Dr Kanjana Paramanathan

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Kanjana Paramanathan on 17 March 2015. Overall the practice is rated as requires improvement.

Specifically, we found the practice to require improvement for providing safe, caring, responsive and well-led services. We found the service to be good for providing effective services.

The areas for improvements that led to these ratings also applied to all of the six population groups that we inspected and which are also rated as requires improvement. These were, people with long term conditions, families, children and young people, working age people, older people, people in vulnerable groups and people experiencing poor mental health.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. However, not all risks were assessed and managed, such as legionella, fire, recruitment and medicine management.
- There were effective arrangements in place to identify, review and monitor patients with long term conditions. Patients' needs were assessed and care was planned and delivered following best practice guidance.
- The majority of patients said they were treated with dignity and respect and they were involved in their care and decisions about their treatment. Data from the 2014-2015 national GP survey showed that patients rated the practice lower than others for some aspects of care and some of these areas had not been acted on.
- There were services aimed at specific patient groups for example, there were vaccination clinics for babies, children and those in high risk groups. The practice

Summary of findings

had not fully recognised the needs of different groups in the planning of its services. For example, people who were homeless and patients with a physical disability.

- There was visible leadership with defined roles and responsibilities and staff felt supported by the management team. Staff had received performance reviews and attended staff meetings and events. However, the governance arrangements at the practice was not robust as not all essential risks had not been assessed and managed.

The areas where the provider must make improvements are:

- Have robust governance systems in place for the management of risks to patients and others against inappropriate or unsafe care. This must include assessing and managing risks in areas such as legionella, fire and medicine management.
- Operate effective recruitment procedures and ensure that the information required under current legislation is available in respect of all staff employed to work at the practice.
- Take appropriate actions to ensure that reasonable adjustments are made to enable people with a physical disability to access the service.
- Establish robust systems for the management and handling of complaints and make information on raising complaints easily accessible to patients and others.

In addition the provider should:

- Ensure non clinical staff receive infection prevention and control training so that they are up to date with good practice.
- Proactively undertake dementia screening for patients to ensure early identification and intervention.
- Ensure clinical audits complete their full cycle in order to demonstrate improvements made to patient outcomes.
- Ensure that all areas of feedback from the 2014-2015 national GP patient survey is reviewed and acted on to improve patients experience of the service.
- Have clear processes in place for staff to follow so that patients with no fixed address or those requiring temporary registration can be seen or be registered at the practice.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Requires improvement

The practice is rated as requires improvement for providing safe services as there are areas where it should make improvements. Staff understood their responsibilities to raise concerns, and to report incidents and near misses. There was evidence of regular checks of emergency medicines and equipment. Guidance was available on local reporting arrangements for safeguarding children and vulnerable adults so that any concerns could be appropriately reported and investigated.

Although some risks to patients were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. Recruitment processes were not sufficiently robust to ensure that the information required under legislation was available in respect of all staff employed to work at the practice. Essential risks such as legionella, fire, recruitment and medicine management had not been assessed and managed.

Are services effective?

Good

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health.

There was evidence of appraisals and personal development plans for all staff although there were some gaps in training for non clinical staff. Staff worked effectively with multidisciplinary teams in the management of at risk patients and those with complex needs. There was evidence of clinical audits however, these were not completed cycles and did not show improvements made to patients care and treatment and demonstrate learning and reflection.

Are services caring?

Requires improvement

The practice is rated as requires improvement for providing caring services, as there are areas where improvements should be made. Data from the 2014-2015 national GP survey showed that patients rated the practice lower than others for some aspects of care. The majority of patients said they were treated with compassion, dignity and respect. However, not all felt cared for, supported and listened to.

Summary of findings

Are services responsive to people's needs?

Requires improvement

The practice is rated as requires improvement for providing responsive services. The practice had some arrangements in place to respond to the needs of specific patient groups. There were vaccination clinics for babies and children and women were offered cervical cytology screening. However, the practice had not fully recognised the needs of vulnerable groups in the planning of its services. For example, people who were homeless and patients with a physical disability.

There were examples of changes to the way it delivered services in response to feedback from patients however, not all areas for improvements had been acted on.

Systems for the management and handling of complaints were not robust. Information on raising complaints was not easily accessible to patients and others and there was no evidence that learning from complaints had been shared with staff.

Are services well-led?

Requires improvement

The practice is rated as requires improvement for being well-led. Staff were committed to providing a high quality service and felt supported by the management team. Staff had received performance reviews and attended staff meetings and events. However, there were gaps in training for non clinical staff. The practice had a number of policies and procedures to govern activity but some of these lacked detail. There were regular meetings to monitor and review the practice performance. However, the governance arrangements at the practice was not robust as not all essential risks had not been assessed and managed.

Summary of findings

The six population groups and what we found

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

Older people

Requires improvement

The provider was rated as requires improvement for providing safe, caring, responsive and well-led services. The areas for improvement which led to these ratings apply to everyone using the practice, including this population group. Therefore the practice is rated as requires improvement for the care of older people.

Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people and had a range of services, for example vaccinations for patients aged 65 years and over. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs. The practice worked in conjunction with the multidisciplinary team to identify and support older patients who were at high risk of hospital admissions and those receiving end of life care.

People with long term conditions

Requires improvement

The provider was rated as requires improvement for providing safe, caring, responsive and well-led services. The areas for improvement which led to these ratings apply to everyone using the practice, including this population group. Therefore the practice is rated as requires improvement for the care of people with long-term conditions.

Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. All these patients had a named GP and a structured annual review to check that their health and medication needs were being met. For those people with the most complex needs, the GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. There were arrangements in place to identify and manage patients with Chronic Obstructive Pulmonary Disease (COPD). The practice provided some in house services to its patient such as insulin initiation for newly diagnosed diabetic patients.

The practice used the Quality and Outcomes Framework (QOF) to monitor and improve outcomes for patients. The QOF is the annual reward and incentive programme which awards practices achievement points for managing some of the most common chronic diseases, for example asthma and diabetes. It had achieved 98.7% of the total QOF target in 2013/2014, which was above the national average.

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Families, children and young people

Requires improvement

The provider was rated as requires improvement for providing safe, caring, responsive and well-led services. The areas for improvement which led to these ratings apply to everyone using the practice, including this population group. Therefore the practice is rated as requires improvement for the care of families, children and young people.

There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Appointments were available outside of school hours. There was evidence of joint working arrangements with the health visitors and midwives.

Immunisation rates for a number of childhood vaccinations were similar to the local CCG average.

There were no baby changing facilities at the practice which would be helpful for parents with babies and young children.

Working age people (including those recently retired and students)

Requires improvement

The provider was rated as requires improvement for providing safe, caring, responsive and well-led services. The areas for improvement which led to these ratings apply to everyone using the practice, including this population group. Therefore the practice is rated as requires improvement for the care of working age people (including those recently retired and students).

The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group. The practice had extended opening times and was open until 7pm three days a week.

People whose circumstances may make them vulnerable

Requires improvement

The provider was rated as requires improvement for providing safe, caring, responsive and well-led services. The areas for improvement which led to these ratings apply to everyone using the practice, including this population group. Therefore the practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable.

The practice held a register of patients with a learning disability and those with caring responsibilities. It had carried out annual health checks for people with a learning disability and offered longer

Summary of findings

appointments. Staff knew how to recognise signs of abuse in vulnerable adults and children and were aware of contacting relevant agencies in normal working hours and out of hours. The practice provided an enhanced service to avoid unplanned hospital admissions .This service focused on coordinated care for the most vulnerable patients and included emergency health care plans. The aim was to avoid admission to hospital by managing their health needs at home. However, the practice had not fully recognised the needs of vulnerable groups in the planning of its services. For example, people who were homeless and patients with a physical disability.

People experiencing poor mental health (including people with dementia)

Requires improvement

The provider was rated as requires improvement for providing safe, caring, responsive and well-led services. The areas for improvement which led to these ratings apply to everyone using the practice, including this population group. Therefore the practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia).

Patients experiencing poor mental health had received an annual physical health check. Staff referred patients to counselling services and local community mental health teams to ensure patients with a mental health need were reviewed, and that appropriate risk assessments and care plans were in place. The practice was below the national average for dementia diagnosis rate adjusted by the number of patients in residential care homes. The GPs used a screening tool which could indicate the presence of cognitive impairment, such as in a person with suspected dementia. However, we did not see any proactive plans to improve screening and detection rates.

Summary of findings

What people who use the service say

We looked at the results of the 2014-2015 national GP patient survey. Findings of the survey were based on comparison to other practices nationally, 437 surveys were sent of these 103 were completed and returned. The results showed a number of areas where patients experience of the GPs was below the national average. For example, GPs involving them in decisions about their care, giving them enough time and treating them with care and concern. Results showed that the practice performance in areas relating to practice opening times and ability to get an appointment were above the Clinical Commissioning Group (CCG) and national average. A CCG is an NHS organisation that brings together local GPs and experienced health professionals to take on commissioning responsibilities for local health services. The practice was also above the CCG and national averages for a number of areas such as patients experiences of nursing care for example, involving them in decisions about their care, giving them enough time and treating them with care and concern.

The practice had completed its own survey in response to the 2014-2015 national GP survey focusing on patients experience of the GPs. The survey asked three specific questions which were if the GPs were good at listening to them, explained tests and investigations and involved them in decisions about their care. The practice had received 51 completed surveys and the results showed positive feedback.

We reviewed comments made on the NHS Choices website to see what feedback patients had given. There were five comments posted on the website in the last year all of which were negative and related to difficulty accessing appointments, poor attitude of staff and a lack of confidentiality in the patient waiting area. The practice had not replied to any of the comments.

As part of the inspection we sent the practice comment cards so that patients had the opportunity to give us feedback. We received 13 completed cards. The feedback we received was mostly positive, Patients described staff who were polite and helpful and took time to discuss and explain their health needs. However, some of the feedback suggested access to appointments and waiting times were areas for improvement.

On the day of the inspection we also spoke six patients. We received mixed views, three patients told us that they were treated with dignity and respect and staff were polite and helpful. However, another three patients told us that waiting times, access to appointments and the attitude of the GPs needed to improve.

Areas for improvement

Action the service MUST take to improve

• Have robust governance systems in place for the management of risks to patients and others against inappropriate or unsafe care. This must include assessing and managing risks in areas such as legionella, fire and medicine management.

• Operate effective recruitment procedures and ensure that the information required under current legislation is available in respect of all staff employed to work at the practice.

• Take appropriate actions to ensure that reasonable adjustments are made to enable people with a physical disability to access the service.

• Establish robust systems for the management and handling of complaints and make information on raising complaints easily accessible to patients and others.

Action the service SHOULD take to improve

• Ensure non clinical staff receive infection prevention and control training so that they are up to date with good practice.

• Proactively undertake dementia screening for patients to ensure early identification and intervention.

• Ensure clinical audits complete their full cycle in order to demonstrate improvements made to patient outcomes.

Summary of findings

• Ensure that all areas of feedback from the 2014-2015 national GP patient survey is reviewed and acted on to improve patients experience of the service.

• Have clear processes in place for staff to follow so that patients with no fixed address or those requiring temporary registration can be seen or be registered at the practice.

Dr Kanjana Paramanathan

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and also included a specialist advisor GP who has experience of primary care services.

Background to Dr Kanjana Paramanathan

The surgery is located in Smethwick in the West Midlands and is also known as Bearwood Road Surgery. The practice has two GPs, a practice manager, assistant practice manager and a practice nurse who are supported by a team of three administrative/ reception staff. There were approximately 2400 patients registered with the practice at the time of the inspection.

The practice is open from 8.30am to 7pm Mondays, Tuesdays and Wednesdays. On Fridays, it is open from 8.30am till 6.30pm. The practice closes at 1.30pm on a Thursday. Appointment times are available 9.30am to 11.30am and 4.30pm to 7pm Mondays, Tuesdays and Wednesdays, and on Fridays 9.30am to 11.30am and 4.30pm to 6.30pm. The practice does not provide an out-of-hours service but has alternative arrangements in place for patients to be seen when the practice is closed. When the practice is closed during core hours on a Thursday afternoon patients can access general medical by contacting 'Primecare' directly which is an out-of-hours service provider. During out of hours the answerphone message informs patients to contact NHS 111 service which will assess and refer patients to the out-of-hours service provider. Home visits are available for patients who are too ill to attend the practice for appointments.

Dr Paramanathan holds a General Medical Services (GMS) contract. The GMS contract is the contract between general practices and NHS England for delivering primary care services to local communities. The practice provides a number of clinics which includes asthma, diabetes and family planning.

We reviewed the most recent data available to us from Public Health England which showed that the practice is located in an area with a low deprivation score and a high practice population who are unemployed compared to other practices nationally. Data also showed that the practice has a higher than average practice population aged 0 to 4 years and 75 years over in comparison to other practices nationally. The practice has a similar than the national average number of patients with caring responsibilities.

The practice achieved 98.7% points for the Quality and Outcomes Framework (QOF) for the financial year 2013-2014. This was above the national average of 94.2%.The QOF is the annual reward and incentive programme which awards practices achievement points for managing some of the most common chronic diseases, for example asthma and diabetes.

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. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. This provider had not been inspected before and that was why we included them.

Detailed findings

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

How we carried out this inspection

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

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

We also looked at how well services are provided for specific groups of people and what good care looks like for them. 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 17 March 2015. During our visit we spoke with a range of staff and spoke with patients who used the service. 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.

Requires improvement

Are services safe?

Our findings

Safe track record

The practice used a range of information to identify risks and improve patient safety. For example, reported incidents and national patient safety alerts as well as comments and complaints received from patients. The staff we spoke with were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses. For example, an incident that related to a potential breach in patient confidentiality was acted on and discussed at the practice meeting. We reviewed safety records, incident reports and minutes of meetings over the last year where these were discussed.

Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events, incidents and accidents. We reviewed records of three significant events that had occurred during the last year and saw this system was followed appropriately. Significant events were discussed at regular practice meetings. There was evidence that the practice had learned from these and that the findings were shared with relevant staff. Staff, including receptionists, administrators and nursing staff, knew how to raise an issue for consideration at the meetings and they felt encouraged to do so.

Staff used incident forms on the practice intranet and sent completed forms to the practice manager. We saw the system used to manage and monitor incidents and tracked three incidents and found that records were completed in a comprehensive and timely manner. We saw evidence of action taken and the learning that had been shared with the practice team as a result. For example, following an incident where a patient was given incorrect telephone advice about travel vaccination it was decided all patients should be booked for a face to face appointment so that appropriate information could be discussed in full.

National patient safety alerts were disseminated by the senior GP or the practice manager to staff during practice meetings. Patient safety alerts are issued when potentially harmful situations are identified and need to be acted on.

Reliable safety systems and processes including safeguarding

The practice had systems to manage and review risks to vulnerable children, young people and adults. We looked at training records which showed that staff had received training relevant to their role. Staff spoken with knew how to recognise signs of abuse in older people, vulnerable adults and children. They were also aware of their responsibilities and knew how to share information, properly record documentation of safeguarding concerns and how to contact the relevant agencies in working hours and out of normal hours. Contact details were easily accessible. There were no formal meetings with the health visiting team. However, our discussion with the health visiting team suggested there were effective arrangements in place to ensure information sharing, identification and follow up of at risk children.

The practice had appointed a GP with a lead role in safeguarding vulnerable adults and children. They had been trained and could demonstrate they had the necessary training to enable them to fulfil this role. Staff we spoke with were aware who the lead was and that they could speak with them if they had a safeguarding concern

There was no alert in place to highlight vulnerable patients on the practice's electronic records. However, we saw evidence that the practice had systems in place to identify children subject to child protection plans.

There was chaperone poster informing patients about the service visible on the waiting room noticeboard. (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). Reception staff would act as a chaperone if nursing staff were not available but had not undertaken training although our discussion with staff demonstrated that they understood their responsibilities when acting as chaperones. We saw that non-clinical staff had a Disclosure and Barring Service (DBS). A DBS check helps to 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

There were two dedicated secure fridges where vaccines were stored. We saw that regular checks of the fridge temperatures were undertaken and recorded. This should assurance that the vaccines were stored within the recommended temperature ranges and were safe and effective to use. However, we saw that over a period of 22 days one fridge had minimum and maximum temperature recordings that were one degree out of the accepted

ranges of between+2 deg Celsius and +8 deg Celsius although the actual temperature range remained within the acceptable ranges. Although this would not have comprised the effectiveness of the vaccines, the same recordings had been taken consistently by staff over a period of time without action being taken. The lead GP told us that staff had not acted due to the actual recordings being within range and the issue was the setting of the fridge which was being looked into.

The practice routinely used electronic prescribing and systems were in place to ensure all prescriptions including paper prescriptions could be accounted for.

There were arrangements in place for repeat prescribing so that patients were reviewed appropriately to ensure their medications remained relevant to their health needs. Requests for repeat prescriptions were usually issued within 24 hours and all were signed by the senior GP. There was an alert system which informed patients and staff that medication reviews were due.

National prescribing data for 2013-2014 showed that the practice prescribing rates for example, the prescribing of Non-Steroidal Anti-Inflammatory medicines were similar to the national average. The practice rates for antibacterial prescriptions and hypnotics were better than the national average.

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.

There were systems in place to reduce the risk of cross infection. This included the availability of personal protective equipment and posters promoting good hand hygiene. There was an infection control policy and both the practice nurse and GP had joint lead roles for infection control with responsibility for overseeing good infection control procedures. All of the clinical staff had received training in infection prevention and control so that they were up to date with good practice. However, none clinical staff had not received any training.

We found that suitable arrangements were in place for the storage and the disposal of clinical waste and sharps. Sharps boxes were dated and signed to help staff monitor how long they had been in place. A contract was in place to ensure the safe disposal of clinical waste.

An infection prevention and control audit had been completed by the practice in February 2014 and there was evidence that the actions identified from the audit had been addressed for example a tear had been identified in the carpet and this had been replaced. However, an updated audit was due.

There were no records of a completed legionella test or risk assessment to assess the level of risk associated with building. However, the practice policy for legionella made reference to monitoring and recording results of checks undertaken. Legionella is a term for particular bacteria which can contaminate water systems in buildings.

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 February 2015. A schedule of testing was in place. We saw evidence of calibration of relevant equipment; for example blood pressure measuring devices

Staffing and recruitment

We looked at the recruitment records of three staff members, this included clinical and non clinical staff and the records of the most recently employed member of staff. We saw that all three staff had criminal records checks through the Disclosure and Barring Service (DBS). A DBS check helps to 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. However, we saw that there were some gaps in the recruitment process. We did not see any evidence of proof of identity in any of the records, the most recently employed member of staff (non clinical) did not have references in place. For a clinical member of staff there was no information in their records of references, details of their professional registration, performers list or

Requires improvement

Are services safe?

up to date indemnity insurance. However, following the inspection we were provided details of their professional registration, performers list and confirmation of their indemnity insurance.

The practice had a recruitment policy that set out the standards followed when recruiting staff. However, the policy lacked detail for example it did not make reference to any requirements for a DBS check, references or photographic identity.

There were some systems in place to monitor and review staffing levels to ensure any shortages were addressed and did not impact on the delivery of the service. Administrative staff were able to cover each other's annual leave and we saw that there were sufficient administrative staff on duty. The senior GP was full time and the salaried GP was part time. The practice manager also worked part time. The senior GP told us that they rarely took annual leave and in the event that they were on leave this would be covered by the salaried GP and if the practice nurse was on leave they would cover their work. However, the health care assistant (HCA) previously in post had left in July 2014 and there was no evidence that their post was being filled. The senior GP who was also the registered provider told us that some of the HCA role had been transferred to the practice nurse who had increased their hours.

Monitoring safety and responding to risk

The practice had some systems in place to monitor risks to patients, staff and visitors to the practice. This included a monthly health and safety risk assessment. There was evidence that regular fire drills took place to ensure staff were prepared in the event of a fire emergency. Fire extinguishers, alarm systems and lighting had been checked and tested to ensure they were in good working order and there were fire exit signage visible. However, we did not see any smoke alarms or fire procedures on display. We saw that the fire exit door had a key attached, the practice manager told us that the key was always left on the door to ensure it could be opened in the event of a fire emergency. The practice had completed an annual fire risk assessment on 3/3/2015 to assess potential risks. This had identified that there were no smoke alarms and that the fire exit door was not self-closing, but there was no timeline for addressing these areas for improvement.

Arrangements to deal with emergencies and major incidents

There were arrangements to deal with foreseeable medical emergencies. Staff had received training in responding to a medical emergency. There were emergency medicines and equipment available so that staff could respond safely in the event of a medical emergency. The practice had oxygen and automated external defibrillator (AED). This is a piece of life saving equipment that can be used in the event of a medical emergency. All of the staff asked knew the location of the emergency medicines and equipment. Staff told us that emergency medicines and equipment were checked daily to ensure that they were in good working order. The emergency medicines and equipment we looked at were all in date.

A business continuity plan was in place to deal with emergencies that may impact on the daily operation of the practice. However, we found that it lacked detail and there were gaps, for example it did not include risks associated with staff shortages or sudden loss of electricity supply. The plan was not dated so it was not clear when it had been reviewed. The plan was available to staff however, it could not be accessed remotely in the event this was required.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GPs 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. Regular staff meetings provided the opportunity to discuss and share best practice.

The practice had a system in place for identifying and reviewing patients with long term conditions. Data that we reviewed showed that the practice was in line with national average in some areas relating to the management of patients with diabetes and mental health. However, the practice was below the national average for dementia diagnosis rate adjusted by the number of patients in residential care homes. We saw that the practice had only five patients diagnosed with dementia and on the dementia register. We discussed this low rate with the senior GP as data showed that the practice had a higher than the national average practice population aged 75 years over. The GPs told us that they used a screening tool which could indicate the presence of cognitive impairment, such as in a person with suspected dementia. They told us that low rates were due to patients reluctance to be screened however, we did not see any proactive plans to improve screening and detection rates.

The practice used national standards for any urgent referrals to secondary care for example for suspected cancer. Data showed that the practices emergency cancer admissions per 100 patients on disease register was in line with the national average.

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

Some of the staff at the practice had key roles in monitoring and improving outcomes for patients as part of the Quality and Outcomes Framework (QOF). The QOF is the annual reward and incentive programme which awards practices achievement points for managing some of the most common chronic diseases, for example asthma and diabetes. The practice also used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. It achieved 98.7% of the total QOF target in 2013/2014, which was above the national average. Specific examples to demonstrate this included:

- Performance for some diabetes related indicators were better than the national average. For example, 99% of diabetic patients had received a foot examination compared to the national average of 88%.
- The percentage of patients with hypertension having regular blood pressure tests was 92% this was better than the national average of 83%.
- The percentage of patients with physical and/or mental health conditions whose notes record smoking status in the preceding 12 months was 99% this was better than the national average of 95%.

The practice had made use of the gold standards framework for end of life care. This framework helps doctors, nurses and care assistants provide a good standard of care for patients who may be in the last years of life. It had a palliative care register and had regular multidisciplinary meetings to discuss the care and support needs of patients and their families.

The practice had completed three clinical audits in the last year. This included an audit to ensure patients were prescribed an alternative more appropriate medicine for their health condition based on NICE guidance. However, these audits were not completed audit cycles which showed improvements made to patients care and treatment and demonstrated learning and reflection.

Effective staffing

We reviewed staff training records and saw that staff were up to date with courses such as basic life support, safeguarding children and vulnerable adults. However, non clinical staff had not received infection control training. The practice nurse was expected to perform defined duties and had received trained to fulfil these duties. For example, undertaking cervical cytology and reviewing patients with long-term conditions such as those with respiratory conditions. Further training updates were planned to ensure they remained up to date with current practice.

Good

Are services effective?

(for example, treatment is effective)

There was evidence that staff had received annual appraisals that identified learning needs from which action plans were documented. The GPs were on the national performers list with NHS England and therefore were up to date with their yearly continuing professional development requirements and had either have been revalidated or had a date for revalidation. (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).

There were regular practice meetings which included staff such as administrative and clinical staff which enabled important information to be shared with staff as well providing an opportunity or staff to discuss any issues.

Working with colleagues and other services

The practice worked with other service providers to meet people's needs and support those patients with complex needs. It received blood test results, X ray results, and letters from the local hospital including discharge summaries, out-of-hours GP services and the 111 service both electronically and by post. There were systems in place to ensure that the results of tests and investigations were reviewed and acted on as clinically necessary by a GP. The practice had an effective referral system to secondary care services such as the hospital.

Multidisciplinary working was in place, there were regular meetings with the district nurses and palliative care team. We spoke with the health visiting and district nursing team who told us that effective arrangements were in place for sharing important information about high risk patients and those with complex care needs.

The practice was commissioned for the new 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 had identified at risk patients and completed care plans for most of these patients who were at risk of unplanned hospital admissions and regularly reviewed them.

Information sharing

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.

The practice had arrangements in place to share information with local GP out-of-hours provider to enable patient data to be shared in a secure and timely manner.

The practice used the Choose and Book system for making the majority of patient referrals. The Choose and Book system enables patients to choose at which hospital they would prefer to be seen.

Our discussion with health care professionals and evidence from meeting minutes reviewed on the day demonstrated that information was shared in a timely manner.

Consent to care and treatment

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 in their practice. Clinical staff also demonstrated an understanding of Gillick competencies. (These helps clinicians to identify children aged under 16 who have the legal capacity to consent to medical examination and treatment). The practice had a consent policy in place which described the various types of consent however, it did not make any reference to mental capacity.

The GPs used a screening tool which could indicate the presence of cognitive impairment, such as in a person with suspected dementia. Patients with a learning disability and those with dementia were supported to make 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).

Health promotion and prevention

Information leaflets and posters relating to health promotion and prevention were available in the patient waiting area. There was also information that signposted patients to support groups and organisations such as services for people who were carers.

The practice offered advice and support in areas such as smoking cessation, weight management, family planning and sexual health referring patients to secondary services

Good

Are services effective?

(for example, treatment is effective)

where necessary. The practice offered a range of health promotion and screening services which reflected the needs of this patient group. For example, NHS health checks were available for people aged between 40 years and 74 years.

There was a national recall system in place for cervical screening in which patients were invited to attend the practice. Cervical screening was undertaken by the practice nurse. This ensured women received this important health check including their results in a timely manner. Findings were audited to ensure good practice was being followed. The practice's performance for the cervical screening programme was 78.3%, which was similar to the national average of 81.8%.

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 74.69%, and at risk groups 57.27%. These were similar to the national averages of 73% and 52%.
- Childhood immunisation rates for the vaccinations given to under twos ranged from 90.3% to 96.6%. These were similar to the local CCG averages.

Childhood immunisation rates for vaccinations given to children aged five year olds ranged from 88.2% to 94.1%. However, there was no comparable CCG data, the practice provided us some recent data for some of the vaccinations which showed the practice had achieved a 100% uptake.

The practice had a policy and procedure in place for new patients registering with the practice. A new patient check was completed by the nurse. The GPs were informed of all health concerns detected and these were followed up in a timely way.

Requires improvement

Are services caring?

Our findings

Respect, dignity, compassion and empathy

As part of the inspection we sent the practice comment cards so that patients had the opportunity to give us feedback. We received 13 completed cards. The feedback we received was mostly positive. Patients described staff who were polite and helpful although, some of the feedback suggested access to appointments and waiting times were areas for improvement. On the day of the inspection we also spoke with six patients and received mixed views, three patients told us that they were treated with dignity and respect and staff were polite and helpful. However, another three patients told us that there was scope for clinicians to improve the way that they communicated with them. For example, one patient described feeling that they were not being listened to another told us that they felt a clinician was making assumptions about them.

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the 2014-2015 national GP patient survey, 437 surveys were sent of these 103 were completed and returned. The results of the national GP survey highlighted that the practice generally rated the practice well in areas in relation to nursing staff. For example,

- 93% said the nurse was good at listening to them compared to the CCG average of 88% and national average of 91%.
- 92% said the nurse gave them enough time compared to the CCG average of 88% and national average of 92%.
- 96% said they had confidence and trust in the last nurse they saw compared to the CCG average of 95% and national average of 97%

Feedback on patients experience of the GPs was less favourable. For example,

- 65% said the GP was good at listening to them compared to the CCG average of 84% and national average of 89%.
- 67% said the GP gave them enough time compared to the CCG average of 82% and national average of 87%.
- 87% said they had confidence and trust in the last GP they saw compared to the CCG average of 92% and national average of 95%

The practice had completed its own survey in response to the 2014-2015 national GP patient survey and asked patients three specific questions which included if the GPs were good at listening to them. The practice had received 51 completed surveys and the result showed that all 51 patients surveyed said that the GPs were good at listening to them. However, the survey did not cover a range of areas for example, GPs giving patients enough time and confidence and trust in the GPs and there was no evidence that actions had been taken to act on patient feedback.

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.

We saw that staff were careful to follow the practice's confidentiality policy when discussing patients' treatments so that confidential information was kept private. The practice switchboard was located near the reception desk however, this was shielded by glass partitions which helped keep patient information private. A poster was displayed informing patients that they could discuss any issues in private, away from the main reception desk. Additionally feedback from the national GP survey showed that 90% of patients said they found the receptionists at the practice helpful compared to the CCG average of 82% and national average of 87%.

Care planning and involvement in decisions about care and treatment

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the 2014-2015 national GP patient survey. The results of the national GP survey highlighted that the practice generally rated the practice well in areas in relation to nursing staff. For example,

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

Requires improvement

Are services caring?

Feedback on patients experience of the GPs was less favourable. For example,

- 67% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 82% and national average of 86%.
- 61% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 76% and national average of 81%.

One of the areas identified in the 2014-2015 national GP patient survey was also an area for improvement in the previous 2013-2014 survey; this was GPs involving patients in decisions about their care. The practice had completed its own survey in response to the 2014-2015 national GP patient survey and asked patients three specific questions. This included if the GPs were good at explaining tests and treatments and if they were good at involving them in decisions about their care. The practice had received 51 completed surveys and the result showed that 44 patients said that the GPs were good at explaining tests and investigations and 50 patients said that the GPs were good at good at involving them in decisions about their care.

Patient/carer support to cope emotionally with care and treatment

The 2014-2015 national GP patient survey showed patients were overall positive about the emotional support provided by the nurse and rated it well in this area. For example, 91% 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 results in relation to the last GP appointment was less favourable, 66% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 80% and national average of 85%. This was an area that was also identified as needing improvement in the 2013-2014 national GP patient survey. Although the practice had completed a survey in response to some of the feedback from the 2014-2015 national GP patient survey, there was no evidence that the practice had acted on feedback relating to patients experiences of GPs treating them with care and concern.

Feedback we received on the day of the inspection was mostly positive, Patients described staff who were polite and helpful and took time to discuss and explain their health needs. However, three patients told us that there was scope for some clinicians to improve the way they communicate with them.

Notices in the patient waiting area provided information on how to access a number of support groups and organisations for patients who were carers. The practice's computer system alerted GPs if a patient was also a carer. The practice had a carers protocol to ensure carers were identified and supported.

Staff told us that if families had suffered bereavement, they would be contacted by a GP. 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

There were aspects of the service which was responsive to patients' needs with systems in place to maintain the level of service provided. The practice delivered core services to meet the needs of the patient population they treated. For example, screening services were in place to detect and monitor the symptoms of long term conditions such as diabetes. Patients over the age of 75 years had a named GP and care plans in place to ensure their care was co-ordinated. There were vaccination clinics for babies and children. Flu vaccinations were offered to high risk groups such as older patients and those with caring responsibilities. There were arrangements in place to identify and manage patients with Chronic Obstructive Pulmonary Disease (COPD). This included issuing 'Rescue packs' to patients when there was a drop in the weather temperature, with the aim of preventing hospital admissions.

National data from the Quality Outcomes Framework (QOF) for the year 2013-2014 showed that the practice performance in areas such as cervical cytology screening, flu vaccinations for at risk groups including those over 65 years were in line with national average. The QOF is the annual reward and incentive programme which awards practices achievement points for managing some long term conditions, for example asthma and diabetes. There was evidence to support that the practice was monitoring its performance and taking action to ensure improvements were made. There was an appointed lead for reviewing and monitoring progress of QOF to ensure patients with long term conditions were being identified and reviewed. The practice provided some in house services to its patients. This included insulin initiation for newly diagnosed diabetic patients which was a service contracted to an external service and counselling services. This enabled patients to be assessed and reviewed locally.

There was some evidence that the practice was seeking patient feedback in order to improve the service provided and implemented suggestions for improvements. For example, the practice had completed its own practice survey on 50 patients in 2013 and acted on some of the feedback. This included providing on line service for booking appointments and ordering repeat prescriptions and increasing practice nurse appointments. The practice had also completed its own survey in response to the 2014-2015 national GP survey focusing on patients experience of the GPs. The survey asked three specific questions which were if the GPs were good at listening to them, explained tests and investigations and involved them in decisions about their care. The practice had received 51 completed surveys and the results showed positive feedback.

The practice participated in the 'Friends and Family' test which involved asking patients how likely they were to recommend the practices. The most recent data showed that 82% of patients said they were likely to recommend the practice.

The practice had a practice patient participation group (PPG) which was established in 2012. PPGs are a way in which patients and GP surgeries can work together to improve the quality of the service. We saw a poster in the patient waiting area inviting people to join however it was clear that this had not been effective. We spoke with a PPG member who told us the group met every six months and there was usually around 2 to 3 members in attendance although they were trying to recruit new members. We looked at the minutes of the last two meetings and saw only two members were in attendance. We saw from the minutes of meetings that important information was discussed and shared but we did not see any recent examples of how feedback from patients had been acted on.

We reviewed comments made on the NHS Choices website to see what feedback patients had given. There were five comments posted on the website in the last year all of which were negative and related to difficulty accessing appointments, poor attitude of staff and a lack of confidentiality in the patient waiting area. The practice had not replied to any of the comments.

Tackling inequity and promoting equality

The practice had not fully recognised the needs of different groups in the planning of its services. For example, the practice told us there had been an increase in patients who had moved to the area from outside the U.K. Staff told us that translation services were available for patients who did not have English as a first language. However, we did not see any notices in the reception areas informing patents this service was available. The practice also only offered face to face translation services with 48 hours' notice but did not access telephone translation services that would be

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

helpful if there was an immediate need. The practice told us that their population also included a high number of single parents. However, there were no baby changing facilities at the practice which would be helpful for parents with babies and young children.

Staff told us that one of the consulting rooms could be used if necessary. We were told that there was a hotel local to the practice which accommodated vulnerable people experiencing various problems such as homelessness. A number of these people were registered at the practice. However, there was no evidence of any proactive working to support this vulnerable group. Staff told us that they did not have any policy for registering patients who were of "no fixed abode" but these patients would be seen if 'immediate and necessary'. We saw that the practice had a registration policy. The policy stated unless a patient lived outside the area the practice must not refuse to register a patient and patients living in the area for more than 24 hours but less than 3 months could be registered as temporary patients. It also listed documents that would be required on registration which included photo identity, proof of address and Home Office papers. However, it made no specific reference to people with no fixed address who may be living in vulnerable circumstances and may not have such documents. This could be a barrier in accessing health care services.

There was no designated disable parking spaces, no ramp access to the front entrance of the building, no automatic doors and the practice did not have accessible toilets facilities for patients with a physical disability. Staff told us patients who used wheelchairs could access the building via the fire exit at the back of the building; The practice had not completed an audit to assess compliance with the Equality Act (2010). This Act ensures providers of services do not treat disabled people less favourably, and must make reasonable adjustments so that there are no physical barriers to prevent disabled people using their service. The senior GP and practice manager told us that they had identified these areas for action and were trying to secure funding to make the necessary improvements. We did not see evidence of any written plans or timelines for implementation.

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

The practice website had various health promotion information which was available in audio format and in various languages.

Access to the service

The practice was open from 8.30am to 7pm Mondays, Tuesdays and Wednesdays. The practice closed at 1.30pm on a Thursday and opened 8.30am till 6.30pm on Fridays. Appointment times were available from 9.30am to 11.30am and 4.30pm to 7pm Mondays, Tuesdays and Wednesdays and on Fridays 9.30am to 11.30am and 4.30pm to 6.30pm.

Information was available to patients about appointments on the practice website. This included information on how to order repeat prescriptions and arrange home visits however, there was no information about booking routine or urgent appointments. When the practice was closed during core hours on a Thursday afternoon patients could access general medical services by contacting 'Primecare' directly which is an out-of-hours service provider. During out of hours the answerphone message informs patients to contact NHS 111 service which assessed and referred patients to the out-of-hours service provider.

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. Home visits were available for those who were unable to attend the practice.

Some of the feedback we received from speaking to patients, reviewing completed comment cards and feedback from NHS choices suggested access to appointments and waiting times were areas for improvement. However, results from the 2014-2015 national GP patient survey showed patients responded positively to questions about access to appointments and generally rated the practice well in these areas. For example:

- 74% were satisfied with the practice's opening hours compared to the CCG average of 72% and national average of 75%.
- 83% described their experience of making an appointment as good compared to the CCG average of 64% and national average of 73%.
- 92% said they could get through easily to the surgery by phone compared to the CCG average of 63% and national average of 73%.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

- 73% with a preferred GP usually get to see or speak to that GP compared to the CCG average of 51% and national average of 60%

There was a system in place to monitor and respond to patients that did not attend their appointment (DNA) to ensure effective use of resources. This included monitoring the number of DNA's every month and following up these patients as well as displaying a poster in the patient waiting area to raise patients awareness of the issue.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns and there was a designated responsible person who handled all complaints in the practice however the system was not robust. The practices complaints policy was not accessible to patients as it was not displayed however, the NHS complaints procedure was on display. The practices policy had not been updated to reflect that the practice was part of a CCG and made reference to the predecessor organisation the Primary Care Trust (PCT). The policy also lacked detail for example there was no timeline for how long it would take to investigate or respond to a complaint.

Some of the patients we spoke with were not aware of the process to follow if they wished to make a complaint and said they would probably speak with a member of staff. Although we received some negative feedback none of patients we spoke with said that they had made a complaint.

The practice told us that they had received two complaints in the last 12 months. We looked at these complaints and found they lacked overall detail on actions taken and the lessons learnt. The practice did not have a system for reviewing complaints annually to detect themes or trends. We did not see evidence of how lessons learned from individual complaints had been shared with staff.

Are services well-led?

Requires improvement

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

Our findings

Vision and strategy

Staff spoken to described a commitment to providing a high quality service. However, there was no clear vision or strategy to support the practices future aims and objectives. There was no evidence that a vision and strategy had been developed, formally documented and shared with staff.

Governance arrangements

The practice had a number of policies and procedures in place to govern activity and these were available to staff on the desktop on any computer within the practice. We looked at some of these policies and procedures and found that most had been reviewed and were up to date. However, we saw examples of policies and procedures that were not detailed. For example, the recruitment policy did not make reference to any requirements for a DBS check, references or photographic identity and we found gaps in the recruitment process. The registration policy did not include registering patients with no fixed address and stated proof of identity and address would be required. The complaints policy did not include timeline for investigating or responding to a complaint.

There was a leadership structure with named members of staff in lead roles for example, lead roles for infection control, safeguarding and QOF. The practice manager had been in post since October 2014 and told us that development of the practice was ongoing. The senior GP was also the registered provider and we identified that there was over reliance on them, they told us that they rarely took leave. It was apparent that they assumed overall clinical responsibility as well as overseeing the management of the practice as both the salaried GPs and practice manager worked part time. The practices business continuity plan did not make any reference to staff shortages including the absence of the senior GP.

Not all essential risks had been identified and addressed. For, example the practice had not completed risk assessments relating to legionella, recruitment and fire procedures. The practice had not completed an audit to assess compliance with the Equality Act (2010) and we identified that adjustments were required to ensure patients with a physical disability could access the service. The temperature recordings for one of the fridges had been slightly out of the recommended ranges for a number of days with no evidence of action being taken.

The practice had completed three clinical audits in the last year. However, these audits were not completed audit cycles which showed improvements made to patients care and treatment and demonstrated learning and reflection.

There were some systems in place to monitor the quality of the service. Staff at the practice had key roles in monitoring and improving outcomes for patients as part of the Quality and Outcomes Framework (QOF). The QOF is the annual reward and incentive programme which awards practices achievement points for managing some of the most common chronic diseases, for example asthma and diabetes. The practice also used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. It achieved 98.7% of the total QOF target in 2013/2014, which was above the national average.

Leadership, openness and transparency

The senior GP and practice manager were visible in the practice and staff told us that they were approachable and took the time to listen. Staff told us that they were involved in discussions about how to run the practice and were encouraged to do so.

Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and were confident in doing so and felt supported if they did. We noted there were protected learning time held by the CCG which staff were given the opportunity to attend. Staff said they felt respected, valued and supported. The senior GP attended meetings with the local CCG. This ensured they were up to date with any changes.

The practice had a whistleblowing policy which was also available to all staff electronically on any computer within the practice.

Seeking and acting on feedback from patients, public and staff

There was a suggestion box in the patient waiting area for patients to give feedback. There were no comments in the box on the day of our inspection and no evidence to demonstrate previous suggestions that had been acted on.

Are services well-led?

Requires improvement

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

There was some evidence that the practice was seeking patient feedback in order to improve the service provided and implemented suggestions for improvements. For example, the practice had completed its own practice survey and acted on some of the feedback. This included providing on line service for booking appointments and ordering repeat prescriptions. The practice had also carried out its own survey in response to the 2014-2015 national GP patient survey. However, not all areas had been analysed and addressed. The practice had not replied to comments left on the NHS choices website.

The practice had a patient participation group (PPG). PPGs are a way in which patients and GP surgeries can work together to improve the quality of the service. However, there was no evidence that recent patient feedback had been acted on.

The practice had gathered feedback from staff through staff meetings, appraisals and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Management lead through learning and improvement

Staff told us that the practice supported them to maintain their clinical professional development through training and mentoring. We looked at staff files and saw that appraisals took place which included a personal development plan. However, we identified that there were gaps in training for non clinical staff who had not received infection control training.

There was a visible leadership structure and staff members who we spoke with were clear about their roles and responsibilities. They told us that they felt valued, well supported and knew who to go to in the practice with any concerns.

The practice had completed reviews of significant events and other incidents and shared with staff at meetings to ensure the practice improved outcomes for patients. However, we did not see evidence of how lessons learned from individual complaints had been shared with staff.

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 Treatment of disease, disorder or injury	Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect The registered person must have due regard to any relevant protected characteristics (as defined in section 149(7) of the Equality Act 2010) of the service user. The registered person must take appropriate actions to ensure that reasonable adjustments are made to enable people with a physical disability to access the service. This was in breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 10 (1) (2) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints The registered person must have an effective system in place for identifying, receiving, handling and responding appropriately to complaints and comments made by service users, or persons acting on their behalf, in relation to the carrying on of the regulated activity. Systems for handing complaints were not robust and the complaints procedure was not easily accessible to patients. This was in breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 16 (2) of the Health and Social Care Act 2008 (Regulated Activities). Regulations 2014.

This section is primarily information for the provider

Requirement notices

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance The registered person must protect service users, and others who may be at risk, against the risks of inappropriate or unsafe care and treatment, by means of the effective operation of systems designed to enable the registered person to. Identify, assess and manage risks relating to the health, welfare and safety of service users and others who may be at risk from them carrying on of the regulated activity. The practice had not assessed and managed all essential risks in areas such as legionella, fire and medicine management. This was in breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17(1) (2) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed The registered person did not operate an effective recruitment procedure. Appropriate checks were not always completed prior to staff commencing their post. Proof of identity and evidence of good character were not obtained for staff prior to recruitment. This was in breach of regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 19 (1) (a) (3) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.