

# Burnham Surgery

## Quality Report

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

## Ratings

### Overall rating for this service

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 Burnham Surgery on 31 January 2017. This inspection was a follow up to our previous comprehensive inspection at the practice in March 2016 where breaches of regulation had been identified. The overall rating of the practice following the March 2016 inspection was inadequate and the practice was placed in special measures for a period of six months.

We also carried out an unannounced focused inspection in May 2016 where we saw some improvements had been made but these were insufficient. We issued a warning notice where improvements were required in relation to good governance and requirement notices in relation to Person-centred care, Need for consent and safe care and treatment.

At our inspection on 31 January 2017, we looked at whether the improvements at both inspections had been made and we found that the practice had improved. The practice is now rated as good overall with requires improvement for providing safe services.

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

- There had been recent changes in the GP partnership and locum GPs supported the two GP partners. There was evidence that the leadership and management structure of the practice had improved significantly since our last inspection.
- We found that all of the issues from the previous two inspections had been actioned but there were some areas where further improvement was required. Governance systems had improved but the practice needed additional time to embed their new processes to ensure that the improvements could be sustained over time. Practice staff told us that they felt supported by and found the new management

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members and structure beneficial. Practice staff reported that positive changes had been made and felt engaged in the improvements that were being implemented.

- The GP partners with the support of the nurse manager were supporting nurses and a pharmacist to gain their prescribing qualifications.
- We saw that practice protocols and policies were now in place but some of these needed to be reviewed to bring them up to date and to be made more readily available for staff.
- There was a system for recording significant events and complaints; these had been completed in a timely manner. These were discussed at management level meetings and actions taken. Learning had been shared with the staff but this was not always recorded. The practice showed us their development plan to ensure that meetings with practice staff were regularly held and minutes taken that included the sharing of learning.
- A system for acknowledging and sharing patient safety and medicine alerts and new clinical guidance had been implemented. Records showed that safety alerts were being actioned appropriately and shared with clinical staff, although a minor improvement was required in relation to accessing the alert by additional staff when it was received by the practice.
- There was inconsistency in the processes used to ensure that all changes to prescriptions were authorised by a clinician with reference to the patient records.
- There was a new system in place for tracking the use of prescription stationery throughout the practice.
- The practice had received support from the CCG and the practice had made the improvements required to their infection control systems and processes. Relevant staff had received training.
- Since our last inspection, the practice had engaged the services of health and safety specialists. A comprehensive health and safety risk assessment had been undertaken in November 2016, but there were outstanding actions from this assessment that still

required action at the time of the inspection. In relation to fire safety, the practice had some safety procedures in place but did not have a complete written fire risk assessment.

- There was a system in place to ensure patients receiving high-risk medicines had received appropriate monitoring prior to receiving repeat prescriptions.
- Staff undertaking chaperone roles had all received training and had received disclosure and barring service checks.
- The practice had a contract to dispense medicines to some of their patients and had an arrangement with the pharmacy, which was located in the same building. On the day of the inspection, the contract between the practice and the pharmacy owner had not been agreed. This posed a risk to patients as without a contract, effective monitoring of the system could not take place.
- The practice had completed clinical audits to improve patient outcomes, changes had been made and improvements seen. The practice had not monitored the performance and quality of tasks, such as coding of medical records and changes to prescriptions which non-clinical staff were responsible for to ensure safety.
- Practice staff had received training appropriate to their roles but the management oversight needed to be improved to ensure that updates would be undertaken at the appropriate time.
- **The areas where the provider must make improvements are:**
  - Ensure a written fire risk assessment is undertaken and actions taken to keep patients and staff safe from harm. Ensure that the practice mitigates the risks to the health and safety of patients and staff as identified in the specialists risk assessment of the practice.
  - Ensure systems are in place to monitor performance and quality in relation to prescriptions and the coding of records.
  - Ensure that work is continued with the community pharmacy to secure the dispensing service and monitor its effectiveness.

**In addition the provider should:**

# Summary of findings

- Continue to demonstrate effective GP leadership to ensure improvements are implemented, embedded and sustainable to continue to improve patient care.
- Implement a system to evidence and document that the learning from significant events and relevant information has been cascaded to all members of staff.
- Review the process and implement any changes so that there is a consistent approach to ensure all changes to prescriptions are authorised by a clinician with reference to the patient records.
- Implement a system to ensure that the practice policies and procedures are fully documented and that the most up to date versions are easily accessible to all practice staff.
- Review the process for acting on patient safety and medicine alerts so that all relevant clinicians are able to action the alerts when received.
- Improvement the management oversight to ensure that all practice staff have received all the training appropriate to their role and in the appropriate time frame.

I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by the service.

**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**



- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice but these were not always recorded.
- When things went, wrong patients received reasonable support and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- Since our last inspection, the practice had engaged the services of health and safety specialists. We saw that a comprehensive assessment had been undertaken in November 2016, but there were outstanding actions from this assessment that required action. For example, in relation to fire safety, the practice had some safety procedures in place did not have a complete written fire risk assessment.
- The practice had clearly defined and embedded systems, processes, and practices in place to keep patients safe and safeguarded from abuse.
- Improvements had been made to the safe management of medicines for example we saw that patients who were taking high-risk medicines were monitored in a timely way. However, there were areas that needed to be improved further; for example, there was no consistent process to ensure that all changes to prescriptions were authorised by a clinician with reference to the patient records. The newly introduced system for tracking the use of prescription stationery needed to be embedded and monitored.
- A system for acknowledging and sharing patient safety and medicine alerts and new clinical guidance had been implemented. Records showed that safety alerts were received, recorded, distributed, and acted on. However, the process was not effective as it was dependent on one person overseeing the email in box and alerts would not be processed when that person was not on duty.
- The practice had a contract to dispense medicines to some of their patients and had an arrangement with the pharmacy, which was located in the same building. On the day of the inspection, the contract between the practice and the pharmacy owner had not been agreed.

# Summary of findings

## Are services effective?

The practice is rated as good for providing effective services.

Good



- 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. However, there was scope to improve the systems in place to monitor that these guidelines were followed through risk assessments, audits, and random sample checks of patient records.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were in line with local and national averages.
- The practice had undertaken clinical audits to encourage improvement. However, they had not undertaken audits to monitor that there was a consistent process to ensure that all changes to prescriptions were authorised by a clinician with reference to the patient records.
- Practice staff had the skills, knowledge, and experience to deliver effective care and treatment.
- The practice had improved multidisciplinary team working, we saw minutes from a palliative care meeting, which had been attended by GPs and nurse and the Macmillan nurse. The community nurse was invited but had been unable to attend.

## Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the National GP Patient Survey published in July 2016 showed patients rated the practice in line with local and national averages for most aspects of care.
- Feedback from patients about their care was positive. Patients said they were treated with compassion, dignity, and respect and they were involved in decisions about their care and treatment.
- Practice staff telephoned patients that had been recently discharged from hospital to ensure they understood any new medicine regimes they had been started on and that they had adequate supplies.
- The practice had identified 196 patients as carers (2.6% of the practice list).
- Information for patients about the services available was easy to understand and accessible.

# Summary of findings

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## 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 Clinical Commissioning Group to secure improvements to services where these were identified.
- The practice offered appointments between 8am and 6.30pm on Mondays to Fridays with extended hours appointments on Wednesday from 7am to 8am. Appointments for practice nurse or health care assistant and telephone consultations with a GP are available on Tuesdays and Thursday from 6.30 pm to 7pm. In addition to pre booked appointments, available six week in advance, urgent and walk in appointments were available for those that needed them.
- Patients we spoke with on the day said they found it difficult to make an appointment with a named GP. Data from the GP Patient Survey published July 2016 showed that 64% of patients usually got to see or speak with their preferred GP compared with the CCG and national average of 59%.
- Urgent appointments were available the same day and telephone consultations were available for those patients who wished to access advice this way.
- The practice had good facilities and was well equipped to treat patients and meet their needs. Improvements had been made to the reception area to give improve confidentiality for patients.
- 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.

Good



## Are services well-led?

The practice is rated as good for being well led.

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. The newly formed management team had written this and practice staff were clear about the vision and their responsibilities in relation to it.

Good



# Summary of findings

- Governance arrangements had been successfully implemented but needed to be embedded into practice to ensure that the issues identified at the previous inspections had all been resolved and sustained over time.
- There was a clear leadership structure in place and staff felt well supported by the GP partners but the practice told us that lack of GP resource available concerned them. Following our inspection the practice told us that two GP locums who had worked at the practice on a regular basis had accepted salaried posts with them.
- Policies and procedures were in place but these needed to be improved further. The system to ensure that the most up to date version was easily available to staff needed strengthening.
- There was a system for recording significant events and complaints; these had been completed in a timely manner. These were discussed at management level meetings and actions taken. The practice had a development plan to ensure that meetings with practice staff were regularly held and minutes taken that included the sharing of learning.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- An ethos of learning and improvement was present amongst all staff. The GPs and nurse manager were supporting nurses and a pharmacist to gain their prescribing qualifications.



# 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 providing services to older people.

Good



- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- A clinician prioritised requests for home visits and ensured appropriate and timely care for patients.
- The practice contacted patients who may not be able to request their own repeat prescriptions by telephone ensuring that they had adequate supplies of their medicines.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people, including rheumatoid arthritis and heart failure, were in line local and national averages.
- The practice had identified 196 patients as carers (2.6% of the practice list).
- The practice was engaged with the local carers support group, which provided guidance, support, and respite for carers. Written information was available to direct carers to the various avenues of support available to them.

### People with long term conditions

The practice is rated as good for providing services to patients 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 practice used the information collected for the Quality and Outcomes Framework (QOF) to monitor outcomes for patients (QOF is a system intended to improve the quality of general practice and reward good practice). Data from 2015/2016 showed that
- Longer appointments and home visits were available when needed.
- Patients with complex needs had a named GP and a structured annual review to check their health and medicines needs were being met. There was a recall system in place to ensure that patients were invited and attended annual reviews.
- The practice offer blood anti - coagulation blood monitoring and dosing (INR) on site.

# Summary of findings

## Families, children and young people

The practice is rated as good for providing services to families, children and younger people.

Good



- 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.
- Immunisation rates were high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The percentage of women aged 25-64 whose notes recorded that a cervical screening test had been performed in the preceding five years was 80%, which was in line with the local CCG and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice offered a full range of contraception services and chlamydia screening. Following the closure of a local sexual health clinic, the practice wrote to the local schools asking them to make young people aware that services were available at the practice. The practice told us that following this they saw an increase in the number of young patients seeking advice on contraception.
- We saw positive examples of joint working with midwives, health visitors, and school nurses.

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

The practice is rated as good for providing services to working age people.

Good



- 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 where possible.
- 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 was situated very close to the local train station and offered early morning appointments for those that commuted.
- The practice offered an electronic prescription service, which meant that patients were able to collect the medicines from the pharmacy of their choice.

# Summary of findings

- Smoking cessation advice and support was available at the practice.
- Telephone consultations were available for those who wished to access advice this way.

## People whose circumstances may make them vulnerable

The practice is rated as good for providing services to people whose circumstances may make them vulnerable.

Good



- The practice held a register of patients living in vulnerable circumstances including travellers and those with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients, and held regular multidisciplinary team meetings.
- A practice nurse followed up patients that had been discharged from hospital.
- A dedicated telephone line number was given to those patients who may be a risk of unplanned admission. The staff were aware that these patients were assessed as a priority.
- The practice informed vulnerable patients about how to access various 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.

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

The practice is rated as good for providing services to people experiencing poor mental health.

Good



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The practice performance for indicators relating to mental health was 100%; this was 7% above the CCG and national average. The exception reporting for this indicator was 44% this was above the CCG average of 17% and the national average of 11%.
- 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.

## Summary of findings

- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Practice staff had a good understanding of how to support patients with mental health needs and dementia.
- The nurse practitioner had a special interest and with GP support managed patients who may be experiencing poor mental health and with GP support managed patients.

# Summary of findings

## What people who use the service say

The National GP Patient Survey results were published in July 2016. The results showed the practice was performing in line with local and national averages in some areas. 219 survey forms were distributed and 107 were returned. This represented a 49% completion rate.

- 77% found it easy to get through to this surgery by phone compared to a local average of 63% and a national average of 73%.
- 89% said that the last appointment they got was convenient compared to the local average of 93% and the national average of 92%.
- 87% were able to get an appointment to see or speak to someone the last time they tried compared to a local average 86%, and the national average of 85%.
- 82% described the overall experience of their GP surgery as good compared to a local average of 88%, and a national average of 85%.

- 72% said they would recommend their GP surgery to someone new to the area compared to a local average 76%, and a national average 78%.

As part of our inspection, we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 16 comment cards, 14 of which were positive about the standard of care received. Patients felt that the practice provided a friendly, efficient, and supportive service. One patient commented that they had noticed an improvement over the past few months. Two cards were negative in their feedback about appointments but thought that the staff were working very hard.

We spoke with four patients during the inspection, all four patients said the care they received was good, and that staff were kind, friendly, caring, and approachable.

## Areas for improvement

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

- Ensure a written fire risk assessment is undertaken and actions taken to keep patients and staff safe from harm. Ensure that the practice mitigates the risks to the health and safety of patients and staff as identified in the specialists risk assessment of the practice.
- Ensure systems are in place to monitor performance and quality in relation to prescriptions and the coding of records.
- Ensure that work is continued with the community pharmacy to secure the dispensing service and monitor its effectiveness.

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

- Continue to demonstrate effective GP leadership to ensure improvements are implemented, embedded and sustainable to continue to improve patient care.

- Implement a system to evidence and document that the learning from significant events and relevant information has been cascaded to all members of staff.
- Review the process and implement any changes so that there is a consistent approach to ensure all changes to prescriptions are authorised by a clinician with reference to the patient records.
- Implement a system to ensure that the practice policies and procedures are fully documented and that the most up to date versions are easily accessible to all practice staff.
- Review the process for acting on patient safety and medicine alerts so that all relevant clinicians are able to action the alerts when received.
- Improvement the management oversight to ensure that all practice staff have received all the training appropriate to their role and in the appropriate time frame.

# Burnham Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team included a CQC lead inspector, a GP specialist adviser, a nurse specialist adviser, and a Care Quality Commission medicine management team member.

## Background to Burnham Surgery

Burnham Surgery is located centrally in the village of Burnham On Crouch, Essex. It is in close proximity to the train station and has parking available. The practice is located in a privately owned purpose built building which, building works to expand the premises, which were on going at our last inspection had been completed.

- The practice has a list size of approximately 9,300 patients.
- The practice has a smaller than average population aged 0 to 44 years old and a larger than average population aged 45 to 85+ years old.
- There are two GP partners (male), and two regular locums.
- There is a nurse practitioner, three nurses and two healthcare assistants.
- There is a practice manager and business manager and a team of reception and administrative staff and cleaners.

- The practice was able to offer dispensing services to patients on the practice list who lived more than one mile (1.6km) from their nearest pharmacy. The dispensing service was provided by a community pharmacy.
- The practice offered appointments between 8am and 6.30pm on Mondays to Fridays with extended hours appointments on Wednesday from 7am to 8am. Appointments for practice nurse or health care assistant and telephone consultations with a GP are available on Tuesdays and Thursday from 6.30 pm to 7pm. In addition to pre booked appointments, available six week in advance, urgent and walk in appointments were available for those that needed them.
- When the practice was closed patients called 111 to be connected to the out-of-hours service provided by NHS Mid Essex.

## 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.

This inspection was a follow up to our previous comprehensive inspections at the practice in March 2016 and May 2016 where breaches of regulation had been identified. The overall rating of the practice following the May 2016 inspection was Inadequate and the practice was placed into special measures for a period of six months.

# Detailed findings

We also issued a warning notice to the practice to inform them where improvements were needed in relation to good governance.

## 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 visit on 31 January 2017. During our visit we:

- Spoke with a range of staff, care home staff, and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

At our inspection on 31 March 2016, we rated the practice as inadequate for providing safe services as arrangements for identifying and managing risks to patients and staff needed to be implemented. These arrangements had improved when we undertook a follow up inspection on 31 January 2017. The practice is now rated as requires improvement for providing safe services.

### Safe track record and learning

At our previous inspection, the practice did not have a system to enable staff to consistently identify and record significant events. The practice demonstrated improvement to identify and recording but further improvement was needed to ensure that all practice staff shared learning from these events. We found that;

- An effective system was in place for reporting and recording significant events.
- 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 recording form supported the recording of notifiable incidents under the duty of candour (the duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, a written apology, and were told about any actions to improve processes to prevent the same thing happening again.
- Significant events were discussed at management meetings, where outcomes were reviewed and put into practice. We spoke with staff who told us that information and learning from these meetings was verbally shared with them via their team leader. The lack of written minutes did not ensure that learning had been shared across all relevant staff. The practice showed us the timetable of planned meetings for all practice staff stating in April 2017. This would facilitate the engagement of all practice staff and detailed minutes will be available and easily accessible for all staff.

We reviewed safety records, incident reports and the process for responding to patient safety and medicine

alerts. Records showed that safety alerts were received, recorded, distributed, and acted on. However, the system in place was that alerts were received at the practice to an email address and managed by two members of the administration team who would forward alerts to GPs for action. This system did not ensure that other members of staff had access to the email account when these staff members were absent from work. The practice told us that they would amend their system to make it more effective.

### 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. On the day of the inspection, the policies were not easily accessible to all staff. We were shown more than one version of the policies which we reviewed. We found that they were not comprehensive but did outline whom to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child safeguarding level three.
- On our previous inspections, we found that not all staff working as chaperones had received a Disclosure and Barring Service (DBS) check (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they might have contact with children or adults who might be vulnerable). We found that this issue had been fully addressed and DBS checks had been undertaken for all members of staff.
- On our previous inspection, the practice had not taken action to identify and address the risks associated with infection control. On this inspection, we saw that the practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. A nurse practitioner was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice.



# Are services safe?

There was an infection control protocol in place and staff had received up to date training. An infection control audit had been undertaken and we saw evidence that action was taken to address any improvements identified as a result of audit. One room had been taken out of use, as it had not met the requirements; the practice had plans to address the concerns.

There was a sharps injury procedure available. Clinical waste was stored, and disposed of, in line with guidance.

- We reviewed a number of personnel files and found appropriate recruitment checks had been undertaken prior to staff's employment. For example, proof of their identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

## Medicines management

- Most of 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), however some processes needed to be strengthened.
- Processes were in place for handling repeat prescriptions, which included the review of high-risk medicines, however the procedure for amending prescriptions following hospital discharge was not carried out consistently and we could not be sure that changes were always authorised by a clinician with reference to the patient notes. We spoke with staff members and the management team who told us that they would ensure the policy was being followed.
- The practice had undertaken an audit in relation to the use of methotrexate (a high-risk medicine) in general practice. On the day of the inspection, a search of patients taking methotrexate showed ongoing good performance and patients well managed.
- Prescriptions could be ordered online, in writing or in person. Prescription clerks were available to speak to patients about their medicines, and they offered a telephone ordering service to support people who had difficulty in ordering their own prescriptions. Staff would also make appointments for patients when blood tests and medicine reviews were due. They told us that they would sometimes telephone patients after a consultant

had changed their prescription, to make sure that they understood how to take the medicines. The practice used the electronic prescription service, which meant that patients could collect their medicines directly from a pharmacy without collecting a prescription first.

- The practice carried out medicines audits, with the support of the local CCG medicines management team, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Blank prescription forms and pads were securely stored. The practice had recently introduced a system to monitor their use in line with national guidance so there were no records to demonstrate the effectiveness of the process.
- One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. The practice was currently supporting another staff member to obtain the prescribing qualification. Patient Group Directions 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.
- The practice offered a dispensing service to patients on the practice list who lived more than 1.6km from a pharmacy. The service was provided by a community pharmacy within the same building. The practice was in the process of agreeing the contractual arrangements under which this service was provided, so at the time of our visit there were no arrangements in place for the practice to assure themselves of the quality of the service. We saw that the pharmacy had a set of standard procedures (written instructions about how to safely dispense medicines) relating to the dispensing service. Services offered by the pharmacy such as extended opening hours and home delivery were available to dispensing patients.
- A qualified dispenser who worked to an agreed protocol reviewed the medicines of patients discharged from hospital. This included referral to a GP where required. However, the practice did not undertake regular audits to ensure that errors did not occur.

## Monitoring risks to patients

## Are services safe?

The practice had improved the systems and process to identify and mitigate risks to patients. However further improvements were needed.

- In November 2016, the practice had employed the services of health and safety specialist to ensure that they were managing risks safely. Not all the actions identified within the specialist report had been completed but the practice demonstrated that this was work in progress. A staff member was responsible for managing the action plan and had undertaken some training in the use of an on line reporting system.
- There was a health and safety policy available with a poster in the reception office, which identified local health and safety representatives.
- The practice did not have a written and up to date fire risk assessment but they had carried out regular fire drills and had clear procedures posted on notice boards. Practice staff we spoke with were aware of the actions to take in the event of a fire. The practice planned formal face-to-face training to support on-line training.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked 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 and infection control 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 and mix of staff needed to meet

patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. The practice manager and business manager worked shifts that ensured that whenever possible, one of them was on the premises when the practice was open.

### **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 emergency medicines were easily accessible to staff in a secure area of the practice. All the medicines we checked were in date.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book was available.
- 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. Following a significant event, the practice was left without electrical power; the practice instigated the continuity plan. Although not needed the practice had assured that, they would have been able to manage the patients safely. This incident led to joint working with other practices and a locality wide review of all practice plans was undertaken.

# Are services effective?

(for example, treatment is effective)

## Our findings

At our inspection on 31 March 2016, we rated the practice as inadequate for providing effective services, as improvements were required in relation to staff recruitment, induction, and training processes. We also found that the identification of health conditions, appropriate coding and that consent was sought appropriately required improving. Improvements had been made since the previous inspections. The practice is now rated as good for providing effective services.

### 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. However, there was scope to improve the systems in place to monitor that these guidelines were followed through risk assessments, audits, and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. QOF is a system intended to improve the quality of general practice and reward good practice. The most recent published results showed that the practice had achieved 95% of the total number of points available, which was in line with the local average and the national average of 95%. The exception-reporting rate for the practice was 9%, which was below the local average of 11% and the national average of 10% (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).

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

- Performance for diabetes related indicators was 79%, which was below the local average of 85% and the national average of 90%. Exception reporting for diabetes related indicators was 9%, which was below the local average of 14% and national averages of 12%.
- Performance for asthma related indicators was 100%, which was in line with the local average of 98% and the national average of 97%. Exception reporting for these indicators was 10%, which was in line with the local average of 10% and the national average of 7%.
- Performance for mental health related indicators was 100%, which was above the local average of 93% and the national average of 93%. Exception reporting for these indicators was 44%, which was above the local average of 17% and national averages of 11%.

We spoke to the practice about the high exception reporting rate for mental health indicators. They were aware of the data and had put in place a system to reduce the exception reporting. We were satisfied that the information made available to us demonstrated that the necessary improvements were being made.

The practice had implemented systems to manage the recalls for patients for long term condition monitoring, these had improved the practice performance in most areas, and the practice told us that they were reviewing the performance for diabetes to ensure all patients were monitored appropriately.

The practice had ensured that staff responsible for the Read coding of patients had received appropriate training.

We discussed and reviewed medical records relating to the mental health performance of the practice with GPs and nurse practitioner. We saw that patients had been appropriately managed and the practice told us that they would review these regularly.

The practice participated in local audits, and national benchmarking. We looked at whether the practice had carried out a programme of quality assurance including clinical audit. This had been identified as an area for improvement at the first comprehensive inspection and at the focused inspection.

The practice had completed clinical audits for example;

- An audit was undertaken to review the impact of increased capacity to offer more joint injection clinics in the practice and the impact this had on referrals to the

# Are services effective?

## (for example, treatment is effective)

pain clinic at secondary care. The audit was run between the periods January 2015 and December 2015 and January 2016 and Dec 2016. The number of injections given in the practice increased from 159 to 276. The number of referrals to the pain clinic reduced from 46 to two. This improvement showed patients received effective care quicker and closer to home and had avoided referrals to secondary care.

- In addition, following review of their performance for diabetes care in the practice, a first cycle audit in relation to Type 2 diabetes had been undertaken. This had looked at the care and treatment of patients with this condition to ascertain whether improvements had been made to their health. The practice re-introduced a GP lead for reviews of patients with diabetes or at risk from diabetes. The practice will undertake an annual audit cycle over a five-year period to measure patient outcomes and implement changes needed in how advice or treatment is given.

The practice told us that they had recently started a programme of clinical audit.

### Effective staffing

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

- The practice had developed an induction programme for all newly appointed staff. This covered topics including safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. However, the management system to have clear oversight needed to be improved.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training, which had included an assessment of their 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. The management team were reviewing and developing appropriate training to meet the learning needs of practice staff and to cover the

scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. A schedule of appraisals had been commenced and written evidence of these had been retained in personnel files.

### 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.

Non-clinical practice staff had responsibility for managing hospital correspondence, the summary and coding of medical records and referring relevant documentation to a clinician for review if required. 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. Meetings took place with other health care professionals on a regular basis to discuss patients with complex needs.

### Consent to care and treatment

On our previous inspection, we found that there was no consistent approach to recording patients' consent to care and treatment in line with legislation and guidance. We found that this had improved.

- Practice 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.

# Are services effective?

(for example, treatment is effective)

## 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, alcohol consumption, and smoking cessation. Patients were signposted to the relevant service.
- The practice's uptake for the cervical screening programme was 80%, which was in line with the local average of 82% and the national average of 81%. 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 also encouraged its patients to attend national screening programmes for breast and bowel cancer screening. The breast cancer-screening rate for

the past 36 months was 73% of the target population, which was in line with the CCG average of 77% and the national average of 72%. The bowel cancer-screening rate for the past 30 months was 63% of the target population, which was in line with the CCG average of 62% and above the national average of 58%.

- Childhood immunisation rates for the vaccinations given were above CCG and national standard of 90%. For example, childhood immunisation rates for the vaccinations given to under two year olds in 2015/2016 ranged from 94% to 96%. Childhood immunisation rates for the vaccinations given to five year olds ranged from 94% to 99%.
- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

At our inspection on 31 March 2016, we rated the practice as requires improvement for providing caring services, as improvements were needed to the confidentiality within the reception area. The practice is now rated as good for providing caring services.

### 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.
- The practice had put a system of waiting barriers in place to ensure that patients waited until the receptionist was free to assist them. The practice had applied to the property owner to gain permission to erect protective screens; on the day of the inspection, the property owner had not given the practice permission to undertake this work.
- Practice staff told us that they were aware of the need to ensure that they protected patients confidentiality at all times.
- When patients wanted to discuss sensitive issues or appeared distressed reception staff could offer them a private room to discuss their needs.

We spoke with four patients, all of whom told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Patients told us 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 patient satisfaction scores were in line or above the local and national averages. For example:

- 90% of patients said the GP was good at listening to them compared to the local average of 88% and the national average of 89%.
- 92% of patients said the GP gave them enough time compared to the local average of 86% and the national average of 87%.

- 97% of patients said they had confidence and trust in the last GP they saw compared to the local average of 95% and the national average of 95%.
- 88% of patients said the last GP they spoke to was good at treating them with care and concern compared to the local average of 84% and the national average of 85%.
- 91% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the local average of 92% and the national average of 91%.
- 95% of patients said the nurse gave them enough time compared to the local average of 93% and the national average of 92%.
- 84% of patients said they found the receptionists at the practice helpful compared to the local average of 86% and the national average of 87%.

### 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. We saw that care plans were personalised.

Results from the National GP Patient Survey published in July 2016 showed patients responses to questions about their involvement in planning and making decisions about their care and treatment were positive. For example:

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



## Are services caring?

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.
- The practice staff were available to support patients to complete medical forms or to understand information.

### **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 was proactive in identifying patients with caring responsibilities. The practice had identified 196

patients as carers (2.6% of the practice list). Written information was available to direct carers to the various avenues of support available to them. The practice carer's co-ordinator had worked with young carers to arrange local one to one support services.

- The practice was proactive in managing patients who were at the end of their lives. It had a palliative care register and had regular meetings had been introduced to discuss the care and support needs of patients and their families with all services involved. Practice staff told us that families who had suffered bereavement were contacted by their usual GP. This call was followed by a patient consultation at a flexible time and location to meet the family's needs. At our last inspection, we found that the practice did not have systems and process to ensure that communications were not sent inappropriately when there had been bereavement. The practice had implemented systems and undertaken staff awareness training.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

At our inspection on 31 March 2016, we rated the practice as requires improvement for providing responsive services in relation to reviewing the needs of their population, and making appointments with a preferred GP.

These arrangements had improved when we undertook a follow up inspection on 31 January 2017. The practice is now rated as good for providing responsive services.

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice manager and GPs attended such events as practice manager meetings and group local practice meetings designed to share learning and improve services.

- The practice offered extended hours appointments each Wednesday from 7am to 8am.
- The practice offered electronic prescribing and many of the commuter patients were able to collect their prescriptions from pharmacies of their choice.
- There were longer appointments available for patients who required them.
- Home visits were available for older patients and patients who had clinical needs, which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Multi-disciplinary team meetings were now taking place with a range of other healthcare professionals in attendance.
- Patients were able to receive travel vaccinations available on the NHS.
- There were facilities for the disabled and translation services available.
- A range of patient information leaflets was available in the waiting area including NHS health checks, services for carers and promotion of mental health awareness.
- The practice provided a range of nurse-led services such as management of asthma, weight management, diabetes, and coronary heart disease, wound management, smoking cessation clinics, and minor illness advice.

- The practice offered in-house diagnostics to support patients with long-term conditions, such as blood pressure machines, electrocardiogram tests, spirometry checks, blood taking, health screening, and minor injuries.
- The practice identified and visited the isolated, frail, and housebound regularly. Chronic disease management was provided for vulnerable patients at home and the practice was active in developing care plans and admission avoidance strategies for frail and vulnerable patients.

### Access to the service

The practice offered appointments between 8am and 6.30pm on Mondays to Fridays with extended hours appointments on Wednesday from 7am to 8am. Appointments for practice nurse or health care assistant and telephone consultations with a GP were available on Tuesdays and Thursday from 6.30 pm to 7pm. In addition to prebooked appointments, available six week in advance, urgent and walk-in appointments were available for those that needed them. When the practice was closed, patients access the out of hours service via 111.

Results from the National GP Patient Survey published in July 2016 showed that patients' satisfaction with how they could access care and treatment some were below and others above the local and national averages. This data was collated prior to the current partnership.

- 77% of patients said they could get through easily to the practice by phone compared to the local average of 63% and the national average of 73%. This was an improvement from the previous inspection when data showed that 75% of patients said they could get through easily to the surgery by phone compared to the CCG average of 64% and the national average of 73%.
- 69% of patients were satisfied with the surgery's opening times compared to the CCG average of 72% and the national average of 76%. This was an improvement from the previous inspection when data showed 65% of patients were satisfied with the surgery's opening times compared to the CCG average of 71% and the national average of 75%.
- 64% of patients said they always or almost always see or speak to the GP they prefer compared to the CCG and national average of 59%. This was lower compared with



# Are services responsive to people's needs?

## (for example, to feedback?)

the data at our last inspection 73% of patients said they always or almost always see or speak to the GP they prefer compared to the CCG average of 61% and the national average of 59%.

- 40% of patients felt they don't normally have to wait too long to be seen compared to the CCG average of 63% and the national average of 65%. This was an improvement from the previous inspection when data showed 31% of patients felt they don't normally have to wait too long to be seen compared to the CCG and the national average of 58%.
- 69% of patients were satisfied with the practice's opening hours compared to the local average of 72% and the national average of 76%. This was an improvement from the previous inspection when data showed that 65% of patients were satisfied with the practice's opening hours compared to the CCG average of 71% and national average of 75%.

The practice had taken action to address the satisfaction of patients in relation to the appointment system. Since the last inspection, the practice had not been able to recruit further salaried GPs but they had gained the services of regular locum GPs. The practice was also utilising the skills of their nursing staff and were supporting them in gaining qualifications to prescribe medicines and undertake clinical assessments to improve appointment access for patients.

People told us on the day of the inspection that they were able to get appointments when they needed them.

However, with the limited number of partners or salaried GPs, their preferred choice was limited and there was a delay in getting an appointment. We reviewed the appointment system and saw that the next routine appointment for a GP incurred a three-week wait. We saw that patients who needed to be seen were seen on the day and that patients were able to access the GP of their choice via the telephone.

### Listening and learning from concerns and complaints

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. There was a designated responsible person who handled all complaints in the practice.

We saw that information was available to help patients understand the complaints system on the practice's website and in their information leaflet. Information about how to make a complaint was also displayed on the wall in the waiting area. Reception staff showed a clear understanding of the complaints' procedure.

We looked at documentation relating to a number of complaints received in the previous year and found that they had been fully investigated and responded to in a timely manner. Complaints were shared with some staff to encourage learning and development. The practice shared with us the timetable of practice staff meetings that would be held from April 2017. These meetings would ensure that all staff were involved.

# Are services well-led?

Good 

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

## Our findings

At our inspection on 31 March 2016, we rated the practice as inadequate for providing well led services as the practice did not have a clear vision and strategy or clear leadership and staff did not feel supported by the management team. There were no overarching governance arrangements in place to support the delivery of safe care or make improvements to identified issues. These arrangements had significantly improved when we undertook a follow up inspection on 31 January 2017. The practice is now rated as good for providing well-led services.

### Vision and strategy

The practice demonstrated that there was a clear vision in place to provide their patients with services that were safe and well led. The practice staff we spoke with shared this vision and told us that they had been involved in working out the strategy to achieve this since the last inspection. The practice staff told us that they were working hard to achieve the improvements but that the lack of GP resources challenged them. Following our inspection the practice told us that two GP locums who had worked at the practice on a regular basis had accepted salaried posts with them.

Practice staff we spoke with were committed to providing a quality service and felt that there had been a greater emphasis on improving the service since the previous inspections in March 2016 and May 2016. We recognised that the practice had met some unforeseen and difficult challenges whilst addressing the required improvements identified in our report from March 2016. Despite these setbacks, the practice had made significant improvements to ensure that patients were kept safe.

### Governance arrangements

The practice had improved their governance systems and processes since the last inspection. The practice had an overarching governance framework, which supported the delivery of the strategy and good quality care. The practice had invested a significant amount of time in ensuring that effective policies and procedures were in place. We saw that many had been updated and that these were shared with all staff members. On the day of the inspection not all policies and procedures were easily available to staff and some needed updating and oversight by the clinical leads.

There was a clear leadership structure with a newly formed management team in post. The practice had a practice manager, business manager and each team had a team leader. There were named members of both clinical and administration staff in lead roles. Staff we spoke with were all clear about their own roles and responsibilities. Staff were multi-skilled and were able to cover each other's roles within their teams during leave or sickness.

We reviewed the minutes of structured clinical, business meetings and multidisciplinary team meetings. Information from these meetings was cascaded to the practice staff verbally by their team leaders and therefore we could not be assured that all staff received the relevant information. The practice shared with us their planned timetable of other meetings to ensure that information sharing, learning involved all the practice staff, and that detailed minutes would be available to monitor actions to ensure improvements were made and sustained.

Some of the changes implemented can only be assessed once the new methodology has been put into practice, then the appropriateness, workability and sustainability of the new systems and processes can be determined.

### Leadership and culture

On the day of inspection the partners told us, they prioritised safe, high quality and compassionate care. However, the lack of GP resource was a concern for the practice. They had engaged with locum doctors who provided continuity of care and they were actively seeking salaried GPs to join the team. The partners recognised the skills that were available within the nursing team and worked with the nurse manager to maximise these. We noted that the partners had a lack of clinical oversight in some areas for example they had not formally signed off the policy for anti-coagulation that was used by the practice nurse.

The leadership at the practice had responded positively to the findings of our previous inspections and had focused on the governance arrangements at the practice. New systems and processes had been implemented and were being embedded into practice to ensure that the issues identified at the previous inspections had been resolved. The practice recognised that some further improvements

# Are services well-led?

Good 

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

were needed and had an action plan to address these. Practice staff told us the partners were approachable, friendly and supportive, and that they were made to feel respected and valued in their roles.

There was a clear leadership structure in place and staff felt supported by management. Staff told us there was now an open culture within the practice and they had the opportunity to raise any issues and felt confident and supported in doing so. Practice staff were involved in discussions about how to run and develop the practice, and the partners, nurse manager, practice manager, and business manager encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public, and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service. We saw that the practice and Virtual Patient Participation Group (PPG) had responded to the finding of a patient survey they undertook in July 2016. This included feedback on appointments, text messaging and referral delays.

The practice manager shared with us the plans they had to engage with the wider community. Meetings were booked with groups such as the U3A (University of the third Age), Women's Institute and local schools.

The practice had also gathered feedback from staff through staff meetings, appraisals, and informal discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us that they felt there had been positive changes made in the previous three months following the introduction of the new management team, and that there was a supportive, respectful, calmer, more organised atmosphere in the building.

## **Continuous improvement**

There was a focus on continuous improvement at all levels within the practice. The partners and staff demonstrated a determination to continue their improvement plans to ensure that their patients received safe, high quality care and that they would be successful in recruiting more clinical staff to join the team.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance <ul style="list-style-type: none"><li>• The practice did not mitigate the risks to the health and safety of patients and staff as identified in the specialists risk assessment of the practice. A full written fire risk assessment had not been undertaken to ensure that patients and staff are kept safe from harm.</li><li>• The practice did not have a contract in place the community pharmacy to secure the dispensing service and monitor its effectiveness.</li><li>• There was insufficient monitoring of performance and quality to ensure tasks such as changes to prescriptions and coding of records that were delegated to non-clinical staff were carried out safely.</li></ul>