

# The Parks Medical Practice

## Quality Report

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Date of inspection visit: 20/01/2017  
Date of publication: 31/03/2017

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

## Ratings

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

# 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 The Parks Medical Practice on 20 January 2017. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed in most areas.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- 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 and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and we saw evidence of continuity of care, with urgent appointments available the same day.
- The practice offered a range of services and was well equipped to treat patients and meet their needs.
- Veterans were identified and recorded on the practice computer system to ensure support to ex Armed Forces.
- There was a clear leadership structure and staff felt supported and developed by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvements are:

# Summary of findings

- Ensure that actions are completed to mitigate risks identified in relation to the health and safety of service users, for example actions pertaining to the fire safety risk assessment.
- Ensure risk assessments are undertaken where no DBS checks for non clinical staff carrying out the role of the chaperone.
- Implement a process to ensure all clinical staff receive appropriate vaccinations for example Hepatitis B.

In addition, the areas where the provider should make improvements are:

- Consider offering health checks to patients aged 75 years and over.
- Implement a systematic approach to the management of infection prevention and control, for example annual audits.
- Ensure further identification of significant events including incidents and near misses logged by the dispensaries and consider these through the incident reporting process.
- Consider recording verbal complaints to ensure lessons learnt from these form part of annual trend analysis.
- Continue to encourage attendance at safeguarding meetings from external agencies.
- Ensure all staff are supported by receiving appropriate supervision and appraisal.
- Implement a systematic approach to the management of exception reporting for QOF to ensure practice wide quality improvements.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

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

**Requires improvement**



- Staff understood their responsibilities to raise concerns and to report incidents and near misses. However, we saw a lack of reporting of significant events across all four surgeries and whilst near misses had been appropriately logged in the dispensaries, these had not been considered as part of the annual review of incidents to ensure learning and information sharing.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. There was a clinical lead for safeguarding and the clinical team met regularly to discuss patients considered to be at risk. However, these meetings were not always attended by health and social care teams from local external services.
- Risks to patients who used services were assessed in most areas. The practice had up to date risk assessments for health and safety and fire safety. However, we found actions outstanding from a fire risk assessment undertaken July 2016.
- Whilst we found staff had received appropriate training to carry out the role of the chaperone, we found that not all non-clinical staff carrying out this role had received a Disclosure and Barring Service (DBS) check. The practice had failed to undertake a formal risk assessment to consider the risks associated with this. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). Following the inspection, the practice completed a risk assessment which considered the role of non clinical staff when chaperoning patients.
- There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training and had opportunities for continuing learning and development, dispensary services were found to be well managed with regular audits carried out.
- The practice maintained appropriate standards of cleanliness and hygiene and regular monitoring of clinical areas was in place however annual audits had been not been carried out.

# Summary of findings

- The practice were unable to clarify if clinical staff had received appropriate vaccinations and did not maintain a record of essential vaccinations for clinical staff, for example Hepatitis B.
- Effective systems were in place to manage emergency equipment and medicines, all of the medicines we checked were in date and stored securely.

## Are services effective?

The practice is rated as good for providing effective services.

**Good**



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average. For example, the percentage of patients with COPD (Chronic Obstructive Pulmonary Disease) who had a record of FEV1 in the previous 12 months was 75%, compared to the local CCG average of 70% and the national average of 72%.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits carried demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Whilst there was evidence of appraisals and personal development plans for all staff, we found two members of staff had not received an appraisal for more than 24 months. However we saw evidence that these were scheduled to be completed before the end of February 2017.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- The practice's uptake for the cervical screening programme was 84%, which was comparable to the CCG average of 76% and the national average of 76%.
- Health checks were offered to patients aged 40 – 74 years, however these were not routinely provided to patients aged 75 years and over.

## Are services caring?

The practice is rated as good for providing caring services.

**Good**



- Data from the national GP patient survey published July 2016 showed patients rated the practice higher than others for several aspects of care. For example, 98% of patients said they had confidence and trust in the last GP they saw compared to the local CCG average of 95% and the national average of 95%.

# Summary of findings

- Patients we spoke with said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. All of the 20 patient CQC comment cards we received were positive about the service experienced.
- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 288 patients as carers (approximately 1.5% of the total practice list).

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Nene Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and we saw evidence of continuity of care, with urgent appointments available the same day.
- 89% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the local CCG average of 85% and national average of 85%.
- The practice had good facilities and was well equipped to treat patients and meet their needs. We found that toilet areas were equipped for disabled patients and baby changing.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders. However, verbal complaints received were not recorded and considered alongside formal complaints to ensure learning and trend analysis.
- On line facilities were available for a range of services, for example to book appointments and request repeat prescriptions.
- The appointment check in screen in the reception waiting area was available in six languages as well as English.

Good



## Are services well-led?

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

Good



# Summary of findings

- The practice had a vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held monthly governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active and had assisted with the delivery of a number of initiatives to improve patient care.
- There was a strong teaching ethos throughout the practice, and we saw several examples of staff development which had led to progression within the practice.
- There was a strong focus on continuous learning and improvement at all levels.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

Good



- All older people had a named GP. The appointment system allowed pre-booking for patients who wished to see their named GP and flexibility if patients needed to book longer appointments.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice offered proactive, personalised care to meet the needs of the older people in its population. However, health checks were not offered to patients aged 75 years and over.
- Trained nurses offer additional services, for example a leg ulcer clinic and a micro suction clinic for ear irrigation (removal of ear wax).
- Community based flu clinics supplement those offered across all four sites. The practice also carried out vaccinations for housebound patients in their own homes.
- The practice delivered care and treatment to three local care homes providing a weekly ward round plus adhoc visits and telephone access to a GP.
- The practice offered domiciliary phlebotomy services for patients unable to travel to hospital.
- There was a home flu vaccination service during the flu vaccination season.

### People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- the percentage of patients with diabetes with a HbA1c (haemoglobin levels in the blood) less than 64mmol/mol recorded in the last 12 months was 64%, compared to the local CCG average of 69% and the national average of 68%.
- Longer appointments and home visits were available when needed.



# Summary of findings

- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- A system was in place to monitor patients effectively, medication reviews took place routinely every six months.
- For those patients with more complex needs, the named GP worked closely with relevant health care professionals to deliver a multidisciplinary package of care. For example, patients with palliative care needs were well supported and the practice worked closely with specialist assistance from local Hospices.

## Families, children and young people

The practice is rated as good 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.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 84%, which was comparable to the CCG average of 76% and the national average of 76%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice provided a variety of health promotion information leaflets and resources for this population group. For example, smoking cessation, sexual health immunisations and obesity where patients could have access to dedicated programmes through third party services.
- We saw examples of joint working with midwives, health visitors.
- The GPs attended safeguarding meetings and always provided reports where necessary for other agencies. Although we found that meetings were not always attended by external agencies.
- The practice offered a range of contraceptive services including oral contraception pills, injections and intrauterine devices (IUDs or contraceptive coils).

Good



# Summary of findings

- Practice nurses delivered baby and child immunisation clinics, reception staff telephoned parents to remind them of the appointments which were directly booked by external child health.

## Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening. For example 66% of patients attended for bowel screening within six months of invitation compared to the local CCG average of 60% and the national average of 58%.
- The practice provided a ring back service by a duty GP or a nurse at the patient's request where appropriate.
- The practice had enrolled in the Electronic Prescribing Service (EPS). This service enabled GPs to send prescriptions electronically to a pharmacy of the patient's choice.
- The practice offered extended hours at Grange Park Surgery on alternate Tuesdays between 6.30pm and 8.30pm, this enabled access to routine appointments for working patients who could not attend during normal opening hours.
- Morning surgeries were also available on alternative Saturdays between 8.30am and 10.30am.

Good



## People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- The practice has a total of 56 patients on the learning disability register, 20 of these patients had received a health check between 2015 and 2016.
- The practice offered longer appointments for patients with a learning disability.

Good



# Summary of findings

- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- Staff had received additional training in domestic abuse.
- The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 288 patients as carers (approximately 1.5% of the total practice list). They have worked closely with Northamptonshire Carers to establish monthly carers meetings.
- Veterans were recorded on the practice computer system to ensure support to ex Armed Forces

## People experiencing poor mental health (including people with dementia)

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

- The percentage of patients with a dementia care plan reviewed in last 12 months was 89%, compared to the local CCG average of 81% and the national average of 78%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended A&E where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice work closely with a local nursing home caring for patients with severe dementia. All patients had detailed care plans in place and special patient notes in place as appropriate. We were told that the responsible GP regularly visited outside normal hours and delivered urgent medications.

Good



# Summary of findings

## What people who use the service say

The latest national GP patient survey results were published on 7 July 2016. The results showed the practice was performing above and in line with local and national averages. 237 survey forms were distributed and 135 were returned. This was a 57% response rate and represented approximately 0.6% of the total practice's patient list.

- 86% of patients found it easy to get through to this practice by phone compared to the local clinical commissioning group (CCG) average of 70% and national average of 73%.
- 89% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the local CCG average of 85% and national average of 85%.
- 93% of patients described the overall experience of this GP practice as good compared to the local CCG average of 84% and national average of 85%.
- 91% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the local CCG average of 76% and national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection.

We received 20 comment cards which were all positive about the standard of care received. These also included two negative comments; one negative comment in relation to access to appointments and the other in relation to turnover of younger doctors who were training, whilst this had not affected quality of care.

We spoke with ten patients during the inspection. All ten patients said they were satisfied with the care they received and commented that both clinical staff and reception staff were approachable, committed and caring. Patients told us that they were well informed about services available. One patient commented on occasionally experiencing a long wait to be seen for their appointment.

The practice made use of the NHS Friends and Family Test (FFT). The FFT provides an opportunity for patients to feedback on the services that provide their care and treatment. Recent results collected showed that of the 28 respondents, 27 (approximately 96%) were either likely or extremely likely to recommend the practice to friends and family if they needed similar care or treatment.

## Areas for improvement

### Action the service **MUST** take to improve

- Ensure that actions are completed to mitigate risks identified in relation to the health and safety of service users, for example actions pertaining to the fire safety risk assessment.
- Ensure risk assessments are undertaken where no DBS checks for non clinical staff carrying out the role of the chaperone.
- Implement a process to ensure all clinical staff receive appropriate vaccinations for example Hepatitis B.

### Action the service **SHOULD** take to improve

- Consider offering health checks to patients aged 75 years and over

- Implement a systematic approach to the management of infection prevention and control, for example annual audits.
- Ensure further identification of significant events including incidents and near misses logged by the dispensaries and consider these through the incident reporting process.
- Consider recording verbal complaints to ensure lessons learnt from these form part of annual trend analysis.
- Continue to encourage attendance at safeguarding meetings from external agencies.
- Ensure all staff are supported by receiving appropriate supervision and appraisal.
- Implement a systematic approach to the management of exception reporting for QOF to ensure practice wide quality improvements.

# The Parks Medical Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Inspection Manager. The team included a GP specialist adviser and two CQC Inspectors.

## Background to The Parks Medical Practice

The Parks Medical Practice provides a range of primary medical services and is formed from three village surgeries dating back to 1937 from its current premises located at the following four sites at Grange Park Surgery, Wilks Walk, Northampton and Blisworth Surgery, Stoke Road, Northampton and Roade Medical Centre, London Road, Northampton and Hanslope Surgery, Western Drive, Hanslope, Milton Keynes. We did not visit the Hanslope and Roade Surgeries as part of this inspection.

The practice premises at Grange Park are leased from NHS Property Services whilst the other locations are owned by The Parks Medical Practice. Services are provided under a General Medical Services (GMS) contract which is a nationally agreed contract with NHS England.

The practice serves a population of approximately 20,200 patients. The practice offers dispensary services to patients from the Blisworth, Hanslope and Roade Surgeries. The area served is less deprived compared to England as a whole. The practice population is mostly white British with approximately 6% of mixed ethnicity. The practice serves a slightly above average population of those aged from 5 to

14 years and 40 to 54 years. There is a lower than average population of those aged from 15 to 34 years. Approximately 1,400 registered patients were aged 75 years and over.

The practice is a training practice and currently delivers training to business and administration apprentices, student nurses, medical students, foundation doctors and GP Registrars (GP trainees).

The clinical team consists of seven GP partners; four male and three female, five salaried GPs; four female and one male, two independent nurse prescribers, eight practice nurses and three health care assistants (all female). There is also a team of 21 dispensary staff working across the two dispensary sites. The team is supported by five managers; a lead practice manager, a deputy practice manager and additional surgery managers located at each of the four sites along with a team of 15 other non clinical administration and reception staff.

Grange Park Surgery is open daily from 8am to 6.30pm, whilst the other sites namely Blisworth, Hanslope and Roade Surgeries are open daily from 8.00am to 12.30pm and between 2.30pm and 6.30pm (the surgery is closed between 12:30pm and 2:30pm for lunch).

The practice offers extended hours at Grange Park Surgery on alternate Tuesdays from 6.30pm to 8.30pm, and every Tuesday and Thursday at one of the other branch surgeries.

Morning surgeries are also available on alternative Saturdays from 8.30am to 10.30am.

When the practice is closed services are provided by the Out of Hours Centre based at Northampton General Hospital and can be accessed via the 111 service.

# Detailed findings

## Why we carried out this inspection

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

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced inspection on 20 January 2017. During our visit we:

- Spoke with a range of staff including GPs, an independent nurse prescriber, dispensary staff, administrative staff and receptionists and spoke with ten patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

- Spoke with the chair of the practice patient participation group (PPG)

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received support, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- Staff understood their roles in discussing, analysing and learning from individual incidents and events.
- We were told that the events would be discussed with GP partners as soon as possible and acted on and also discussed at monthly clinical meetings. The practice carried out an analysis of the significant events and we saw evidence to confirm that annual meetings took place to discuss these.
- However we saw a lack of reporting of significant events, the practice had only recorded ten significant events during 2016 across all four surgeries.
- Whilst near misses had been appropriately logged in the dispensaries and discussed at practice meetings, these had not been considered as part of the annual review of incidents to ensure learning and information sharing.

We reviewed safety records, incident reports, MHRA (Medicines and Healthcare products Regulatory Agency) alerts, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. We saw evidence to confirm action was taken to improve safety in the practice. For example, we saw that the practice has received a safety alert, carried out a search of patients potentially effected and taken appropriate action to ensure patient safety.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. One of the GP partner's was the lead member of staff for safeguarding. The GPs attended safeguarding meetings and provided reports where necessary for other agencies. However, whilst the practice team actively encouraged attendance from external agencies at safeguarding meetings, these meetings were not routinely attended by all agencies and this had impacted on the case management of patients. Despite this, the clinical team was proactive to ensure close management of individual patients to minimise any risk.
- Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and practice nurses were trained to the appropriate level to manage adult and child safeguarding (level 3 for GPs).
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones had received training for the role. However, we found that non clinical staff carrying out this role had not received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). The practice had not completed a risk assessment to consider the risk relating to this, however we saw evidence to show that this had been completed immediately following our inspection.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The independent nurse prescriber was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and all staff had received training including up to date training for hand washing.
- Whilst regular weekly checks had been completed throughout clinical and treatment rooms we saw that annual infection control audits had not been undertaken. The practice advised that one of the health care assistants would be supporting with infection control duties and that annual audits would be completed routinely moving forward.



## Are services safe?

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the Nene Clinical Commissioning Group medicines management team, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Rooms where prescription stationery was kept were locked when not in use and prescription pads were removed from printers overnight.
- Two of the lead nurses had qualified as independent nurse prescribers and could therefore prescribe medicines for specific clinical conditions. She received mentorship and support from the medical staff for this extended role. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber. We found appropriate procedures in place to ensure the administering of medicines took place safely.
- The practice did not maintain a record of clinical staff vaccinations. Following the inspection, the practice submitted evidence of vaccinations for clinical staff. There were discrepancies in relation to some vaccinations for clinical staff and although the practice had arrangements in place for staff to access vaccinations in line with current national guidance, the practice were unable to clarify if clinical staff had received the appropriate vaccinations and they did not have a system in place to ensure management of vaccinations, for example Hepatitis B.
- Two of the surgeries; Blisworth surgery and Hanslope Surgery delivered dispensing services to patients in the area. There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training and had opportunities for continuing learning and development. Any medicines incidents or 'near misses' were recorded however we found that these were not considered by the practice for learning. The practice had

a system in place to monitor the quality of the dispensing process. Dispensary staff showed us standard operating procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines). Auditing of dispensary processes were found to be thorough and well managed with regular monthly audits carried out.

- Records showed that fridge temperature checks were carried out which ensured medicines and vaccines were stored at the appropriate temperatures and the nurse we spoke to was aware of the procedure to follow in the event of a fridge failure.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs.
- We reviewed five personnel files and in most cases found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. Although we found no photographic ID and no reference for one member of non clinical staff, the practice had recently implemented a new process to ensure all appropriate checks were undertaken.

### Monitoring risks to patients

Risks to patients were assessed however there was a lack of process to ensure monitoring and this meant that risk was not always well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available and we saw posters which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out fire drills every six months; the last fire drill had been carried out in December 2016. However we found a number of actions outstanding from the fire risk assessment carried out July 2016 had not been completed. For example, out of eight actions, five had been completed and three remained outstanding. One of the actions had been identified as urgent. The practice was aware of the actions outstanding and we saw evidence to show that the requirements had been



## Are services safe?

escalated to NHS Property Services who were responsible for building maintenance and issues relating to premises. Following the inspection we were advised that all required actions had been completed.

- All electrical equipment had been checked in July 2016 to ensure the equipment was safe to use and clinical equipment had been checked in August 2016 to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health (COSHH) and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and skill mix of staff needed to meet patients' needs. There was a staff rota system in place for all the different staffing groups to ensure enough staff were on duty, rotas were printed off and displayed two months in advance to assist with staffing arrangements.

### **Arrangements to deal with emergencies and major incidents**

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- 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 and a copy of this was held off site.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. The practice used an electronic system to access clinical guidelines pathways and safety alerts and inform on positive patient outcomes. New guidance and changes in practice were discussed during clinical meetings.
- The practice monitored that these guidelines were followed through risk assessments and audits.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99% of the total number of points available. This was compared with the local CCG average of 96% and national average of 95%.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from QOF results 2015/2016 showed:

- The percentage of patients with a dementia care plan reviewed in last 12 months was 89%, compared to the local CCG average of 81% and the national average of 78%.
- The percentage of patients with diabetes with a HbA1c (haemoglobin levels in the blood) less than 64mmol/mol recorded in the last 12 months was 64%, compared to the local CCG average of 69% and the national average of 68%.
- The percentage of patients with diabetes who had a foot examination and risk classification undertaken in the last 12 months was 78%, compared to the local CCG average of 79% and the national average of 81%.

- The percentage of patients with COPD (Chronic Obstructive Pulmonary Disease) who had a record of FEV1 (FEV1 determines airflow limitation) in the last 12 months was 75%, compared to the local CCG average of 70% and the national average of 72%.

Exception reporting was higher than local CCG averages for some quality indicators; (exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). For example,

- Exception rate for diabetes indicators overall was 18%, which was higher than the local CCG average of 14% and the national average of 12%.
- Exception rate for mental health indicators overall was 23%, which was higher than the local CCG average of 15% and the national average of 11%.

There was a lead GP for QOF who managed the majority of the coding on the computer system and also oversaw recall systems for patients with the support of members of the nursing team. We discussed the practice process for exception reporting patients and we were told that this was completed by individual GPs in the practice rather than a systematic approach as a clinical team.

There was evidence of quality improvement including clinical audit.

- There had been a number of clinical audits undertaken in the last two years. We reviewed five audits and one quality improvement initiative. Improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included improvements to the care of patients undergoing procedures for long term contraception and minor surgery.

On review of the practice computer IT system, use of the system was found to be effective with accurate coding of patients and a flag system to identify patients at risk.

### Effective staffing

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

# Are services effective?

## (for example, treatment is effective)

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. We found that a new member of staff, recruited in August 2016, had not yet fully completed essential training such as safeguarding, basic life support and information governance. However we saw evidence to show that this had been identified and actioned at a six month review.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions such as diabetes asthma and COPD (chronic obstructive pulmonary disease).
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to training using the e-learning on line system which covered their learning needs and their scope of work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. At the time of our inspection, staff appraisals had fallen behind, for example we found that members of the nursing team including an independent nurse prescriber had not received an appraisal since October 2014. However we saw evidence to show that a programme of appraisals was in place and all staff annual appraisals would be completed by the end of February 2017.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.
- GP registrars (doctors studying to become GPs) were supported well by the GPs and other staff. They were given protected time to consolidate their learning and to gain broad experience of patient care.

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

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

### Consent to care and treatment

Staff sought patients' consent to care and treatment 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.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- Signed consent forms were used for minor surgery and scanned into the electronic patient record.
- The appropriate written consent was obtained prior to insertion of an intrauterine device (IUD or coil) which was recorded on the patient's records.

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.

# Are services effective?

(for example, treatment is effective)

- A dietician was available on the premises and smoking cessation advice was available from a local support group.
- We saw a variety of health promotion information and resources both in the practice and on their website. For example, on family health, long term conditions and minor illness.
- The Practice held registers for vulnerable patients, for example those with a learning disability and those patients receiving end of life care, at the time of our inspection there were 48 patients on the palliative care register.
- The practice has a total of 56 patients on the learning disability register, 20 of these patients had received a health check between 2015 - 2016.

The practice's uptake for the cervical screening programme was 84%, which was comparable to the CCG average of 76% and the national average of 76%. Exception reporting for this indicator was 2% which was lower than the local CCG average and national average of 6%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test.

There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. For example:

- 66% of patients attended for bowel screening within six months of invitation compared to the local CCG average of 60% and the national average of 58%.
- 72% attended for breast screening within six months of invitation compared to the local CCG average of 78% and the national average of 74%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74 years. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. Health checks were not offered to patients aged 75 years and over.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 20 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with the chair of the practice patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey published in July 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 94% of patients said the GP was good at listening to them compared to the local clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 91% of patients said the GP gave them enough time compared to the local CCG average of 86% and the national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the local CCG average of 95% and the national average of 95%.
- 91% of patients said the last GP they spoke to was good at treating them with care and concern compared to the local CCG average of 85% and national average of 85%.

- 95% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the local CCG average of 90% and national average of 91%.
- 86% of patients said they found the receptionists at the practice helpful compared to the local CCG average of 86% and the national average of 87%.

This data showed that the practice scored higher than local CCG average in a number of areas relating to care given by both GPs and nurses at the practice.

### Care planning and involvement in decisions about care and treatment

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

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

- 88% of patients said the last GP they saw was good at explaining tests and treatments compared to the local CCG average of 84% and the national average of 86%.
- 87% of patients said the last GP they saw was good at involving them in decisions about their care compared to the local CCG average of 80% and national average of 82%.
- 90% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the local CCG average of 85% and national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format, we found these only available in English.

## Are services caring?

### **Patient and carer support to cope emotionally with care and treatment**

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 288 patients as

carers (approximately 1.5% of the total practice list). The practice had worked closely with Northamptonshire Carers Group and written information was available to direct carers to the avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs or by giving them advice on how to find a support service.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with NHS England and Nene Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered extended hours at Grange Park Surgery on alternate Tuesdays between 6.30pm and 8.30pm, and every Tuesday and Thursday at one of the other branch surgeries. This enabled access to routine appointments for working patients who could not attend during normal opening hours.
- Morning surgeries were available on alternative Saturdays between 8.30am and 10.30am.
- A daily telephone surgery was available every morning to provide telephone advice for patients who did not feel an appointment was needed. This was supported by GPs and nurse and a call back to patients was arranged.
- There were longer appointments available for patients with a learning disability and patients with more complex needs.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice provided specialist clinics and nurses leading in diabetes, chronic obstructive pulmonary disease (COPD) and asthma
- The practice had employed advanced nurse prescribers to carry out minor illness and assistance with triage of patients.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS.
- There were disabled facilities, a hearing loop and translation services available. However on the day of the inspection, the hearing loop was found to be inactive.
- Parking was available at the entrance to the surgery for disabled access and a wheelchair was also available to assist patients with mobility issues.
- The majority of the consulting rooms were situated on the first floor with both lift and stair access available. However on the day of inspection the lift was found not

to be working. We saw evidence that the practice had informed NHS Property Services of the matter and patients with mobility issues were re-directed to ground floor facilities as a result.

- Online services were available for booking appointments and requesting repeat prescriptions.
- The dispensary at the two surgeries sites were open daily which enabled patients to collect medication without excessive travel demands.
- An electronic prescribing service (EPS) was available to enable prescriptions to be sent from the practice direct to local pharmacies.
- There were a range of clinics available some of which included contraception services, travel immunisations, minor injury and mother and baby.
- The practice utilised an appointment check in screen in reception to minimise waiting times, this was available in six languages as well as in English.
- As well as minor surgery, the practice offered micro suction to patients and members of the public. Micro suction is the removal of ear wax and the practice told us that this was a popular and much used service.
- Practice nurses deliver baby and child immunisation clinics

### Access to the service

Grange Park Surgery opens daily from 8.00am to 6.30pm, whilst the other sites namely Blisworth, Hanslope and Roade Surgeries are open daily from 8.00am to 12.30pm and from 2.30pm to 6.30pm (closed between 12:30pm and 2:30pm for lunch).

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

- 82% of patients were satisfied with the practice's opening hours compared to the local CCG average of 76% and national average of 76%.
- 86% of patients said they could get through easily to the practice by phone compared to the local average of 70% and national average of 73%.
- 89% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the local CCG average of 85% and national average of 85%.

# Are services responsive to people's needs?

(for example, to feedback?)

Patients we spoke with on the day of the inspection told us that they were able to get appointments when they needed them.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

## Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- The practice had an effective system in place for handling complaints and concerns.
- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.

- The practice manager was the responsible person who handled all complaints in the practice. Those of a clinical nature were discussed and investigated by a GP.
- We saw there was a practice charter leaflet in the waiting area that informed patients of the complaints procedure together with a complaints information leaflet which outlined the full complaints process. There was also information on the practice website.

We looked at ten complaints received in the last 12 months across all four surgeries and found that these had been satisfactorily handled and dealt with in a timely way. The practice had responded to patient concerns with openness and transparency. An annual meeting was held to ensure discussion of formal complaints received to identify trends and ensure lessons were learnt from individual concerns and complaints. However we found that verbal complaints were not being logged and patients we spoke with told us that senior members of staff would deal with their complaints effectively without the need for a formal letter.



# Are services well-led?

Good 

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

## Our findings

The practice had a mission statement and practice staff we spoke with were aware of this; to deliver high quality medical care to our community in a friendly, personalised and responsive manner.

### Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a strategy and supporting business plans which reflected the vision and values which were regularly monitored.

The 'Practice Charter' provided information to patients and a number of key objectives, for example patients would be treated with courtesy and respect by all staff and staff would aim to answer the telephone within six rings. The patient leaflet detailing the practice charter also provided information on how to make a complaint.

### Governance arrangements

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

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff. These were held on the computer system and staff knew where to access the policies when needed.
- A comprehensive understanding of the performance of the practice was maintained.
- Whilst we saw continuous clinical and internal audit was used to make improvements and monitor clinical care, however there was a lack of practice wide approach to ensure focus on areas of lower performance.
- In most areas, there were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, there were weaknesses in some of the governance systems. The practice had failed to take timely action in response to fire safety risks and had also failed to maintain an oversight of vaccinations for clinical staff. .

- A number of issues identified relating to building maintenance and premises required formal escalation and follow up, for example urgent work in relation to the fire door.

### Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us the practice held regular team meetings. Clinical meetings were held monthly and whole practice team meetings were held quarterly.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted team away days were held annually.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

# Are services well-led?

Good 

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

- The partners had developed an opportunity for staff to nominate a 'star of the month', this enabled staff who had excelled in patient care or dealt effectively with a difficult situation to be recognised for their hard work and dedication.
- Support and development to staff was an integral part of the practice ethos, we saw examples of staff being trained and promoted within the practice, reducing staff turnover and promoting staff motivation. The leadership team had also supported staff with health issues to ensure their workforce sustainability.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through internal surveys. The PPG was first established in 2012 and at the time of our inspection had eight active members, we saw that the group meets routinely every six weeks. The group carried out patient surveys and submitted proposals for improvements to the practice management team which have been initiated. For example, new on line systems such as appointments

and repeat prescriptions and extended hours surgeries. The PPG had a designated page on the practice website and has been proactive in looking to set up a virtual group. They told us the GPs and the practice manager were always receptive to suggestions made by the PPG and worked collaboratively with them.

- The practice had developed a quarterly newsletter to advise patients about key health topics such as winter flu vaccinations and annual health checks. This had been well received by patients and was also an opportunity for the PPG to gather feedback from patients who may wish to join.
- The practice had gathered feedback from staff for example through staff away days and staff meetings. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. Senior staff attended regular meetings with peers. The practice was a member of a local GP federation.

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. They had failed to ensure all of the actions had been completed following a fire risk assessment in July 2016.</p> <p>During our inspection we found that non clinical staff carrying out the role of a chaperone had not received a Disclosure and Barring Service check. The practice had not completed a risk assessment to consider the risk relating to this.</p> <p>The practice did not maintain a record of staff vaccinations. The practice did not have a clear process in place to ensure that all clinical staff had received the appropriate vaccinations, for example Hepatitis B.</p> <p>This was in breach of Regulation 12 (1) and (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>