carried out.
- The practice worked closely with other professionals such as palliative care nurses, the community matron, community psychiatric nurses and social services to support patients with declining health and nearing the end of their life.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- The practice sent text message reminders of appointments and test results.
- Patients were able to receive travel vaccines available on the NHS.
- There were accessible facilities, which included a hearing loop, large print leaflets and interpretation services. The practice was a single storey building with electronic front door access, parking for disabled patients and a disabled toilet. A wheelchair was also available for patients with mobility difficulties.
- A visiting wellbeing counsellor provided sessions at the practice for patients experiencing poor mental health.
- Staff had completed training to become a dementia friendly practice to ensure they were aware of the needs of patients with dementia and supportive to these patients and their carers.

- Patients with a learning disability were offered an annual health check.
- Patients with a long term condition such as asthma or diabetes were offered an annual review with the practice nurse to review their health and effectiveness of their medication.

Access to the service

The practice was open between 8.30am and 6pm Monday to Friday except for Thursday afternoons when it closed at 1pm. Appointments were from 9am to 11.30am every morning and 4.30pm to 6pm daily except for Thursdays. Telephone consultations were available if needed. Pre-bookable appointments could be booked up to three months in advance and urgent appointments were available for those that needed them. The practice had opted out of providing cover to patients in the out-of-hours period and Thursday afternoons. During this time services were provided by Staffordshire Doctors Urgent Care, patients accessed this service by calling NHS 111.

Results from the national GP patient survey published in July 2016 showed that patient's satisfaction with how they could access care and treatment was significantly higher than local and national averages.

- 97% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 79% and the national average of 76%.
- 100% of patients said they could get through easily to the practice by phone compared to the CCG average of 72% and the national average of 73%.
- 98% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 78% and the national average of 76%.
- 100% of patients said their last appointment was convenient compared with the CCG average of 95% and the national average of 92%.
- 100% of patients described their experience of making an appointment as good compared with the CCG average of 78% and the national average of 73%.
- 94% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 63% and the national average of 58%.

Are services responsive to people's needs?

(for example, to feedback?)

These results were supported by the comments patients made on the day of our inspection. Patients consistently told us if needed, appointments were provided on the day of request or the following day. The GPs told us they endeavoured to provide this service to reduce patient stress and anxiety and often fitted in extra appointments at the beginning or end of surgery. Reception staff told us that the GPs also provided telephone consultations.

As a consequence of this approach to care the practice had significantly reduced patient attendance to A&E. North Staffordshire Clinical Commissioning Group (CCG) maintained a dashboard of annual GP indicators to improve the health outcomes of local people. We reviewed the practice performance from 2015/16 and saw that fewer of the practice's patients presented at hospital Accident and Emergency (A&E) departments when compared with the CCG average. For example:

- Alton Surgery had the lowest A&E attendance rate within GP opening hours within the CCG. Their admission rate of 59 patients per 1,000 was significantly lower than the CCG average of 105. Although Alton Surgery was a rural practice making it more difficult for patients to travel to A&E departments, we saw over a three year period there had been a decrease by 25 patients per 1000 which was significantly more than the CCG reduction of 2 patients per 1000.
- 160 patients per 1,000 attended A&E at any time compared to the CCG average number of 244.

The practice had a system to assess if a home visit was clinically necessary and the urgency of the need for medical attention. This assessment was carried out by the GP who made an informed decision and prioritised according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Non-clinical staff we spoke with were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system on the practice website and in the practice leaflet.

The practice had received one complaint in the last 12 months. We looked at the complaint and found it had been satisfactorily handled, dealt with in a timely way with openness and transparency.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The GP partners told us they had a clear vision:

- To deliver high quality, evidence based care and health promotion to patients.
- To deliver a safe, effective and responsive service.
- To provide the right care by the right person to each patient.
- To support staff to grow.

We were shown a one page five year business plan for the practice. It did not provide a clear strategy of how the practice's vision would be achieved or the challenges in achieving it. There were no time scales for completion or evidence of progress monitoring. One of the GP partners described their vision for the next 12 months but this was not recorded in the five year business plan we were shown. For example, adoption of the Clinical Commissioning Group (CCG) elderly frailty service or reviewing of the lease for the building.

Governance arrangements

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

- There was a clear staffing structure and staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas. For example, the practice nurse was the lead for infection control and the GPs were leads in medicines management, women's health and safeguarding.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held regularly which provided an opportunity for staff to learn about the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.

- We saw evidence from minutes of a meetings structure that allowed for lessons to be learnt and shared following significant events.
- There were some arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, on the day of our inspection we found areas that had not been assessed to mitigate potential risks. This included immunisation of staff for potential health care associated infections, locum GP training, absence of some emergency medicines held at the practice and a potential mercury spillage.

Leadership and culture

The GP partners demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care and a commitment to provide quick and easy access to appointments. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The GP partners encouraged a culture of openness and honesty. From the sample of six documented examples we reviewed we found that the practice had systems to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure and staff felt supported by the management:

- The practice held and minuted a range of multi-disciplinary meetings including meetings with palliative care nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings and we saw minutes that confirmed this.

Are services well-led?

Good 

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

- Staff told us there was an open culture within the practice and there was a system in place to raise any issues at team meetings. Staff told us they felt confident and supported in doing this. Minutes were comprehensive and were available for practice staff to view.
- Staff told us they felt respected, valued and supported by the GP partners and practice manager. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met monthly and submitted proposals for

improvements to the practice management team. We spoke with four members of the PPG who spoke positively about how the practice worked and listened to them and described the practice as open and honest.

- the NHS Friends and Family test, complaints and compliments received.
- Staff through staff meetings, annual appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and the management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, avoidance of unplanned hospital admissions and frailty reviews. GPs who were skilled in specialist areas used their expertise to offer additional services to patients. For example, minor surgery and women's health.

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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met: The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:</p> <ul style="list-style-type: none">• Emergency medicines such as chlophenamine, an antiemetic, analgesia such as diclofenac, soluble aspirin or diazepam were not available in the emergency medicine's grab box. A risk assessment had not been completed to demonstrate how patients who experienced a medical emergency would receive appropriate emergency care and treatment.• A comprehensive business continuity plan for major incidents such as pandemic influenza, extreme weather conditions, a major traffic accident, industrial action or loss of premises was not in place.• Clinical staff had not received timely training in basic life support as recommended by the Resuscitation Council UK.• The locum GP had not received training in safeguarding vulnerable adults. <p>There was no assessment of the risk of, and preventing, detecting and controlling the spread of, infections that were health care associated. In particular:</p> <ul style="list-style-type: none">• There was no documented evidence that staff had received appropriate immunisations against health care associated infections. Risk assessments had not been completed to demonstrate how patients would be protected from potential harm. <p>Proper and safe management of medicines that required refrigeration was not always followed. In particular:</p>

This section is primarily information for the provider

Requirement notices

- Not all staff were aware of the manufactures' temperature range guidelines in which medicines must be stored. Immediate action had not been taken to address issues identified.

This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

How the regulation was not being met:

The registered person had not ensured that all the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was available for each person employed. In particular:

- evidence of good character
- photographic evidence of identity
- health assessments
- unaccounted gaps in employment histories.

This was in breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.