The Molebridge Practice

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of The Molebridge Practice on 26 August 2015. Overall the practice is rated as inadequate. Specifically, we found the practice to be inadequate for providing safe and well led services. The practice was also inadequate for providing services for 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 and people experiencing poor mental health (including people with dementia). The practice required improvement for providing effective and responsive services. It was good for providing a caring service.

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

- The practice worked closely with other organisations and with local community services in planning how care was provided to ensure that they met people's needs.
- The practice provided care to a high number of vulnerable patients within the local community.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Appropriate recruitment checks on staff had not been undertaken prior to their employment. Staff in key roles had been employed without recruitment checks being undertaken.
- Staff felt well supported but had not always received training appropriate to their roles. Further training needs had not always been identified and planned. Some staff had not received an induction or regular appraisal of their performance.
- Medicines were not well managed within the practice and the practice could not be sure that all medicines were safe for use. There was a lack of processes for monitoring expiry dates and storage temperatures of medicines. Prescription pads were not stored securely.
- Emergency equipment was poorly maintained and monitored.

Summary of findings

- There was a lack of safeguarding arrangements in place to protect vulnerable adults and children. Staff had not received training in the safeguarding of vulnerable adults. Clear policies were not in place to provide support and guidance to staff in the safeguarding of vulnerable adults and children.
- Risks to staff, patients and visitors were not always formally assessed and monitored.
- There was a lack of reporting of incidents, near misses and concerns. There was minimal evidence of learning and communication with staff.
- Meetings within the practice were informal. There were no agendas for meetings and minutes were often not recorded.

There were areas of practice where the provider needs to make improvements.

Importantly, the provider must:

- Ensure recruitment arrangements include all necessary employment checks for all staff.
- Ensure criminal records checks via the Disclosure and Barring Service are undertaken for all staff who are assessed as requiring a check, such as staff who act as chaperones.
- Ensure that medicines are securely stored and that fridge temperatures are monitored to ensure the cold chain is maintained.
- Ensure the security and tracking of blank prescription pads at all times.
- Ensure staff have access to adequate and well maintained emergency equipment.
- Ensure arrangements are in place to safeguard vulnerable adults and children from abuse.
- Ensure clear processes for the recording, review and learning from significant events, incidents and complaints.
- Ensure there are formal governance arrangements in place, including systems for assessing and monitoring risks and the quality of the service provision.
- Implement systems to ensure all clinicians are kept up to date with national guidance and clinical guidelines.
- Ensure audits of clinical practice are undertaken and that audit cycles are completed.
- Ensure assessments of risk are undertaken and that recommendations are implemented, in order to reduce the risk of exposure of staff and patients to legionella bacteria.
- Ensure the availability of appropriate sharps containers and the correct labelling of sharps containers in use.
- Replace expired spillage kits and other expired consumables within the practice.
- Ensure rehearsal of the practice fire evacuation procedures.
- Ensure staff undertake training to meet their needs, including training in the safeguarding of vulnerable adults, health and safety, fire safety, chaperoning, the Mental Capacity Act 2005 and infection control.
- Provide opportunities for all staff to receive induction, regular supervision and appraisal.
- Ensure records of practice and multidisciplinary meetings are kept and reviewed.

In addition the provider should:

- Ensure the practice gathers feedback from patients by conducting a patient survey which is accessible to the whole practice population.
- Develop an action plan to ensure findings from the infection control audit are reviewed and implemented.
- Define parking spaces within the practice car park for patients with a disability.
- Provide signage to promote the practice chaperone service within consulting rooms.
- Utilise the practice electronic record system to alert staff to patients associated with children or adults who have been identified as being at risk of abuse.
- Utilise translation services and information leaflets in different languages to provide support to patients whose first language is not English.
- Continue to regularly review the practice's opening hours to ensure they meet the needs of patients.
- Develop a locum information pack to support locum GPs within the practice

On the basis of the ratings given to this practice and the concerns identified at this inspection we are taking enforcement action and are placing the provider into special measures. This will be for a period of six months. We will inspect the practice again in six months to consider whether sufficient improvements have been made. If we find that the provider is still providing inadequate care we will take steps to cancel its registration with CQC.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Inadequate

The practice is rated as inadequate for providing safe services and improvements must be made. Staff were not clear about reporting incidents. There was a lack of reporting of incidents, near misses and concerns. Although the practice carried out investigations when things went wrong, lessons learned were not communicated and so the practice could not ensure that safety was improved. Patients were at risk of harm because systems and processes were not in place in order to ensure they were kept safe. Appropriate recruitment checks on staff had not been undertaken prior to their employment. Medicines were not appropriately managed within the practice and the practice could not be sure that all medicines were safe for use. Emergency equipment was poorly maintained and monitored. Risks to staff, patients and visitors were not always formally assessed and monitored. Staff had not received training in the safeguarding of vulnerable adults. Policies were not in place to provide support and guidance to staff in the safeguarding of vulnerable adults and children.

Are services effective?

Requires improvement

The practice is rated as requires improvement for providing effective services, as there are areas where improvements should be made. Data showed patient outcomes were at or above average for the locality. However, knowledge of and reference to national guidelines were not used routinely. There was little evidence that clinical audit was driving improvement in performance to improve patient outcomes. Staff had not always received training appropriate to their roles. Further training needs had not always been identified and appropriate training had not been planned. There was evidence of appraisals and personal development plans for some staff. However, other staff had not received an induction and some had not recently been appraised. Multidisciplinary working was taking place but was generally informal and record keeping was absent.

Are services caring?

Good

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for several aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Summary of findings

Are services responsive to people's needs?

Requires improvement

The practice is rated as requires improvement for providing responsive services. Patients reported difficulty in accessing appointments with a named GP and ensuring continuity of care. However, routine appointments were available with a nurse practitioner. Urgent appointments with a GP or nurse practitioner were usually available on the same day. The practice had not conducted a full patient survey since 2013 but had reviewed feedback from small groups of patients to implement some improvements to services. Patients could get information about how to complain in a format they could understand. However, there was no evidence that learning from complaints had been shared with staff.

Are services well-led?

Inadequate

The practice is rated as inadequate for being well-led. It did not have a clear vision and strategy. Staff we spoke with were not clear about their responsibilities in relation to the vision or strategy. Patients were at risk of harm because systems and processes were not in place in order to ensure they were kept safe. Appropriate recruitment checks on staff had not been undertaken prior to their employment. Staff in key roles had been employed without recruitment checks being undertaken. Nurse practitioners and locum GPs who had been recently recruited to the practice told us they had not received an induction and were unclear about some processes and procedures. Some staff had not received regular performance reviews and did not have clear and current objectives. The practice staff told us they held regular partners meetings and monthly multidisciplinary team meetings. However, no agendas were in place for those meetings and minutes of the meetings had not been recorded. The practice was therefore unable to ensure that information shared and agreed actions could be followed up and reviewed. Staff told us that significant events and complaints were discussed at partners meetings but the practice could not demonstrate that learning was shared with the wider practice team. Risks to staff, patients and visitors were not always formally assessed and monitored. The practice had not sought feedback from patients by conducting a survey of the whole practice population but had utilised feedback from small numbers of patients to implement changes to services. The practice had a very small patient participation group (PPG).

Summary of findings

The six population groups and what we found

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

Older people

Inadequate

The practice is rated as inadequate for the care of older patients. The practice is rated as inadequate for providing safe and well-led services. The concerns which led to these ratings apply to everyone using the practice, including this population group. Care and support was provided to patients living in local nursing and residential homes. Home visits were provided by GPs to older patients who were housebound. GPs and nurse practitioners utilised dementia testing tools and maintained a register of patients with dementia. However, there was a lack of safeguarding arrangements in place to protect older patients. Staff had not received training in the safeguarding of vulnerable adults or the Mental Capacity Act 2005.

People with long term conditions

Inadequate

The practice is rated as inadequate for the care of patients with long term conditions. The practice is rated as inadequate for providing safe and well-led services. The concerns which led to these ratings apply to everyone using the practice, including this population group. Longer appointments and home visits were available when needed. All these patients had a structured annual review to check that their health and medication needs were being met. Patients with long term conditions who were at risk of hospital admission were discussed by the practice within regular multidisciplinary team meetings. However, no records of the meetings were kept and the practice was therefore unable to ensure that information shared and agreed actions could be followed up and reviewed. There were no defined parking spaces in the practice car park to support patients with a disability.

Families, children and young people

Inadequate

The practice is rated as inadequate for the care of families, children and young patients. The practice is rated as inadequate for providing safe and well-led services. The concerns which led to these ratings apply to everyone using the practice, including this population group. The practice had identified a lead GP for the safeguarding of children. Practice staff had received training in the safeguarding of children at a level appropriate to their role but the practice did not have a clear policy to provide support and guidance to staff in the safeguarding of children. Immunisation rates were relatively high for all standard childhood immunisations. However, the practice could not be sure that all medicines were safe for use.

Summary of findings

There was a lack of processes for monitoring expiry dates and storage temperatures of medicines. Appointments were available outside of school hours and the premises were suitable for children and babies.

Working age people (including those recently retired and students)

Inadequate

The practice is rated as inadequate for the care of working age patients (including those recently retired and students). The practice is rated as inadequate for providing safe and well-led services. The concerns which led to these ratings apply to everyone using the practice, including this population group. The practice provided some services to meet the needs of the working age population, those recently retired and students. The practice offered extended hours appointments on two mornings and one evening each week. The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group. Health checks were available to all patients aged 40 – 74 years. Electronic prescribing services enabled patients to request repeat prescriptions and have them sent directly to their pharmacy of choice.

People whose circumstances may make them vulnerable

Inadequate

The practice is rated as inadequate for the care of patients whose circumstances may make them vulnerable. The practice is rated as inadequate for providing safe and well-led services. The concerns which led to these ratings apply to everyone using the practice, including this population group. The practice provided care and support to a high number of patients with learning disabilities living in local residential facilities. The practice made weekly visits to one residential facility which cared for patients with physical and learning disabilities and acquired brain injuries. One GP partner was identified as the lead GP for the care of those patients. However, staff had not received training in safeguarding of vulnerable adults. The practice did not have a policy in place to provide support and guidance to staff in the safeguarding of vulnerable adults. Appropriate recruitment checks on staff had not been undertaken prior to their employment. Staff in key roles who provided care and support to vulnerable patients had been employed without recruitment checks being undertaken. Translation services were not utilised and information leaflets in different languages were not available to provide support to patients whose first language is not English.

Summary of findings

People experiencing poor mental health (including people with dementia)

Inadequate 

The practice is rated as inadequate for the care of patients experiencing poor mental health (including patients with dementia). The practice is rated as inadequate for providing safe and well-led services. The concerns which led to these ratings apply to everyone using the practice, including this population group. The practice provided care and treatment to patients living in local residential homes who experienced poor mental health. The practice also worked closely with a treatment centre providing care to patients with post-traumatic stress disorder and other mental health problems. The practice undertook dementia screening of patients and ensured early referral to memory assessment services. Staff worked closely with community mental health teams and the practice provided accommodation for psychologists and therapists in order to support access to local provision of psychological therapies.

Summary of findings

What people who use the service say

Patients provided us with feedback about their satisfaction with the practice. Comments cards had been left by the Care Quality Commission (CQC) before the inspection to enable patients to record their views on the practice. Only two patients had completed comment cards. One card told us the patient had no complaints about the practice. The second comment card described the poor service the patient felt they had received in the processing of a referral and the subsequent lack of support they felt they received from a GP partner in pursuing the referral. However this was not a representative sample of the practice population and the feedback received in the second comment card was not reflected in other feedback we received.

We spoke with seven patients on the day of our inspection. Patients said they felt the practice offered a caring service and staff were usually helpful and took the time to listen to them. They said staff treated them with dignity and respect. Some patients told us they experienced difficulty in obtaining a routine appointment with their GP and others described difficulty in accessing the practice by telephone at peak times of the day.

We reviewed July 2015 GP national survey data available for the practice on patient satisfaction. The evidence from the survey showed patients were satisfied with how they were treated and this was with compassion, dignity and respect. We noted that 92% of patients who had responded said that the nurse was good at treating them with care and concern, compared with a national average of 90%. The survey also found that 79% of patients said the last GP they saw was good at involving them in decisions about their care, compared with a national average of 81%. However, data from the national patient survey showed that 69% of patients rated their overall experience of the practice as good, compared with a local and national average of 85%. The survey showed that 62% of patients said they would recommend the practice to someone new to the area compared with a national average of 78% and a local average of 79%.

Areas for improvement

Action the service MUST take to improve

- Ensure recruitment arrangements include all necessary employment checks for all staff.
- Ensure criminal records checks via the Disclosure and Barring Service are undertaken for all staff who are assessed as requiring a check, such as staff who act as chaperones.
- Ensure that medicines are securely stored and that fridge temperatures are monitored to ensure the cold chain is maintained.
- Ensure the security and tracking of blank prescription pads at all times.
- Ensure staff have access to adequate and well maintained emergency equipment.
- Ensure arrangements are in place to safeguard vulnerable adults and children from abuse.
- Ensure clear processes for the recording, review and learning from significant events, incidents and complaints.
- Ensure there are formal governance arrangements in place, including systems for assessing and monitoring risks and the quality of the service provision.
- Implement systems to ensure all clinicians are kept up to date with national guidance and clinical guidelines.
- Ensure audits of clinical practice are undertaken and that audit cycles are completed.
- Ensure assessments of risk are undertaken and that recommendations are implemented, in order to reduce the risk of exposure of staff and patients to legionella bacteria.
- Ensure the availability of appropriate sharps containers and the correct labelling of sharps containers in use.
- Replace expired spillage kits and other expired consumables within the practice.
- Ensure rehearsal of the practice fire evacuation procedures.

Summary of findings

- Ensure staff undertake training to meet their needs, including training in the safeguarding of vulnerable adults, health and safety, fire safety, chaperoning, the Mental Capacity Act 2005 and infection control.
- Provide opportunities for all staff to receive induction, regular supervision and appraisal.
- Ensure records of practice and multidisciplinary meetings are kept and reviewed.

Action the service SHOULD take to improve

- Ensure the practice gathers feedback from patients by conducting a patient survey which is accessible to the whole practice population.
- Develop an action plan to ensure findings from the infection control audit are reviewed and implemented.
- Define parking spaces within the practice car park for patients with a disability.
- Provide signage to promote the practice chaperone service within consulting rooms.
- Utilise the practice electronic record system to alert staff to patients associated with children or adults who have been identified as being at risk of abuse.
- Utilise translation services and information leaflets in different languages to provide support to patients whose first language is not English.
- Continue to regularly review the practice's opening hours to ensure they meet the needs of patients.

The Molebridge Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a CQC Inspector, a GP specialist advisor and a practice nurse specialist advisor.

Background to The Molebridge Practice

The Molebridge Practice provides general medical services to approximately 6,758 registered patients. The practice delivers services to a slightly higher number of patients who are aged 65 years and over, when compared with the national average. Care is provided to patients living in residential and nursing home facilities and a local hospice. Data available to the Care Quality Commission (CQC) shows the number of registered patients suffering income deprivation is lower than the national average.

Care and treatment is delivered from two practice locations by two GP partners and one salaried GP. Two of the GPs are male and one is female. Two female locum GPs were also working within the practice at the time of our inspection. The practice employs a team of two nurse practitioners, one practice nurse, one healthcare assistant and a phlebotomist. GPs and nurses are supported by the practice manager, an assistant practice manager and a team of reception and administration staff.

Services are provided from:

North Leatherhead Medical Centre, 148 - 152 Kingston Road, Leatherhead, Surrey, KT22 7PZ.

Services are also provided from the practice's second location at 3 Cannonside, Fetcham, Leatherhead, Surrey, KT22 9LE. Patients registering with the practice can access care and services at either practice location. GPs, nursing staff and some reception and administrative staff work within both locations. We did not visit the practice at 3 Cannonside, Fetcham, Leatherhead, Surrey, KT22 9LE as part of this inspection.

The practice at North Leatherhead Medical Centre is open from 8.00am to 1.00pm on three days each week and from 1pm to 6.30pm on two days each week. Services are provided from the practice's second site in Fetcham during the hours when the North Leatherhead Medical Centre is closed. Services are available between 8am and 6.30pm on each weekday across the two practice locations which provide general medical services under a shared contract. The practice provides extended hours appointments on two mornings each week and one evening each week.

The practice has opted out of providing out of hours services to its own patients and uses the services of a local out of hours service, Care UK.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting the practice we reviewed a range of information we hold. We also received information from local organisations such as NHS England, Health watch and

Detailed findings

the NHS Surrey Downs Clinical Commissioning Group (CCG). We carried out an announced visit on 26 August 2015. During our visit we spoke with a range of staff, including GPs, nurse practitioners and administration staff.

We observed staff and patient interaction and spoke with seven patients. We reviewed policies, procedures and operational records such as risk assessments and audits. We reviewed two comment cards completed by patients, who shared their views and experiences of the service in the two weeks prior to our visit.

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 living in vulnerable circumstances
- People experiencing poor mental health (including people with dementia)

Inadequate

Are services safe?

Our findings

Safe track record

The practice had a lack of systems and processes in place to identify risks and improve staff and patient safety. We reviewed safety records and found that the practice had recorded only three significant events over the past 12 months. The practice did not have a policy in place to provide support and guidance to staff about what types of incidents should be reported. Staff were unclear about their responsibilities to raise concerns and some were unable to describe the process for reporting incidents and near misses. Staff described a variety of informal processes for reporting incidents to the GP partners. One GP partner confirmed that some incidents which had been reported were discussed informally but were not always recorded.

Learning and improvement from safety incidents

The practice had some systems in place for reporting, recording and monitoring some significant events, incidents and accidents but these were incomplete. We reviewed records of three significant events that had occurred within the last 12 months. The GP partners told us incidents were discussed at their regular partners meetings. However, no records of those meetings were held. Some learning was noted but the incidents had not been shared nor the learning shared and reviewed with the wider practice team. Actions taken in response to an incident were not always followed up and reviewed. For example, the practice had recorded an incident in which a patient had been provided with incorrect information relating to a laboratory test result. The practice had identified a possible reason for the incident and had written to the pathology laboratory to raise concerns about their reporting systems. However, the practice was unable to demonstrate their receipt or review of a response from the laboratory and were therefore unable to demonstrate any learning and improvement from this safety incident.

The practice was unable to clearly demonstrate how national patient safety alerts were disseminated to practice staff. Some staff told us that they received safety alerts by email. One GP we spoke with was able to provide an example of a recent alert that was relevant to the care they were responsible for and the action they had taken.

However, the practice was unable to demonstrate how they ensured all staff were aware of alerts that were relevant to the practice and how they ensured that appropriate action was taken where needed.

Reliable safety systems and processes including safeguarding

The practice had some systems in place to safeguard children and adults. One GP partner was the practice lead for safeguarding children and vulnerable adults. All of the staff we spoke with, with the exception of one new staff member, knew who the practice safeguarding lead was and who to speak to if they had a safeguarding concern. The GP lead had undertaken training in the safeguarding of children and vulnerable adults at a level appropriate to their role. Other staff within the practice had completed training in the safeguarding of children at a level appropriate to their role. However, the majority of staff, including one GP partner, two nurse practitioners, the practice nurse and reception staff, had not received training in the safeguarding of vulnerable adults.

During our inspection the practice was not able to demonstrate that they had safeguarding policies and procedures in place which were consistent with local authority guidelines and which included local authority reporting processes and contact details. Following our inspection the practice sent us some documents which they told us represented their safeguarding protocols. Those documents included extracts from a patient information website on child and adult safeguarding which were dated 2013 and a child safeguarding toolkit produced by a national organisation. Another brief document which was named as the practice policy for adult and child safeguarding did not provide adequate guidance and support to staff in reporting child and adult safeguarding concerns.

There was a chaperone policy in place and we noted there were visible signs promoting this service in the waiting area. However, the practice did not have signs in consulting rooms to ensure patients were aware they could request a chaperone. Reception staff told us they were sometimes required to act as chaperones. However, chaperone training had not been provided for all of those staff. Staff undertaking chaperone duties had not been subject to a criminal records check via the Disclosure and Barring Service and the practice had not undertaken a risk assessment to support this decision.

Inadequate

Are services safe?

Patients' individual records were written and managed in a way to help ensure safety. Records were kept on an electronic system, which collated all communications about the patient including clinical summaries, scanned copies of letters and test results from hospitals.

GPs were appropriately using the required codes on their electronic system to ensure risks to children and young people who were looked after or on child protection plans were clearly flagged and reviewed. GPs were aware of vulnerable children and adults and records demonstrated good liaison with partner agencies such as social services. However, we found that the practice was not using their electronic system to identify family members or other individuals who may be living at the same address or were associated with children or adults who had been identified as being at risk of abuse.

Medicines management

We checked medicines stored in the nurse's treatment room and medicines refrigerator. We found they were not always stored securely to ensure medicines were only accessible to authorised staff. A refrigerator used to store vaccines and a medicines cupboard located within the room were both found unlocked with the key in the lock.

The practice could not demonstrate that records were kept to ensure medicines were stored at the required temperatures. The practice was unable to locate their temperature recording of the medicines refrigerator on the day of our inspection. The GP partners told us it was the responsibility of one practice nurse to record the temperature range daily. The practice nurse was away from the practice for a two week period at the time of our inspection. The practice was unable to confirm who held responsibility for checking the temperature ranges of the refrigerator during this time. Following our inspection the practice sent us an electronic record of the temperature ranges recorded. This document indicated that the last temperature recording had been carried out on 19 January 2015. Therefore the practice could not be sure the medicines were safe for use and patients may have been at risk of harm when vaccines had been administered to them.

The practice was unable to demonstrate they had processes in place to check all medicines were within their expiry date and suitable for use. We found inhalers used to treat emergency respiratory conditions within the practice's supply of emergency medicines had expired in April 2014. Therefore, the practice could not be sure the medicines were safe for use and patients may have been at risk of harm if emergency medicines had been administered to them. We also found inhalers prescribed in the name of one patient within the practice's emergency medicines supply.

The practice implemented a protocol for repeat prescribing which was in line with national guidance. The protocol complied with the legal framework and covered all required areas. For example, how staff who generate prescriptions were trained and how changes to patients' repeat medicines were managed. This helped to ensure that patients' repeat prescriptions were still appropriate and necessary. Reviews were undertaken for patients on repeat medicines. All prescriptions were reviewed and signed by a GP before they were given to the patient.

However, blank prescription forms were not handled in accordance with national guidance and were not kept securely at all times. Blank prescription pads were left in unlocked rooms which, due to the layout of the practice, could potentially have been accessed by patients or visitors to the practice. Electronic prescribing services enabled patients to request repeat prescriptions and have them sent directly to a pharmacy of their choice.

The practice was unable to demonstrate that the nurses and nurse practitioners administered vaccines using directions that had been produced in line with legal requirements and national guidance. The practice could not demonstrate that nurses had received appropriate training to administer vaccines.

Cleanliness and infection control

We observed the premises to be clean and well maintained. The practice employed a cleaner who ensured there were cleaning schedules in place and that daily cleaning records were kept. Patients we spoke with told us they always found the practice to be clean and had no concerns about cleanliness or infection control.

The practice nurse was the lead for infection control within the practice. Infection control policies and procedures were in place to support staff. However, staff had not received up to date training in infection control and infection control processes were not included in staff inductions. An audit of infection control processes had been carried out in July 2014. However, some findings which highlighted

non-compliance or partial compliance had still been scored with the highest score, producing an inaccurate result. The practice had not produced a written action plan to ensure the findings of the audits were addressed. However, staff were able to give examples of changes which had been made as a result of audit findings such as the wall mounting of hand sanitiser and the replacement of some waste bins.

Hand wash solution, hand sanitizer and paper towels were available in each room. Disposable gloves were available to help protect staff and patients from the risk of cross infection. Spillage kits were available within the practice, however those kits were beyond their expiry dates.

We saw that the practice had arrangements in place for the segregation of clinical waste at the point of generation. Colour coded bags were in use to ensure the safe management of healthcare waste. An external waste management company provided waste collection services. Sharps containers were available in all consulting rooms and treatment rooms, for the safe disposal of sharp items, such as used needles. However, we found that a number of sharps containers had not been signed and dated to indicate the date they came into use. Some sharps items containing residues of specified medicines required segregation into colour coded sharps containers. However, these were not available within the practice and therefore the practice had not disposed of these items correctly. The practice made arrangements to obtain the correct sharps containers during our inspection visit.

The practice had not considered the risks associated with potential exposure to legionella bacteria which is found in some water systems. There were no processes in place to ensure regular checks were carried out to reduce the risk of exposure of legionella bacteria to staff and patients.

Equipment

Staff we spoke with told us they had sufficient equipment to enable them to carry out diagnostic examinations, assessments and treatments. They told us that all equipment was tested and maintained regularly and we saw equipment maintenance logs and other records that confirmed this. A schedule of testing was recorded. Calibration of relevant equipment had been carried out in October 2014. For example, digital blood pressure machines and weighing scales.

Records showed essential maintenance was carried out on the main systems of the practice. For example the boilers and fire alarm systems were serviced in accordance with manufacturers' instructions. We noted that fire extinguishers had been serviced in April 2015.

Staffing and recruitment

Staff told us there were enough staff to maintain the smooth running of the practice and there were always enough staff on duty to ensure patients were kept safe. There was a system for members of staff, including GPs and administrative staff, to cover annual leave.

We examined personnel records and found that the practice had not ensured that appropriate recruitment checks were undertaken prior to employment. The practice had a recruitment policy and a recruitment checklist which set out the standards it should follow when recruiting clinical and non-clinical staff. However the practice had not followed this policy and had recruited staff without checks being undertaken. The practice was unable therefore to ensure that fit and proper persons had been employed and to ensure the safe care and treatment of patients.

The practice had recently recruited a practice manager, a nurse practitioner and a salaried GP. The practice manager who had been in post for three weeks told us the practice had not requested references details, proof of identification or qualification details from them. The practice manager had not been subject to a criminal records checks via the Disclosure and Barring Service (DBS). The nurse practitioner had been employed by the practice within the last month. We saw they had provided details of references but these had not been followed up by the practice. The practice was unable to demonstrate they had carried out any checks prior to recruitment of the nurse practitioner or the salaried GP. For example, proof of identification, qualifications and registration with the appropriate professional body had not been confirmed. Those staff had not been subject to criminal records checks via the Disclosure and Barring Service (DBS). The practice did not hold recruitment record checks relating to one locum GP working within the practice.

The practice had not undertaken risk assessment of all roles within the practice to determine the need for criminal

records checks through the Disclosure and Barring Service (DBS). As a result, some staff, such as those reception staff who were required to act as chaperones, had not been subject to a criminal records check.

Monitoring safety and responding to risk

The practice had some systems and processes to manage and monitor risks to patients, staff and visitors to the practice. We saw that staff were able to identify and respond to changing risks to patients including deteriorating health and well-being or medical emergencies. The practice worked closely with the community services to identify patients in deteriorating health and those at risk of unplanned hospital admission. For patients with long term conditions and those with complex needs there were processes to ensure these patients were seen in a timely manner. Staff told us that these patients could be urgently referred to a GP and offered longer appointments when necessary.

However, the practice did not have risk assessments in place to monitor the safety of the premises, such as the risk of exposure to legionella bacteria which is found in some water supplies or an assessment of the control of substances hazardous to health. The practice had a written fire risk assessment in place but staff told us that the practice had not recently carried out a rehearsal of their fire evacuation procedures.

Arrangements to deal with emergencies and major incidents

The practice had some arrangements in place to manage emergencies. All staff told us they had received training in basic life support and we examined records held to confirm this. Emergency equipment was available including access to oxygen. This appeared to be in working order, however records we reviewed indicated that the oxygen supply had last been serviced in 2006. The practice was unable to confirm if a maintenance contract was in place to ensure the efficacy of the oxygen supply and did not hold records to confirm that this equipment was checked regularly. The practice did not have a defibrillator and had not carried out a risk assessment to identify the risks associated with managing emergencies which required access to a defibrillator. Staff were unclear about what emergency equipment was available within the practice. For example, one nurse practitioner told us that the practice did not have a supply of oxygen. Another nurse practitioner was unaware as to whether masks and additional equipment were available.

Emergency medicines were available within the practice but not all staff, including nurses, knew of their location. The practice was unable to demonstrate they had processes in place to check that emergency medicines were within their expiry dates and suitable for use. We found inhalers used to treat emergency respiratory conditions within the practice's supply of emergency medicines which had expired in April 2014 and saline for injection which had expired in 2011. Needles and syringes within the emergency equipment supply had expired between 2005 and 2008. Therefore, the practice could not be sure the medicines and equipment were safe for use and patients may have been at risk of harm if emergency medicines had been administered to them.

A business continuity plan was in place to deal with a range of emergencies that may impact on the daily operation of the practice. Risks identified included power failure, adverse weather, unplanned sickness and access to the building.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice was unable to demonstrate how they ensured that GPs and nursing staff were familiar with current best practice guidance, accessing guidelines from the National Institute for Health and Care Excellence (NICE) and from local commissioners.

However, we saw that patients received appropriate treatment and regular review of their condition. The practice used computerised tools to identify and review registers of patients with complex needs. For example, patients with learning disabilities or those with long term conditions. The practice worked closely with the community teams to identify those patients most at risk of deteriorating health and unplanned hospital admissions. The practice nurse and GPs provided support and review of patients with long term conditions according to their individual needs. The practice sent invitations to patients for review of their long term conditions.

The practice held a register of patients receiving end of life care and staff told us they held quarterly palliative care meetings with the local hospice and multi-disciplinary teams. However, the practice did not record agendas or minutes for any of those meetings and therefore they were unable to ensure that information shared and agreed actions could be followed up and reviewed.

GPs within the practice held lead roles in specialist clinical areas such as dementia and safeguarding. The practice nurse was the lead for diabetes.

National data showed the practice was in line with referral rates to secondary and other community care services for all conditions. GPs used national standards and best practice for all referrals to secondary care. For example, patients requiring a referral into secondary care with suspected cancers were referred and seen within two weeks.

Management, monitoring and improving outcomes for people

Staff across the practice held key roles in the monitoring and improvement of outcomes for patients. These roles included data input and quality, clinical review scheduling, long term condition management and medicines management.

The practice participated in the Quality and Outcomes Framework (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. Current results were 98.9% of the total number of points available, compared with a national average of 94.2%. Data from 2013/2014 showed:

- Performance for diabetes related indicators was better than the CCG and national average. For example, 96.11% of patients with diabetes had received a flu immunisation in the preceding 1 September to 31 March, compared with a national average of 93.46%; the percentage of patients with diabetes whose last measured cholesterol was 5/mmm0l/l or less was 88.92% compared with a national average of 81.6%.
- Performance for mental health related indicators was better than the national average. For example: 95.56% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the last 12 months compared with a national average of 86.04% and the percentage of those patients who had a record of their alcohol consumption in the preceding 12 months was 93.62% compared with a national average of 88.61%;
- The percentage of patients diagnosed with dementia whose care had been reviewed in the preceding 12 months was 83.33% compared with a national average of 83.82%.

The practice was unable to demonstrate that it was making use of clinical audit tools, clinical supervision and staff meetings to assess the performance of clinical staff. The practice showed us some clinical audits which had been undertaken but was unable to demonstrate they had

systems in place for regularly completing clinical audit cycles. For example the practice had undertaken an audit of patients undergoing anticoagulation monitoring in August 2014 and 2015 as part of a requirement to provide information to support enhanced service funding. The audit information included standard operating protocols for the management and monitoring of those patients and the collection of data relating to treatment outcomes. However, the audit did not demonstrate where changes to treatment or care were made where needed to ensure outcomes for patients had improved. The practice also

Requires improvement

Are services effective?

(for example, treatment is effective)

presented an audit undertaken in March 2015 to improve dementia diagnosis rates within the patient population and improve upon the recording of dementia diagnosis. The practice had identified a numerical improvement in the dementia diagnosis rate between September 2014 and March 2015 and intended to repeat the audit in 2016. The nurse practitioners who were prescribing medicines to patients told us they had not participated in an audit of their prescribing practices.

Effective staffing

Practice staffing included medical, nursing, managerial and administrative staff. We reviewed staff training records and saw that some staff were not up to date with training in key areas. Staff had received training in basic life support and the safeguarding of children. Small numbers of staff had received training in fire safety and health and safety. However, one GP, nursing and administration/reception staff had not received training in the safeguarding of vulnerable adults. Nurses had not received up to date training in infection control. Reception staff who were required to act as chaperones within the practice had not received appropriate training to undertake this role.

Induction processes were in place for reception and administration staff and these were comprehensive and well documented. Reception staff were well supported by a detailed manual which gave clear guidance and support to them in fulfilling their role. However, we spoke with two nurse practitioners and a locum GP who told us they had not received an induction. This meant that those staff were unclear about some processes and procedures within the practice. There was no locum information pack to support locum GPs within the practice.

Nurse practitioners with extended roles had undertaken advanced training appropriate to their roles. For example they had completed training in prescribing and clinical assessment. One nurse practitioner who had recently been employed by the practice told us they were scheduled to complete training in the assessment of minor illnesses.

All GPs were up to date with their yearly continuing professional development requirements and all either had been revalidated or had a date for revalidation. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England).

Some staff within the practice told us they had regularly undergone appraisal which gave them the opportunity to discuss their performance and to identify future training needs. However, some staff we spoke with had not recently participated in an appraisal. For example, one practice nurse had last had an appraisal in October 2013 and a nurse practitioner employed by the practice since May 2014 told us they had not yet been appraised.

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 test results. Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. Staff told us that multi-disciplinary team meetings took place within the practice on a monthly basis and palliative care meetings were held on a quarterly basis. However, the practice did not have agendas or minutes for any of those meetings and therefore they were unable to ensure that information shared and agreed actions could be followed up and reviewed.

Consent to care and treatment

The practice had a written policy for consent. The practice did not carry out surgical procedures but required documented consent from patients for specific interventions such as joint injections. However, some staff did not have a clear understanding of the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. Staff, including nurses, told us they had not received training in the Mental Capacity Act 2005. Practice staff told us they

Requires improvement

Are services effective?

(for example, treatment is effective)

provided care to a high number of patients who did not have English as a first language. Nurses told us that they often experienced difficulties in communicating with those patients. However, the practice did not make use of translation services and did not hold any leaflets written in different languages to support those patients in understanding their treatment and ensuring informed consent.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included 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. Patients were then signposted to the relevant service.

The practice had a comprehensive cervical screening programme. The practice's uptake for the cervical screening programme was 79.77%, which was comparable to the national average of 81.89%.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, 90% of children up to the age of two years had received their first dose of the measles, mumps and rubella vaccination and their meningitis C booster. Flu vaccination rates for patients aged 65 and over were 67.73% which was slightly below the national average. Flu vaccination rates for patients in the defined clinical risk groups were 63.53%, compared with a national average of 52.29%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Health promotion was led by the healthcare assistant within the practice.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. 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. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private area to discuss their needs.

We spoke with seven patients on the day of our inspection. Patients said they felt the practice offered a caring service and staff were helpful and took the time to listen to them. They said staff treated them with dignity and respect. Some patients told us they experienced difficulty in obtaining a routine appointment with their GP and others described difficulty in accessing the practice by telephone at peak times of the day.

The most recent GP patient survey indicated that 73% of patients found the receptionists helpful compared with a local CCG average of 84% and a national average of 87%.

The practice was comparable with the CCG and national average for its satisfaction scores on consultations with doctors and nurses. For example:

- 88% said the GP was good at listening to them compared to the CCG average of 91% and national average of 89%.
- 83% said the GP gave them enough time compared to the CCG average of 88% 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%
- 85% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and national average of 85%.
- 92% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and national average of 90%.

Care planning and involvement in decisions about care and treatment

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

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

- 81% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 86%.
- 79% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and national average of 81%

Patient/carer support to cope emotionally with care and treatment

The results of the national GP survey showed that 85% of patients said the last GP they saw or spoke to was good at treating them with care and concern and that 92% of patients said the nurses were also good at treating them with care and concern.

The practice held a register of patients who were carers and new carers were encouraged to register with the practice. The practice computer system then alerted GPs and nurses if a patient was also a carer. We saw written information was available for carers to ensure they understood the various avenues of support available to them. Notices in the patient waiting room and patient website signposted patients to a number of support groups and organisations.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We found that some systems were in place to address some identified needs in the way services were delivered. The practice provided care and support to a high number of patients with learning disabilities living in local residential facilities. The practice made weekly visits to one residential facility which cared for patients with physical and learning disabilities and acquired brain injuries. One GP partner was identified as the lead GP for the care of those patients. The practice held a register of all patients with a learning disability. They offered them annual health checks and longer appointments as required. The practice worked closely with community services if additional support needs were determined following a review.

The practice told us they provided care and support to patients experiencing poor mental health. GPs were able to give examples of ways in which they had worked closely with community mental health teams to ensure patients received timely and appropriate care and support. For example, the practice provided care and support to patients with complex mental health problems and post-traumatic stress disorder, living temporarily within a local residential facility.

The practice supported patients with complex needs and those who were at risk of unplanned hospital admission. Patients with palliative care needs were well supported by the practice. The practice had a palliative care register and held regular multidisciplinary meetings to discuss patients and their families' care and support needs. This enabled the practice to ensure a coordinated approach to care and timely information sharing. Patients with long term conditions had their health reviewed at regular intervals. The practice provided care plans for asthma, chronic obstructive pulmonary disorder (COPD), diabetes, dementia and mental health conditions.

The practice had a small virtual patient participation group (PPG) and maintained more regular contact with one patient representative. We spoke with the patient representative who told us there were only three members within the group, who communicated mainly via email. They told us they met occasionally with the GP partners. The PPG member had been involved in reviewing the practice newsletter in order to improve information sharing with patients.

The practice had not conducted a full patient survey since 2013 but had collated feedback from patients via a number of sources. These included feedback from a group of 25 patients who were subject to regular blood testing to monitor the clotting tendency of their blood and patient feedback via the NHS Choices website. Feedback was also utilised from a group of 50 patients about one GP partner which had been collected using a standard questionnaire produced by the Royal College of General Practitioners, the primary purpose of which had been to inform that GP's annual appraisal. The practice had reviewed the feedback collected using these methods in March 2015, as part of a requirement to provide information to support enhanced service funding.

In response to the feedback gathered the practice had noted a number of improvements they had made. Comments received from patients requesting access to health checks had been responded to by the recruitment of a healthcare assistant and the implementation of health checks for patients aged 40 to 74 years. In response to patient concerns about appointment availability the practice had recruited two nurse practitioners in order to enable GPs to provide support to patients with more complex clinical needs. The practice had installed new telephone equipment in response to feedback about accessibility and the lack of helpfulness of reception staff. The new system enabled telephone calls to be directed to the practice location which was open rather than patients hearing an answerphone message if the practice was closed. The practice had reviewed its opening times in response to patient feedback in this regard. Extended hour appointments were available to patients on two mornings and one evening each week. The two practice locations provided combined access to services from 8.00am to 6.30pm and it was noted that additional hours were not possible in either location due to GP availability.

Tackling inequity and promoting equality

The practice had recognised some of the needs of different groups in the planning of its services. Vulnerable patients were well supported. The practice provided care and support to patients with a learning disability and worked closely with community services to support their needs.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

The practice was located in premises which required updating in some areas. The practice had a car park at the rear of the premises but we noted there were no designated car parking spaces for patients with a disability. Access to the premises by patients with a disability was via a rear door entrance and a ramp from the car park. The waiting area was large enough to accommodate patients with wheelchairs and prams and allowed for easy access to the treatment and consultation rooms. Toilet facilities were accessible for all patients and contained grab rails for those with limited mobility and an emergency pull cord.

Staff told us that translation services were not accessed for patients who did not have English as a first language. The practice did not hold any leaflets written in different languages to support patients in understanding their treatment and services available.

Access to the service

The practice at North Leatherhead Medical Centre was open from 8.00am to 1.00pm on three days each week and from 1pm to 6.30pm on two days each week. Services were provided from the practice's second site during the hours when the North Leatherhead Medical Centre was closed. Services were available between 8am and 6.30pm on each weekday across the two practice locations. The practice provided extended hours appointments on two mornings each week and one evening each week.

In addition to some pre-bookable appointments which could be booked up to eight weeks in advance, urgent and non-urgent same-day appointments were also available for people that needed them. A senior practice nurse provided triage services for patients presenting with urgent problems who could not be seen by a GP. The practice provided open access to GPs by telephone. Patients were able to request a telephone call from a GP with no restriction upon the total number of requests that could be made during the day.

Some patients we spoke with told us they experienced difficulty in accessing the practice by telephone at peak times during the day and in obtaining a routine appointment with their preferred GP. However, patients told us they were usually able to obtain an urgent same-day appointment when they needed one and that routine appointments were usually available with a nurse practitioner. Some patients we spoke with and comments we reviewed from patients on the NHS Choices website indicated that some patients felt there had become an over reliance on nurse practitioners appointments by the practice. Patients felt there were times when they preferred to see a GP but were only able to access a nurse practitioner appointment. The GP partners were aware of this feedback and told us that they felt patient responses to the nurse practitioners was improving. The GP partners told us that the nurse practitioner roles had been implemented to address difficulties associated with recruiting additional GPs and enabled them to provide more time in supporting frail elderly patients and those with complex conditions.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable with or below the local and national averages. For example:

- 50% of patients were satisfied with the practice's opening hours compared to the CCG average of 70% and national average of 75%.
- 74% of patients said they could get through easily to the surgery by phone compared to the CCG average of 68% and national average of 73%.
- 62% of patients described their experience of making an appointment as good compared to the CCG average of 68% and national average of 73%.
- 61% of patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 67% and national average of 65%.

Information was available to patients about appointments on the practice website. This included how to arrange home visits, how to book appointments and the number to call outside of practice hours. Patients were able to book appointments and request repeat prescriptions on line via the practice website. There were arrangements in place to ensure patients received urgent medical assistance when the practice was closed. Patients were advised to call the out of hours' service.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns. Their complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. The practice manager handled all complaints in the practice.

We saw that information was available to help patients understand the complaints system. There were posters in the waiting rooms to describe the process should a patient

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

wish to make a compliment, suggestion or complaint. Information was also advertised on the practice website. Patients we spoke with were aware of the process to follow should they wish to make a complaint. None of the patients spoken with had ever made a complaint about the practice.

We looked at the complaints log for those received in the last twelve months and found these had all been acknowledged, reviewed and responded to appropriately. However, complaints were not discussed formally at meetings. The GP partners told us that complaints were discussed at regular partners meetings but the practice did not hold minutes of those meetings. The practice did not have agendas in place for those meetings and complaints were not a standard agenda item at each meeting. Learning points and actions taken were not shared with the wider practice team to ensure learning and continuous improvement. The practice did not review complaints on an annual basis to detect themes or trends. Staff we spoke with knew how to support patients wishing to make a complaint.

Are services well-led?

Inadequate

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

Our findings

Vision and strategy

The practice partners had a clear vision to deliver high quality care and promote good outcomes for patients. However, we spoke with nine members of staff and they did not all have a clear understanding of the vision and values and some were unclear about what their responsibilities were in relation to these.

The GP partners recognised the impact of the difficulties associated with GP recruitment in implementing their vision for the practice.

Governance arrangements

The practice had some policies and procedures in place to govern activity and these were available to staff. However, some of the policies did not reflect the processes which staff followed within the practice. For example, the practice had a recruitment policy and a recruitment checklist which set out the standards it should follow when recruiting clinical and non-clinical staff. However the practice had not followed this policy and had recruited staff without checks being undertaken. The practice was unable therefore to ensure that fit and proper persons had been employed and to ensure the safe care and treatment of patients. Blank prescription forms were not handled in accordance with national guidance or the practice policy and were not kept securely at all times. Blank prescription pads were left in unlocked rooms which, due to the layout of the practice could potentially have been accessed by patients or visitors to the practice. However, the practice policy on the storage of prescription stationery stated that individual prescribers were responsible for ensuring the security of prescription forms once issued to them. The policy stated that forms were to be securely locked away when not in use.

Induction processes were in place for reception and administration staff and these were comprehensive and well documented. Reception staff were well supported by a comprehensive manual which gave clear guidance and support to them in fulfilling their role. However, we spoke with two nurse practitioners and a locum GP who told us they had not received an induction. This meant that those staff were unclear about some processes and procedures within the practice. There was no locum information pack to support locum GPs within the practice.

The practice used the Quality and Outcomes Framework (QOF) to measure their performance. The QOF data for this practice showed it was performing in line with or above national standards.

The practice was unable to demonstrate that it was making use of clinical audit tools, clinical supervision and staff meetings to assess the performance of clinical staff. The practice showed us some clinical audits which had been undertaken but was unable to demonstrate they had systems in place for regularly completing clinical audit cycles. The nurse practitioners who were prescribing medicines to patients told us they had not participated in an audit of their prescribing practices.

The practice had some systems and processes to manage and monitor risks to patients, staff and visitors to the practice. However, the practice did not have risk assessments in place to monitor the safety of the premises, such as the risk of exposure to legionella bacteria which is found in some water supplies or an assessment of the control of substances hazardous to health. The practice did not have a defibrillator and had not carried out a risk assessment to identify the risks associated with managing emergencies which required access to a defibrillator. The practice had a written fire risk assessment in place but staff told us that the practice had not recently carried out a rehearsal of their fire evacuation procedures.

Leadership, openness and transparency

The partners were visible in the practice and staff told us that they were approachable and took the time to listen to members of staff. The practice had a newly appointed practice manager who had been in post for three weeks at the time of our inspection. The previous practice manager had left the practice six months earlier.

The practice had developed a clear leadership structure which included named members of staff in lead roles. For example, there was a lead GP for governance and one GP partner was the lead for child and adult safeguarding. Two nurse practitioners, a practice nurse and a reception manager worked alongside the practice manager and GP partners. Staff were aware of the leadership structure within the practice.

The practice held some regular meetings but the majority were not recorded. Reception and administration teams held quarterly meetings and we saw records of these meetings up to December 2014. The practice manager told

Are services well-led?

Inadequate

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

us they had arranged a clinical team meeting since their appointment three weeks earlier but no minutes had been recorded. Staff told us they held quarterly palliative care meetings with the local hospice and monthly multi-disciplinary team meetings. However, the practice did not record agendas or minutes for any of those meetings and therefore they were unable to ensure that information shared and agreed actions could be followed up and reviewed. The practice had held an away day in May 2015 during which individual teams such as the nurse team and administration team were able to meet formally. We reviewed the minutes of those meetings and saw that standard operational issues had been discussed.

The practice had some systems in place for reporting, recording and monitoring some significant events, incidents and accidents but these were incomplete. We reviewed records of three significant events that had occurred within the last 12 months. The GP partners told us incidents were discussed at their regular partners meetings. However, no records of those meetings were held. Some learning was noted on the incident record but the incidents had not been shared nor the learning discussed and reviewed with the wider practice team. Actions taken in response to an incident were not always followed up and reviewed.

We looked at the complaints log for those received in the last twelve months and found these had all been acknowledged, reviewed and responded to appropriately. However, complaints were not discussed formally at meetings. The GP partners told us that complaints were discussed at regular partners meetings but the practice did not hold minutes of those meetings. The practice did not have agendas in place for those meetings and complaints were not a standard agenda item at each meeting. Learning points and actions taken were not shared with the wider practice team to ensure learning and continuous improvement. The practice did not review complaints on an annual basis to detect themes or trends.

Practice seeks and acts on feedback from its patients, the public and staff

The practice had a small virtual patient participation group (PPG) and maintained more regular contact with one patient representative. We spoke with the patient representative who told us there were only three members within the group, who communicated mainly via email. They told us they met occasionally with the GP partners.

The practice had not conducted a full patient survey since 2013 but had collated feedback from patients via a number of sources. These included feedback from a group of 25 patients who were subject to regular blood testing to monitor the clotting tendency of their blood, patient feedback via the NHS Choices website and feedback from a group of 50 patients about one GP partner which had been collected using a standard questionnaire produced by the Royal College of General Practitioners, the primary purpose of which had been to inform that GP's annual appraisal.

In response to the feedback gathered the practice had noted a number of improvements they had made. Comments received from patients requesting access to health checks had been responded to by the recruitment of a healthcare assistant and the implementation of health checks for patients aged 40 to 74 years. In response to patient concerns about appointment availability the practice had recruited two nurse practitioners in order to enable GPs to provide support to patients with more complex clinical needs. The practice had installed new telephone equipment in response to feedback about accessibility and the lack of helpfulness of reception staff. The new system enabled telephone calls to be directed to the practice which was open rather than patients hearing an answerphone message if the practice was closed. The practice had reviewed its opening times in response to patient feedback in this regard. Extended hour appointments were available to patients on two mornings and one evening each week. The two practice locations provided combined access to services from 8.00am to 6.30pm and it was noted that additional hours were not possible in either location due to GP numbers.

The practice gathered feedback from staff through informal discussions and via team meetings. Staff told us they felt able to give feedback and discuss any concerns or issues with colleagues and management. Reception staff told us they were given the opportunity to suggest agenda items prior to their team meetings. The practice had a whistleblowing policy which was available to all staff. Staff we spoke with were aware of the policy and how they could whistleblow internally and externally to other organisations.

Management lead through learning and improvement

The GP partners told us that incidents and complaints were discussed at regular partners meetings but the practice did not hold minutes of those meetings. The practice did not

Are services well-led?

Inadequate

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

have agendas in place for those meetings and complaints and incidents were not a standard agenda item at each meeting. Learning points and actions taken in relation to complaints and incidents were not shared with the wider practice team to ensure learning and continuous improvement.

We reviewed staff training records and saw that some staff were not up to date with training in key areas. Staff had received training in basic life support and the safeguarding of children. Small numbers of staff had received training in fire safety and health and safety. However, one GP, nursing and administration/reception staff had not received training in the safeguarding of vulnerable adults. Nurses had not received up to date training in infection control.

GPs and nurses had not received hand hygiene awareness update training within the last 12 months. Reception and administrative staff were required to act as chaperones within the practice but had not received appropriate training to undertake this role.

Some staff within the practice told us they had regularly undergone appraisal which gave them the opportunity to discuss their performance and to identify future training needs. However, some staff we spoke with had not recently participated in appraisal. For example, one practice nurse had last had an appraisal in October 2013 and a nurse practitioner employed by the practice since May 2014 told us they had not yet been appraised.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment We found that the registered provider had not always ensured that effective systems were in place to assess the risks to the health and safety of service users of receiving care or treatment and had not always done all that was reasonably practicable to mitigate such risks. We found that the registered provider had not ensured that persons providing care or treatment to service users had the qualifications, competence and skills to do so safely. We found that the registered provider had not ensured that equipment used for providing care and treatment was safe for use. We found that the registered provider had not ensured that effective systems were in place to assess the risk of, and prevent, detect and control the spread of infections, including those that are healthcare associated. This was in breach of regulation 12 (1) (2) (a) (b) (c) (d) (e) (f) (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment We found that the registered provider had not ensured systems and processes were established and operated effectively to prevent abuse of service users. This was in breach of regulation 13 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Requirement notices

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance We found that the registered provider had not always assessed, monitored and mitigated the risks relating to the health safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity. We found that the registered provider had not always assessed, monitored and improved the quality and safety of services provided. We found that the registered provider had not always maintained records which are necessary to kept in relation to the management of the regulated activity. This was in breach of regulation 17 (1) (2) (a) (b) (d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing We found that the registered provider had not ensured that persons employed in the provision of a regulated activity had received appropriate support, training, professional development and appraisal to enable them to carry out the duties they were employed to perform. This was in breach of regulation 18 (1) (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment We found that the registered provider had not ensured the proper and safe management of medicines. This was in breach of regulation 12 (1) (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed We found that the registered provider had not ensured that persons employed for the purposes of carrying on a regulated activity were of good character and had the necessary qualifications, competence, skills and experience necessary for the work to be performed. We found that the registered provider had not ensured that recruitment procedures were established and operated effectively to ensure that persons employed met the required conditions. We found that the registered provider had not ensured that information specified in Schedule 3 was available in relation to each person employed. This was in breach of regulation 19 (1) (a) (b) (2) (a) (3) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.