Dr B Das

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?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Requires improvement

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr B Das's practice on 5 November 2015.

Overall the practice is rated requires improvement.

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

- The practice had disabled access and translation services.
- Although the practice appeared to be superficially clean, there were ineffective monitoring systems in place for the cleaning of the premises and cleaning equipment and materials were not fit for purpose. No deep cleaning had taken place and unsheathed used needles were inappropriately stored.
- The practice had no medical emergency equipment such as a defibrillator or oxygen on site.
- The practice analysed significant events and involved patients in any investigations where necessary.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available.
- Staff were unaware of the practice values and there was no overall clear strategy. The practice had policies and procedures in place but these were not embedded.

Importantly, the provider must:

- Put in place effective monitoring systems for cleaning of the premises to ensure the practice is following current guidelines and discard all dirty cleaning equipment such as dirty mops.
- Remove any hazardous sharps-needles which were in a store room unsheathed and make arrangements for the removal of sharps boxes which were unsafely stored.
- Carry out a control of substances hazardous to health assessment for all materials used for cleaning and discard safely liquids in bottles with no label on them.
- Take action on the points that have been identified in the latest fire risk assessment including ensuring any flammable materials are stored safely.

Summary of findings

- Make sure all the back log of hospital letters are scanned on to patients' computer records as soon as possible.
- Ensure their governance systems are effective by improving: policies, record keeping including for recruitment, appraisals, monitoring systems for cleaning, staffing and appointments and risk assessments for health and safety.

There were improvements the provider should consider:-

- Carry out a risk assessment for the need for a defibrillator and emergency medications in GP bags.
- Carry out more audits to improve patient outcomes.
- Carry out patient and staff surveys and act on any results.

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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 requires improvement for providing safe services. This was because there were ineffective monitoring systems in place for the cleaning of the premises and cleaning equipment and materials were not fit for purpose. No deep cleaning had taken place and we found hazardous waste inappropriately stored. Recruitment records for some staff did not contain details of any references. There was no emergency medical equipment available.

The practice took the opportunity to learn from internal incidents, to support improvement.

Are services effective?

Good

The practice is rated good for providing effective services. Patients' needs were assessed and care was planned and delivered in line with current legislation. Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and used it routinely. Staff worked with other health care teams and there were systems in place to ensure information was appropriately shared. Staff had received training relevant to their roles.

Are services caring?

Good

The practice is rated good for providing caring services. Patients' views gathered at inspection demonstrated they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. We also saw that staff treated patients with kindness and respect. Staff helped people and those close to them to cope emotionally with their care and treatment.

Are services responsive to people's needs?

Good

The practice is rated good for providing responsive services. Learning from complaints was shared with staff. The practice had a patient participation group. Longer appointments were available and home visit. The practice needed to monitor the appointment system for capacity and demand.

Are services well-led?

Requires improvement

The practice is rated requires improvement for being well-led. This was because staff were unaware of the practice's values and there was no overall clear strategy. The practice manager had only been in post since June 2015 and prior to that the practice manager was employed on a part time basis. Practice policies had been revisited but these were not embedded. The practice sought feedback from

Summary of findings

patients and had a patient participation group (PPG) and staff told us they could raise any concerns. However, there was no evidence to support any actions taken as a result of feedback. Staff had received inductions and attended staff meetings and events. However, appraisals needed updating.	

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 requires improvement for safety and for well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice offered proactive, personalised care to meet the needs of the older people in its population and offered home visits. The practice participated in meetings with other healthcare professionals to discuss any concerns. There was a named GP for the over 75s.

People with long term conditions

Requires improvement

The provider was rated requires improvement for safety and for well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice had registers in place for several long term conditions including diabetes and asthma.

Families, children and young people

Requires improvement

The provider was rated requires improvement for safety and for well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Staff had received safeguarding training suitable to their role and the practice regularly liaised with health visitors.

Working age people (including those recently retired and students)

Requires improvement

The provider was rated requires improvement for safety and for well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible. For example, the practice offered online appointment bookings and prescription ordering.

People whose circumstances may make them vulnerable

Requires improvement

The provider was rated requires improvement for safety and for well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Summary of findings

The practice held a register of patients living in vulnerable circumstances including those with a learning disability. It had carried out annual health checks and longer appointments were available for people with a learning disability and daily visits were carried out to a nearby learning disability home.

People experiencing poor mental health (including people with dementia)

Requires improvement

The provider was rated requires improvement for safety and for well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Patients experiencing poor mental health received an invitation for an annual physical health check and we were informed that 92% of eligible patients had received a review. Those that did not attend had alerts placed on their records so they could be reviewed opportunistically. The practice liaised with the local mental health team to help engage patients.

Summary of findings

What people who use the service say

Results from the National GP Patient Survey July 2015 (from 120 responses which is equivalent to 3.5% of the patient list) demonstrated that the practice was performing in line with local and national averages. For example:

- 86% of respondents describe their overall experience of this surgery as good compared with a CCG average of 87**% and n**ational average of 85**%.**
- 70% of respondents would recommend this surgery to someone new to the area compared with a CCG average of 79% and national average of 78%.
- 80% of respondents said the last GP they saw or spoke to was good at treating them with care and concern compared with a local CCG average of 88% and a national average of 85%.

The practice scored higher than average in terms of satisfaction with appointments. For example:

- 80% of respondents find it easy to get through to this surgery by phone compared with a CCG average of 75**% and national** average of 73**%.**

As part of our inspection process, we asked for CQC comment cards to be completed by patients prior to our inspection. We received 28 comment cards (which is 0.8% of the practice patient list size) which were all positive about the standard of care received. GPs and nurses all received praise for their professional care.

The practice participated in the NHS Friends and Family test which is a survey that asks patients how likely they would recommend the service. Results from October 2015 showed that 11 patients would recommend the service out of 12 respondents.

We also spoke to three patients who were happy with the care but mentioned they sometimes had to wait to be seen after their allotted appointment time.

Dr B Das

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector and included a GP specialist advisor.

Background to Dr B Das

Dr B Das's practice is situated in a purpose built medical centre shared with another practice in a deprived area of Liverpool. There were 3404 patients on the practice list at the time of our inspection.

The practice is managed by three GP partners (two male, one female). There is a practice nurse. Members of clinical staff are supported by the practice manager and an assistant manager, reception and administration staff. The practice is a training practice for medical students.

The practice is open 8am to 6.30pm every weekday. Patients requiring a GP outside of normal working hours are advised to contact 111.

The practice has a Personal Medical Services (PMS) contract and had enhanced services contract which includes childhood vaccinations.

Prior to the inspection, the practice was registered with CQC for only two of the partners and the practice has now made an application to add another.

Why we carried out this inspection

We carried out a comprehensive inspection of the services under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We carried out a planned inspection to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to provide a rating for the services under the Care Act 2014.

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)

The inspector :-

- Reviewed information available to us from other organisations e.g. NHS England.

Detailed findings

- Reviewed information from CQC intelligent monitoring systems.
- Carried out an announced inspection visit on 5 November 2015.
- Spoke to staff and a representative of the PPG and patients.
- Reviewed patient survey information.
- Reviewed the practice's policies and procedures.

Requires improvement

Are services safe?

Our findings

Safe track record and learning

The practice took the opportunity to learn from internal incidents, to support improvement. All staff were involved in incident reporting and those we interviewed told us they could do this confidently and felt supported to do so without any fear of blame. There was a significant event policy and recording forms available.

In keeping with the Duty of Candour, the practice had shared significant event investigations with the patients involved.

Information about safety alerts was collected by the practice manager. We saw an old safety alert had been actioned to warn patients about Ebola if they had travelled from West African countries but nothing more recent.

Overview of safety systems and processes

The practice had systems, processes and practices in place to keep people safe but these required improvement. These included:

- Arrangements in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation. There were flow charts for information and contact numbers available in consultation and treatment rooms. However, on the day of our inspection, the practice manager could not locate the practice safeguarding policies or the local policies but the practice policy was forwarded to us a few days after the inspection. One of the GPs was the lead for safeguarding and had received appropriate training for the role. The practice manager met with health visitors on a monthly basis to discuss any child safeguarding concerns but not the GPs or practice nurse. Clinical staff demonstrated they understood their responsibilities.
- A notice was displayed in the waiting room, advising patients that chaperones were available, if required. Not all of the staff had received formal chaperoning training. Not all staff who acted as chaperones had received a disclosure and barring check (DBS). These checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. There were risk assessments in place for not having DBS checks but these were not dated. The practice manager told us the risk assessments had been done when they started at the practice in June 2015 and a DBS check had recently been applied for. However, the member of staff had carried out chaperoning duties before the risk assessment was in place.
- Recruitment checks were carried out and three files we reviewed showed that some of appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification and DBS checks for clinical staff. However, two files did not contain any references from previous employers.
- We were told by the practice manager that the practice nurse was the designated lead for infection control however, other staff were not aware of this. There was an infection control protocol in place but this needed updating. An audit had been carried out in October 2014 and actions had been taken as a result. An audit for this year was now due. Staff had received e-learning training but had not been shown how to use spillage kits. Legionella risk assessments and regular monitoring were carried out. There were appropriate spillage kits and clinical waste disposal facilities and contracts in place.
- There were arrangements for managing medicines, including emergency medicines and vaccinations (including obtaining, prescribing, recording, handling, storing and security). Emergency medication was stored in a locked box marked for 'first aid' on the floor. It took several minutes for the one key available to be found to open this. The emergency medications contained within the box were checked for expiry dates.
- Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Uncollected prescriptions were kept in reception. We were told by one GP and a receptionist these were monitored every three months. However, two receptionists did not know whose responsibility this was and scripts in the box were now three months old.

Monitoring risks to patients

- There was a health and safety policy and poster on display in the reception area.

Requires improvement

Are services safe?

- There were ineffective monitoring systems in place for the cleaning of the premises and cleaning equipment and materials were not fit for purpose. The practice manager showed us to a room that they thought was the cleaning room. Inside there were several full sharps disposal boxes precariously stored on top of a box that potentially could fall to the floor on opening the door. The room was overfilled with chairs, dirty mops, liquid nitrogen, sharps boxes. The room had sink areas which were dirty and in one of these were discarded syringes one of which had an unsheathed needle attached. The assistant practice manager told the manager that this wasn't the cleaning room and showed us to another room. Inside this room were two dirty mop buckets with deep grey mops (which were originally white) that clearly were not fit for purpose. There was nothing in place to demonstrate they were following health and safety guidance and it was not clear if cleaning equipment such as mops were being used throughout the building or different mops for different areas. There was a tray of cleaning materials one of which had an obscured label. We asked to see a control of substances hazardous (COSHH) to health risk assessment file and found the risk assessments did not match the materials in use.
- There was a cleaning schedule attached to the wall and an employer's liability certificate of insurance for the cleaning company which was out of date. The practice manager was asked when the cleaners had last visited the practice and we were told this had been in the morning. The practice manager advised us they had not seen this room before and had carried out monitoring of the cleaning of the premises and showed us one document of checks carried out in September 2015 that had been carried out by them and the cleaning company. Although areas looked superficially clean, there had clearly been no deep clean of the premises recently as there were areas which were dirty for example, the top of the vaccination fridge was covered in a thick layer of dust.
- A recent fire risk assessment had been completed but action necessary had not yet been undertaken. There had been a recent fire drill but not all staff had been involved and there was no record of previous drills. All staff had received fire safety awareness training and knew what to do in the event of a fire.
- At the time of our inspection, there were sufficient staff. Locum GPs were only used if GPs were off sick or on annual leave. Reception staff worked a variety of shift patterns and if any were of ill they covered each other's work. However, there had recently been a period whereby several reception staff were off sick simultaneously which had led to a backlog of hospital letters being scanned onto patient notes which could potentially cause an issue if another GP read the notes and was not aware of any changes. The practice nurse only worked part time but was to be given more responsibilities for example, prescribing, cytology and immunisations. There were no formal arrangements for staff fluctuation or additional workload.

Arrangements to deal with emergencies and major incidents

All staff received annual basic life support training and there were emergency medicines available in one of the treatment rooms and also in each GP's consultation room. There was also a first aid kit and accident book (with no entries) available but we received a variety of different answers when staff were asked where these were kept. GPs did not routinely carry emergency medications in their bags and there was no risk assessment in place as to the rationale why not.

The practice did not have oxygen or a defibrillator available on the premises and there were no risk assessments regarding the use of medical equipment. We were told by one of the GP partners and saw evidence that the oxygen had been ordered and should have arrived prior to our visit. We were also told that they were planning on purchasing a defibrillator to share between the two practices in the building. We were told this was because of a CQC inspection of neighbouring practices and there was no mention of checking relevant guidance or having their own risk assessment in place.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff however one member of staff was not aware of its existence.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line with the National Institute of Health and Care Excellence (NICE) best practice guidelines and had systems in place to ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs.

Patients experiencing poor mental health received an invitation for an annual physical health check and we were informed that 92% of eligible patients had received a review. Those that did not attend had alerts placed on their records so they could be reviewed opportunistically. The practice liaised with the local mental health team to help engage patients.

The practice held a register of patients living in vulnerable circumstances including those with a learning disability. It had carried out annual health checks and longer appointments were available for people with a learning disability and daily visits were carried out to a nearby learning disability home.

Monthly palliative care meetings were held with other health care professionals to ensure patients' needs were met.

Consent to care and treatment

Patients' consent to care and treatment was sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. GPs were aware of the relevant guidance when providing care and treatment for children and young people. One GP held separate minor surgery clinics at the practice which was not part of the service.

Protecting and improving patient health

- Patients who may be in need of extra support were identified by the practice. This included patients who required advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service. A Health Trainer attended the practice to give advice on healthy lifestyle management.
- Child vaccinations were carried out by the health visiting team but there were plans in place for the practice nurse to take over this role in the future. Childhood immunisation rates (2014) for the vaccinations given to two year olds and under ranged from 89.7% to 100% and were higher than CCG averages of 89.4% to 96.3%. Vaccination rates for five year olds were lower and ranged from 72.4% to 89.7% compared with local CCG averages of 88.3% to 97.2%.
- Adverts advising patients to have their flu vaccinations were available in the waiting room. The percentage of patients aged 65 and older who had received a seasonal flu vaccination was 59.33% was much lower compared to a national average of 73.24%. Flu vaccinations were also much lower than national averages for patients with diabetes.
- Patients requiring cervical screening had been previously referred to another service. The practice nurse had recently received training and was to take over this role. The percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years was 68.5% was also low compared to a national average of 81.88%.

The practice was aware of the low vaccination and screening rates and was monitoring them.

Coordinating patient care and information sharing

Staff had all the information they needed to deliver effective care and treatment to patients who used services. All the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and test results.

There was an information governance policy in place to ensure patient's details were kept safe and staff received training in handling confidential data and used smart cards to access computer systems. There was a confidentiality policy available.

Incoming mail such as hospital letters and test results were scanned onto patient notes by administration staff and then read by a clinician. This system had recently been put in place and all new letters were being dealt with on the day but there was a back log of letters to be scanned from the old system. The previous arrangement was that the GP read hospital letters and made notes to action and then

Good

Are services effective?

(for example, treatment is effective)

they were scanned onto patient computer records. There had been a recent reduction in staffing levels due to sickness and this had resulted in a backlog (from August 2015) of letters to be scanned onto computer systems. The practice manager was aware of this and told us time was being set aside each day for this work to be dealt with.

The practice worked with a variety of other health care professionals including health visitors, midwives, district nurses and Macmillan nurses.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework system (QOF). This is a system intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Patients who had long term conditions were continuously followed up throughout the year to ensure they all attended health reviews. Results from 2013-2014 were 90.8% of the total number of points available. This practice was an outlier for some QOF (or other national) clinical targets. Data from 2013-2014 showed:

- Performance for diabetes assessment and care was comparable with the national averages for some aspects of care.
- Performance for mental health assessment and care was comparable with the national averages.

The practice carried out consultation notes audits and had completed a medication audit. However there was a lack of full cycle clinical audits that could evidence quality improvement for patient treatment.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. Evidence reviewed showed that:

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as fire safety, health and safety and confidentiality.
- Staff received training that included: safeguarding, fire procedures, and basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in- house training. Clinical staff attended protected learning events organised by the CCG.

There were annual appraisal systems in place but staff had received these earlier in 2014. The practice manager told us they had scheduled two appraisals to be carried out.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

Patient CQC comment cards we received and patients we spoke with were positive about the service experienced. They were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Data from the National GP Patient Survey July 2015 showed from 120 responses that performance was comparable with local and national averages for example,

- 85% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- 91% said the GP gave them enough time compared to the CCG average of 89% and national average of 87%.
- 95% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%.

Care planning and involvement in decisions about care and treatment

Comments received demonstrated that health issues were discussed with patients and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

Data from the National GP Patient Survey July 2015 information we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were in line with local and national averages. For example:

- 89% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and national average of 86%.
- 87% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 91% and national average of 90%.
- 85% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 81%.

Patient and carer support to cope emotionally with care and treatment

Reception staff knew that when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs but there was no notice about this information available to patients in the reception and waiting areas.

Patients experiencing bereavement were signposted to counselling services if necessary.

The practice kept a list of carer's and there were notices available in the waiting room encouraging them to make the practice aware. There was supporting information available in the waiting room. Carers were offered flu vaccinations and given support to access other services where necessary.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

There was an established Patient Participation Group (PPG) which met on a regular basis. However, meetings were held and PPG members were told about practice changes but there was no evidence to support that the PPG had any influence on any changes within the practice. The practice manager told us there was a suggestion box available but this had only been available for the past week. The practice did collect information from the NHS Friends and family survey which asks whether patients would recommend the service. However, the practice manager had only been in post since June 2015 and the documentation made available to us was only from June 2015. There were very few comments collected and there was no analysis presented to us.

Services were planned and delivered to take into account the needs of different patient groups. For example;

- There were longer appointments available for people with a learning disability.
- Home visits were available for elderly patients.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were translation services available.

Access to the service

The practice is open 8am to 6.30pm every weekday. Patients requiring a GP outside of normal working hours are advised to contact the 111 service.

Results from the national GP patient survey showed that:

- 78% of patients described their experience of making an appointment as good compared with a local CCG average of 75% and national average of 73%.
- 80% of patients said they found it easy to get through to the surgery by phone compared with a local CCG average of 75% and national average of 73%.
- 61% of patients said they usually got to see their preferred GP compared with a local CCG average of 59% and national average of 61%.

The practice did not monitor its appointment systems for capacity and demand. The practice was not aware of the fail to attend rate which we were told by receptionists was an issue. Their appeared to be no forward planning for extra demand for example, one patient we spoke with advised us that although they had an appointment for a flu jab with the practice nurse they had to wait over an hour to be seen. The practice nurse only worked part time yet they were due to take over child immunisations and have a greater prescribing role and again it was unclear how this was to be scheduled.

Listening and learning from concerns and complaints

The practice has a system in place for handling complaints and concerns. Its complaints policy was in line with recognised guidance and contractual obligations for GPs in England and there was a designated responsible person who handled all complaints in the practice. Information about how to make a complaint was in a practice leaflet and this was available in the waiting room. The complaints policy clearly outlined a time framework for when the complaint would be acknowledged and responded to. Letters to patients in response to complaints, made it clear who the patient should contact if they were unhappy with the outcome of their complaint.

We reviewed complaints and found that formal complaints were recorded and written responses which included apologies were given to the patient and an explanation of events. The practice monitored complaints to identify any trends to help support improvement.

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

There was a practice mission statement but staff were unaware of the practice values and there was no overall clear strategy. We were told that the GP partners did regularly meet to discuss strategy however; there were no formal arrangements or minutes from these meetings.

Governance arrangements

Evidence reviewed demonstrated that the practice had:-

- Policies and procedures that all staff could access. However, many of these had been recently updated and were not embedded. The practice manager had been employed since June 2015 and had revisited the existing policies and told us they planned to discuss this with staff .The infection control protocol was reviewed in March 2015 and was not practice specific and had blank areas within the document for relevant contact telephone numbers. There were no safeguarding policies available to us on the day of inspection. This was forwarded to us after the inspection. There was a locum pack available containing protocols which did not match what was in place. One document within the pack advised there was oxygen available in a treatment room yet the oxygen had only just been placed on order.
- A lack of effective systems in place to monitor resources and health and safety. For example, there were ineffective monitoring systems in place for cleaning of the premises, no risk assessments for emergency equipment, no monitoring of appointments for demand and capacity and no formal contingency plans for the impact of staffing fluctuations.
- A system of reporting incidents whereby learning from outcomes of analysis of incidents took place.

Leadership, openness and transparency

Meetings were planned and regularly held including: monthly palliative care meetings, health visitors meetings and whole practice meetings and clinical meetings. However, clinical meetings only involved GPs and not the practice nurse. The clinical meetings were informal and there were no minutes available to help disseminate best practice with all clinicians. Meetings with the health visitor did not involve the GP lead for safeguarding as they were not available when the health visitor attended. No other clinician attended. Minutes for whole practice meetings were available for all staff but we noted that the nurse had not attended meetings in July and August.

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

There was an established Patient Participation Group (PPG) which met on a regular basis. PPG members were told about practice changes but there was no evidence to support that the PPG had any influence on any changes within the practice. The practice manager told us there was a suggestion box available but this had only been available for the past week. The practice did collect information from the NHS Friends and family survey which asks whether patients would recommend the service. However, the practice manager had only been in post since June 2015 and the information available was only from June 2015. No patient or staff surveys had been carried out. Staff told us they could raise any concerns but again there was no evidence to support any changes made as a result. The practice did monitor complaints and appropriate action was taken.

Continuous improvement

The new practice manager had made some changes to the practice since June 2015 including reviewing all policies and ensuring regular staff meetings were held to improve the governance of the practice. Further work was required by both the practice manager and provider to improve governance arrangements including: policies, records for recruitment, appraisals, monitoring systems, risk assessments and to promote team building.

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 Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises **The provider had failed to monitor the level of cleanliness and had not risk assessed the cleaning materials in use. Cleaning equipment was dirty and not fit for purpose. Hazardous waste was inappropriately stored. Regulation 15 (1) (a) clean premises.**

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **The provider had failed to ensure governance systems were effective. Policies, record keeping for recruitment, appraisals, monitoring systems for cleaning, staffing and appointments, and risk assessments for health and safety needed improving. Regulation 17(2) (f)**