# Dogsthorpe Medical Centre

**Quality Report**

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

## Ratings

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

# Summary of findings

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## Overall summary

**Letter from the Chief Inspector of General Practice**

We visited Dogsthorpe Medical Centre on 19 May 2015 and carried out an announced comprehensive inspection.

The overall rating for this practice is requires improvement. We found that the practice required improvements in order to provide a safe, effective, caring, responsive and well-led service. It also required improvement for providing services to all populations groups.

Our key findings were as follows:

- Patients told us that the GPs and nurses were empathetic to their needs and took a genuine interest in their health concerns.
- In the last year the practice had significantly improved the way it managed common long-term medical conditions.
- The practice offered electronic prescribing which allowed patients to choose where to collect their medicines from.
- Information about how to complain was available and easy to understand.
- Staff received training appropriate to their roles and felt supported.
- Recruitment practices were not robust and key employment checks were not undertaken before staff started to work at the practice.
- The practice had experienced significant staffing challenges in the previous 18 months and relied on the use of locum GPs to cover clinical sessions.
- Patients reported that it was very difficult to get through on the telephone and there was a lack of privacy in reception areas.
- The practice had insufficient formal governance arrangements in place.
- Patients were not involved in decisions about the range and quality of the service provided by the practice.

# Summary of findings

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

Importantly, the provider must:

- Ensure that safety alerts are disseminated effectively to practice staff.
- Ensure that all children listed on the practice's safeguarding spread sheet are flagged on the electronic patient care records.
- Improve the way significant events are recorded, managed and learned from.
- Establish robust staff recruitment procedures
- Increase the number of health checks provided to people with learning difficulties.
- Ensure that the practice's own policies and procedures are followed by staff.
- Ensure that areas of risk are identified and monitored.
- Establish a systematic programme of clinical audit.
- Ensure robust governance arrangements are in place to assess and monitor the quality of services provided.

In addition the provider should:

- Improve the way cleanliness and infection control is monitored.
- Ensure that all staff receive regular appraisal of their performance.
- Review the arrangements for privacy of patients in the reception areas.
- Improve telephone access for patients
- Ensure there is adequate equipment available at both practice sites to meet patients' needs.
- Ensure patients are aware of and can access information about chaperones.
- Ensure that requests for information from health and social care professionals are met in a timely way.
- Improve the ways patients are able to contribute to the development of the practice.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

**Are services safe?**

Requires improvement

The practice is rated as requires improvement for safe. Medicines were managed well and there were procedures in place to deal with emergencies and major incidents. However, safety alerts were not passed onto staff in a systematic manner and reviews of significant events were not communicated widely to support improvement. Recruitment procedures were not robust and key employment checks were not undertaken before staff started to work at the practice.

**Are services effective?**

Requires improvement

The practice is rated as requires improvement for providing effective services. Data showed that the practice was performing well in managing patients' long term conditions and had improved its performance considerably in the previous year to this inspection. However the number of patients with a learning disability who had received an annual health check was low compared to other practices locally. There had been considerable instability in the staff team in the last year that had affected the overall quality of service to patients. Although staff received appropriate training for their role, not all had received regular appraisal of their performance. Clinical audits were undertaken but they did not meet recognised standards.

**Are services caring?**

Requires improvement

The practice is rated as requires improvement for providing caring services. Support for unpaid and informal carers was good and patients we spoke with told us they were treated by staff in a way that they liked. However, national data showed that the practice was below average for patient satisfaction in a number of areas. This included how GPs listened to them and how good GPs were at involving them in decisions about their care. Reception areas at both sites were not particularly private and compromised patients' confidentiality.

**Are services responsive to people's needs?**

Requires improvement

The practice is rated as requires improvement for providing responsive services. Patients' complaints were generally well responded to, although the practice did not review them annually to detect common themes or trends. Patients reported that accessing the practice by phone was difficult and information from the national GP patient survey showed patients generally rated the practice less well in response to questions about access to appointments.

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**Are services well-led?**

The practice is rated as requires improvement for being well-led. Staff felt supported in their work and able to raise concerns if needed. There were policies and procedures in place to govern the practice's activities however these were not implemented fully by staff and these were no systems in place to ensure staff were abiding by them. There was no patient participation group and therefore no formal way of involving patients in decisions about the range and quality of the service provided by the practice.

**Requires improvement**



# Summary of findings

## The six population groups and what we found

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

**Older people**

Requires improvement

Nationally reported data showed the outcomes for patients were good for conditions commonly found in older people. The practice offered a range of enhanced services, for example, in dementia and end of life care. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs. There were regular multi-disciplinary meetings where the needs of patients at the end of their life were discussed to ensure they received appropriate care.

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

**People with long term conditions**

Requires improvement

Nationally reported data showed that outcomes for patients with long-term conditions were good. Patients with long term conditions had structured annual reviews to check their health and medications needs were met, and those with complex needs were discussed at the practice's weekly clinical meetings. Patients recently discharged from hospital were actively followed up to ensure their well- being and to identify if they required further support.

The practice had recently introduced a Doctor First telephone consultation service to improve access on the day to a GP or where required a face to face appointment. When required home visits were available to patients who were not be able to attend the practice.

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

**Families, children and young people**

Requires improvement

Staff were knowledgeable about how to safeguard children from abuse. There were systems in place to identify children who were at risk. There were effective screening and vaccination programmes in place to support patients and health promotion advice was available. Immunisation rates were relatively good for all standard

# Summary of findings

childhood immunisations. Appointments were available outside of school hours and the premises were suitable for children and babies. The local midwifery service provided clinics within the same building.

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

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

Requires improvement

The practice was proactive in offering online services. Appointments could be booked and prescriptions requested on-line. People could receive text messages for confirmation of appointments and results. Health checks and screening that reflected the needs of this group were available, including cervical screening and checks for those aged 40 to 74years. However, the practice did not offer extended opening hours, and appointment times were limited, making it difficult for those who worked full time to attend.

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

**People whose circumstances may make them vulnerable**

Requires improvement

The practice offered longer appointments for those patients who needed more time due to their language or communication needs. The practice held a register of patients living in vulnerable circumstances including children and those with a learning disability. Staff knew how to recognise signs of abuse in vulnerable people and took appropriate action to protect them. However the practice was not pro-active in encouraging people with learning disabilities to have annual health checks and take up was low compared to other practices locally.

The practice used a system of placing alerts on patients' records to highlight if they were carers so they could be identified for additional support and offered flu vaccinations if required.

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

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

Requires improvement 

The practice maintained registers of patients with mental health problems including dementia to ensure their needs were monitored. Patients with poor mental health received annual reviews to ensure that appropriate treatment and support was in place, and had care plans in place. The practice had been proactive in identifying and assessing those patients at risk of dementia and had referred them to local mental health teams for further support.

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

# Summary of findings

## What people who use the service say

We spoke with a total of 16 patients on the day of our inspection and also received 31 completed comment cards. Overall patients felt supported and that most of the practice's staff treated them in a way that they liked. They told us that the GPs and nurses were empathetic to their needs and took a genuine interest in their problems. However, three patients commented that reception staff could be unfriendly and rude at times. Patients stated they didn't have to wait too long once they had arrived for their appointment, and that they were given enough time to explain their health concerns during their consultation. Patients liked the system of electronic prescribing as it saved them a lot of time and they could choose where to collect their medicines from.

Patients raised a number of concerns. They reported that getting through on the practice's phone was very difficult, causing them much frustration. During our inspection one patient showed us their mobile phone, which revealed they had rung 90 times on automatic redial, before getting through to the practice. Patients also commented on the high use of locum GPs, meaning that they rarely saw the same GP twice in a row. They told us this made it difficult to establish good relationships with the GPs. Three people expressed concern at the lack of privacy at the reception areas, stating that they could easily overhear conversations by the practice's patient services team and other patients.

We spoke with representatives from three care homes that the practice supported. Overall they were happy with the service provided and told us that the GPs came when they requested, and treated their residents respectfully. However, one representative stated that accessing the GPs to obtain telephone advice was sometimes difficult. They also told us that getting death certificates signed by GPs took a long time and in one instance the delay caused a resident's family much distress.

## Areas for improvement

### Action the service MUST take to improve

**Importantly, the provider must:**

- Ensure that safety alerts are disseminated effectively to practice staff.
- Ensure that all children listed on the practice's safeguarding spread sheet are flagged on the electronic patient care records.
- Improve the way significant events are recorded, managed and learned from.
- Establish robust staff recruitment procedures
- Increase the number of health checks provided to people with learning difficulties
- Ensure that the practice's own policies and procedures are followed by staff.
- Ensure that areas of risk are identified and monitored.
- Establish a systematic programme of clinical audit.
- Ensure robust governance arrangements are in place to assess and monitor the quality of services provided.

### Action the service SHOULD take to improve

- Improve the way cleanliness and infection control is monitored.
- Ensure that all staff receive regular appraisal of their performance.
- Review the arrangements for privacy of patients in the reception areas.
- Improve telephone access for patients
- Ensure patients are aware of and can access information about chaperones.
- Ensure there is adequate equipment available at both practice sites to meet patients' needs.
- Ensure that requests for information from health and social care professionals are met in a timely way.
- Improve the ways patients are able to contribute to the development of the practice.

# Dogsthorpe Medical Centre

**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 GP specialist advisor, a practice manager specialist advisor and an expert by experience. An expert by experience is a person who has experience of using a range of health services.

## Background to Dogsthorpe Medical Centre

Dogsthorpe Medical Centre is in the NHS Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) area. The practice is owned by First Health (Peterborough) Limited, a private limited company with share capital who took over the contract to run the service in 2009. It is overseen by three directors, who hold overall managerial and financial responsibility for the service. At the time First Health (Peterborough) Limited took over the contract, the practice was not performing well with high prescribing rates, inconsistent management of patients' long term conditions, poor record keeping and low patient outcome scores. It had made improvement since then, however staff changes and performance management issues had hindered its ability to continue with improvement at the pace it wished.

The practice is situated to the north of Peterborough and is contracted to provide alternative primary medical services to approximately 4910 registered patients. There is also a branch surgery, based close by, and which serves a large local Asian community. The two sites are operated as one practice, with staff working across both sites. There are high levels of deprivation in the local area.

According to Public Health England information, the patient population has a higher than average number of patients aged 0 to 39 years, and a lower than average number of patients aged 40 to 64 compared to the practice average across England. It has a significantly lower number of patients aged 65 and over compared to the practice average across England.

The practice employs the equivalent of 3.25 whole-time salaried GPs. Due to long-term staff sickness and recruitment problems, the practice uses locum GPs to cover clinical sessions. One of the company's directors also provides additional clinical sessions. Two nurses and a health care assistant are also employed to provide health services. There are seven patient team services staff, a medical secretary, prescription clerk and practice manager.

The practice is open between 8.30 am and 6.30 pm Monday to Friday. Appointments are available from 9 am to 11.40 am every morning and from 3 pm to 5.30 pm daily. Outside of practice opening hours, a service is accessed by calling NHS 111. The out of hours service for minor illness & injury unit is available to all patients who need emergency treatment when the surgery is closed.

## Why we carried out this inspection

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

# Detailed findings

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

## How we carried out this inspection

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

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

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

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

Before our inspection, we reviewed a range of information we held about the practice and other information that was available in the public domain. We also reviewed information we had received from the service and asked other organisations to share what they knew about the service. We talked to the local clinical commissioning group (CCG), the NHS England local area team and Healthwatch. The information they provided was used to inform the planning of the inspection.

We carried out an announced visit on 19 May 2015. We based ourselves at the Dogsthorpe branch; however our expert by experience also visited the Burghley Road branch to speak with patients waiting to see clinicians. During our visit we spoke with a range of staff including two GPs, a nurse, five patient services team staff, the practice manager and senior staff from First Health (Peterborough) Limited. We also spoke with 16 patients who used the practice.

We received 31 comments cards from patients, from a box left in the practice approximately two weeks before the inspection. We spoke with representatives from three care homes where residents were registered with the practice.

Requires improvement

# Are services safe?

## Our findings

**Safe track record**

The staff we spoke with were aware of their responsibilities to raise concerns, and knew how to report any safety incidents and near misses. Staff told us they completed specific forms which were given to the practice manager who oversaw the management and monitoring of them. We viewed the significant events log which showed that 14 incidents had been recorded since May 2014.

The practice manager stated that she was responsible for identifying patient safety and medicines alerts received by the practice, and disseminating them to relevant staff. However a record of alerts received or disseminated was not kept. The practice did have a safety alert protocol in place which stated that two copies of each alert would be printed off and held in a file; that an email version was to be saved onto the practice's intranet site and that relevant alerts would be discussed and minuted at the next available clinical meeting. However, we found no evidence that these procedures were being implemented.

**Learning and improvement from safety incidents**

The practice had a comprehensive incident management policy in place. However we found that many aspects of the policy were not being implemented. For example, the policy stated that any incidents or significant events would be graded; that staff would receive incident management training and that trends of incidents would be reviewed bi-monthly to ensure appropriate remedial action had been taken. We did not find any evidence that these practices took place.

We reviewed the practice's log of significant events from May 2014 and to March 2015. We found that the analysis of the events themselves, the learning from them and action taken in their light did not demonstrate they had been managed effectively and disseminated to all staff. There was no annual review of significant events to ensure that learning from them took place and to prevent their reoccurrence.

Significant events were discussed at the practice's weekly clinical meetings, and since January 2015 had become a standing agenda item for discussion. However as the meetings were not attended by the patients services team it was not clear how relevant information was shared with these staff. From our review of the minutes of the clinical meetings between 30 April 2014 and 15 April 2015 we found a number of incidents that had not been included on the practice's significant event log. For example incidents of patient aggression towards staff, flooding and patients injecting illegal drugs on the premises.

The way that the practice managed its significant events did not show it had a consistently safe track record over time.

**Reliable safety systems and processes including safeguarding**

The practice had detailed policies and procedures about child and adult safeguarding. The policy and procedures contained information about professional responsibilities for safeguarding and included comprehensive information about types of abuse, how to recognise possible abuse and guidelines for how staff were to respond to any safeguarding concerns. We read in the minutes of a recent clinical meeting that the policy was going to be updated to include safeguarding information about female genital mutilation and arranged marriages to provide further guidance for staff on these matters. Staff we spoke with knew how to access the policies, and information was easily accessible to them in the reception area. They confirmed they had received training in how to protect patients which was updated regularly.

The practice had appointed dedicated GPs as leads in safeguarding vulnerable adults and children and they had received appropriate training for their role. Their role within the practice was to populate the safeguarding risk registers, attend any safeguarding meetings and be a source of information and expertise to colleagues. All staff we spoke with were aware who these leads were and who to speak within the practice if they had a safeguarding concern.

Staff we spoke with gave us examples of situations where they had made safeguarding referrals. Minutes of clinical meetings we reviewed also showed where practice staff had identified concerns and made referrals to the relevant health and social care professionals so that steps could be taken to ensure the well-being and safety of the patients concerned.

There was a system to highlight vulnerable patients on the practice's electronic records. This included information to make staff aware of any relevant issues when patients attended appointments; for example children subject to

child protection plans. We reviewed a small sample of the safeguarding records and found that not all children listed on the practice's safeguarding spread sheet were flagged on the electronic patient care records. This could result in in vulnerable children not being properly monitored, especially as the practice relied on GP locums who might not be familiar with patients' histories.

The practice lead met with other relevant organisations to discuss children with safeguarding concerns. However, these meetings were sporadic and only three had taken place in the previous year; July 2014, March 2015 and April 2015. These meetings were attended by the practice's safeguarding lead, manager and local health visitors.

There was a chaperone policy (a chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure). The practice's health care assistant and one of its patient services team undertook chaperoning and we viewed records which showed they had received appropriate training for this role. Both staff undertaking chaperone duties had received Disclosure and Barring Service (DBS) checks. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). However we saw no information in the practice's waiting areas, or in treatment rooms reminding patients that they could request a chaperone if they wanted. None of the patients we spoke with during our inspection were aware they could request a chaperone.

**Medicines management**

We checked medicines kept in the treatment rooms and medicine refrigerators and found they were stored securely. Records showed room temperature and fridge temperature checks were carried out which ensured medication was maintained at the appropriate temperature. The practice did not have a specific cold chain policy in place; however staff were able to describe to us appropriate arrangements for maintaining the cold-chain for vaccines following their delivery to the practice.

The practice's nurses were responsible for ordering vaccine stocks and for checking stock and expiry dates. All the medicines we checked were within their expiry dates. One of the practice's nurses told us that she monitored vaccine stock closely, especially around the time of religious festivals such as Hajj and Umrah, where patients' demand for vaccines to travel to Saudi Arabia was high. The practice nurse told us she always put a poster in the waiting room around this time, reminding patients that they needed to give 6 weeks' notice to the practice so she could order in enough vaccines.

The practice's health care assistant also administered vaccines and other medicines using Patient Specific Directions that had been produced by the prescriber. Both the nurses and the health care assistant had received appropriate training to administer vaccines.

There was a system in place for the management of high risk medicines such as warfarin, methotrexate and other disease modifying drugs, and all requests for repeat prescriptions were reviewed by one the GPs before being issued to ensure they were still suitable for the patient.

Prior to our inspection we received information from the local CCG which showed the practice was an outlier for the amount of antibiotics, protein pump inhibitors (PPI) and non-steroidal anti-inflammatory drugs (NSAIDS) it prescribed. In response to this the practice had sought advice from a microbiology department regarding first line prescribing of antibiotics, and antibiotic prescribing guidance had been issued to all GPs. However we found that little action had been undertaken to reduce the number of NSAIDS and PPIs prescribed at the practice, other than opportunistic checks at patients' annual reviews.

The practice was one of the first in Peterborough to adopt electronic prescribing and had a patient take up rate of 60%: one of the highest in the region. Patients told us they greatly valued this service as it saved them time and also allowed them to choose where they collected their medicines from.

**Cleanliness and infection control**

Patients who completed our comment cards told us that they were happy with the standards of hygiene and cleanliness at the practice. We observed the premises at the Dogsthorpe practice to be clean and tidy. Surfaces, windows, furniture and flooring were visibly clean and dust free. Medical grade vinyl had recently been put down throughout the practice so that flooring could be kept clean. Notices about hand hygiene techniques were displayed in staff and patient toilets. Hand washing sinks with liquid soap and paper towel dispensers were available

in treatment rooms. Cleaning equipment and products were kept securely in the practice manager's office. We saw that there was a supply of personal protective equipment, such as disposable gloves and aprons, for staff to use. The practice used disposable curtains around the treatment couches and these were labelled to provide a record of the dates when they were last changed. There was a policy for needle stick injury, and sharps boxes we checked had been assembled and labelled correctly. Clinical staff had received inoculations against the risk of Hepatitis B.

The cleaning of the practice was undertaken by an external cleaning company. The practice manager told us that she completed a daily check of the general cleanliness of the building however this was not documented and there was no system in place to monitor and record the quality of the cleaning being undertaken. The practice's infection control policy stated that a random inspection of designated areas would take place on at least a quarterly basis and findings would be reported through the governance structure. However, we found no evidence that these inspections had taken place, or that infection control had been discussed at any of the practice's meeting minutes we viewed. We noted that an infection control audit had been conducted a few days prior to our inspection visit. However this was the first one that had been completed for the practice and there was no system in place to ensure that these audits were undertaken regularly.

One of the practice's nurses was the lead for infection control. However, she told us she had only undertaken a one hour update course which she felt did not give her sufficient knowledge and skills for her role. She stated she had no time to fully implement the requirements of an infection control lead.

Staff were not able to tell us when a Legionella risk assessment had last been completed (Legionella is a bacterium that can grow in contaminated water and can be potentially fatal). However, a maintenance officer from NHS Properties Ltd visited weekly to conduct water testing.

**Equipment**

All portable electrical equipment was routinely tested and displayed stickers indicating the last testing date which was April 2015. A schedule of testing was in place. We saw evidence of calibration of relevant equipment such as weighing scales, nebulisers, blood pressure measuring devices and defibrillators, all of which had been checked and calibrated within the last year of the date of our visit.

Staff told us they did not always have the equipment available they needed to carry out diagnostic assessments and treatments. One of the practice's nurses stated that equipment frequently went missing and as a result she now carried her own blood pressure monitoring equipment with her to ensure she had it when needed. She stated that as the practice operated from two separate sites, there were sometimes practical difficulties of ensuring the right piece of equipment was at the right site to meet patients' needs.

**Staffing and recruitment**

The practice had a recruitment policy that described the process when employing new staff. This included obtaining proof of identity, checking skills and qualifications, registration with professional bodies where relevant, employment references and whether a Disclosure and Barring Service (DBS) check was necessary. A representative from First Health (Peterborough) Limited told us that DBS checks were only required for those patient services staff who undertook chaperone duties. However, the practice's policy stated that all staff had to have a DBS check.

We looked at the personnel files for three members of staff employed and found that the process had not been followed. For example, no DBS check had been completed for one member of staff, and the DBS for the nurse had only been applied for some five months after she had begun her employment at the practice, even though she had worked alone with patients during this time. References for both these members of staff were either missing or unsuitable. Interview recording was poor and it was not clear from the interview notes what questions had been asked of the potential employees, or what their responses had been. The personnel file for the locum GP that had been employed did not contain any written references and their CRB/DBS check was not documented. There was no system in place to check these personnel files and confirm that relevant information had been obtained to ensure staff were suitable to work with vulnerable patients.

**Monitoring safety and responding to risk**

Requires improvement

# Are services safe?

The practice had a health and safety policy in place. It stated that there would be quarterly health and safety meetings, routine workplace inspections, analysis of accidents and regular audits. However we found no evidence of these taking place. The practice manager told us she did daily walk rounds of the practice to check on health and safety. However, records of these checks and what they entailed were not kept to show they had been undertaken.

There was no practice risk log in place to record known risks and ensure appropriate action was taken to reduce them. Staff told us there had been more than one incident of drug users using the practice's toilet to inject drugs and that used needles had been found. This had also happened just outside the practice. However we saw no evidence of these incidents on the practice's significant event log and no evidence of any additional measures that had been put in place to address this risk and protect staff and patients. Some of the staff we spoke with reported they felt vulnerable when working on their own at reception, when the GP was the only other member of staff in the building and would be undertaking consultations, or had left for the day. Although the practice manager was aware of these staff concerns, no formal assessments had been undertaken to identify the risks and the control measures required to reduce them.

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

The practice had arrangements in place to manage emergencies and staff told us they had received training in basic life support. The practice had a 'crash' trolley that was kept in the nurse's room and all staff knew of its location. Emergency equipment was available including access to oxygen and an automated external defibrillator (used in cardiac emergencies).

Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. These included those for the treatment of cardiac arrest, anaphylaxis and hypoglycaemia. Processes were also in place to check whether emergency medicines were within their expiry date and suitable for use. All the medicines we checked were in date and fit for use.

An emergency panic button was available on the practice's computer systems so that clinicians could summon assistance in an emergency.

Fire extinguishers had been serviced in February 2015 to ensure their effective operation.

A business continuity plan for 2015-2016 was in place to deal with a range of emergencies that might impact on the daily operation of the practice. Risks identified included fire and flood as well as loss of the telephone system, electricity supply and water.

Requires improvement

# Are services effective?

(for example, treatment is effective)

## Our findings

**Effective needs assessment**

Staff we spoke with demonstrated a satisfactory level of understanding and knowledge of National Care Institute of Health and Care Excellence (NICE) guidance. NICE is the organisation responsible for promoting clinical excellence and cost-effectiveness and producing and issuing clinical guidelines to ensure that every NHS patient gets fair access to quality treatment. Clinicians told us that they were signed up to receive NICE alerts, and were responsible for keeping themselves up to date with best practice. However, there was no formal system in place to ensure that NICE guidance was disseminated effectively to staff.

We were told that NICE guidance and best practice sharing was regularly undertaken at the weekly clinical meetings. We saw some limited evidence of this in the minutes of the clinical meetings we reviewed between 30 April 2014 and 15 April 2015.

The practice kept registers for patients who had specific needs including those with dementia, mental health conditions and learning disabilities. These registers were used to monitor and respond to the changing needs of patients. Data given to us by the practice showed that 63 patients were on its mental health register. Of those, 86% had had their alcohol consumption recorded in the last 12 months, 100% had received a medication review within the right timescale and 100% of the female patients had received a cervical smear.

The practice had a palliative care register and held multidisciplinary meetings with local Macmillan and district nurses, and the manager of a local nursing home to discuss the care and support needs of patients and their families. We were told that these meetings occurred monthly, however minutes we reviewed showed that no meetings had taken place between October 2014 and April 2015: a period of six months. However, we found evidence that patients with complex needs were discussed at the weekly clinical meetings.

**Management, monitoring and improving outcomes for people**

The practice used the information they collected for the Quality and Outcomes Framework (QOF) and their performance against national screening programmes to monitor outcomes for patients. Quality and Outcomes Framework (QOF) is a voluntary incentive scheme for GP practices in the UK. Recent QOF figures given to us by the practice showed it had significantly improved the way it managed some of the most common chronic diseases such as diabetes, coronary heart disease and chronic obstructive pulmonary disease in the last year. For example, the practice's total achievement score for 2013-2014 was 66%. This had increased to 95.54 % for the year 2014-2015.

There were a limited number of audits undertaken at the practice. The practice showed us two clinical audits that had been undertaken in the last 12 months. One in relation to its antimicrobial prescribing, and the other in relation to its prescribing for diabetes. However, neither of these audits met recognised standards for clinical audit quality. The practice's clinical audit policy stated there would be an annual audit plan developed and that all audits would be reviewed by the Governance Manager who would oversee the monitoring processes for quality. Aggregated results would be discussed at the Governance Committee. However we saw no evidence that this policy had been followed.

Minutes of clinical meetings we reviewed showed that patients with complex needs were regularly discussed and reviewed to ensure they received appropriate care and support. The practice had also liaised with the local clinical commissioning group to request information about any patients who had attended A&E so that they could be reviewed if necessary. We were informed by one of the directors that a total 120 patients with complex needs had personalised care plans in place. However one of the GPs told us they had not completed any personalised care plans for patients and was not aware of any having been done within the practice.

**Effective staffing**

Staffing at the practice had been unstable and the practice had faced difficulties in recruiting permanent clinicians due the temporary nature of its APMS (alternative provider of medical services) contract and relied heavily on locum GPs to cover shortages.

At the time of our visit one GP had recently left, and the practice's clinical lead had been on sickness leave since January 2015, although was about to return on a phased

basis. One practice nurse had been in post for 18 months but had recently resigned and was about to leave. The other nurse had only been in post since December 2014 and was new to practice nursing.

Staff told us that the lack of continuity of clinicians was of great concern to them. They told us there were occasions where there were not able to provide GP cover to both sites. Staff shortages had impacted on the availability of GP appointments for patients and had led to a back log of some administrative tasks. Clinical leads for long term conditions had not been appointed due to the instability of the clinical team. At the time of our inspection, the practice's nurse was about to leave. A replacement diabetic nurse had been employed but was unable to start until August 2015, so the GPs were undertaking required diabetes care. One of the issues raised by patients with whom we spoke, and those who completed our comment cards, was the lack of consistency with the GPs at the practice making it difficult for them to establish rapport with their GP when they attended appointments.

Patient services' staff we spoke with told us they had received a thorough induction to their role, which included essential training such as health and safety, and fire drills and were also given a staff handbook which contained copies of the practice's policies and procedures. They reported that the practice was supportive in providing training and funding for relevant courses. All patient services' staff had undertaken an NVQ Level 2 customer care and the practice's health care assistant held an NVQ Level 3 in Health Care. One of the practice's nurses told us she had undertaken a six month advanced diabetes management course and had also attended a number of study days to ensure her practice was kept up to date. However staff did not have individualised training plans in place to support their development. We saw that patient services staff had received an appraisal within the last year, which they described as useful. However, the practice's nurse told us she had not received an appraisal. We asked the practice manager for evidence of the nurse's appraisal but this could not be found. The practice manager told us she had not received an appraisal since 2010, and could not describe to us how her performance was monitored.

GPs we spoke with told us they were up to date with their yearly continuing professional development requirements. (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). However no records were kept within the practice of their appraisal or validation dates and the practice manager was unable to tell us when they were due.

**Working with colleagues and other services**

The practice worked with other service providers to meet patients' needs and manage those of patients with complex needs. It received blood test results, X ray results, and letters from the local hospital including discharge summaries, out-of-hours GP services and the 111 service both electronically and by post. Out-of hours reports, 111 reports and pathology results were all seen and actioned by a GP within 24 hours. Faxes were flagged directly to GPs when they arrived.

Emergency hospital admission rates for the practice were similar to expected at 16.8 % compared to the national average of 13.6%. The practice was commissioned for the unplanned admissions enhanced service and had a process in place to follow up patients discharged from hospital. (Enhanced services require an enhanced level of service provision above what is normally required under the core GP contract). One of the practice's patient services' team rang all patients newly discharged from hospital to ensure they were well and to check if they needed additional GP support. The practice worked with the local joint emergency team (JET) to reduce the number of people over 65 years that needed hospital admission.

**Information sharing**

The practice had systems in place to provide staff with the information they needed. An electronic patient record was used by all staff to coordinate, document and manage patients' care. This software enabled scanned paper communications, such as those from hospital, to be saved in the system for future reference. All staff had received training on how to use the system.

Electronic systems were in place for communicating with other providers. Staff told us that they used the Choose and Book system to make referrals and about 80% of appointments were booked using this system. The Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.

Requires improvement

# Are services effective?

## (for example, treatment is effective)

The practice had implemented Summary Care Record for patients. Summary Care Records provide faster access to key clinical information for healthcare staff treating patients in an emergency or out of normal hours.

**Consent to care and treatment**

The Mental Capacity Act is designed to protect people who cannot make decisions for themselves or lack the mental capacity to do so. The GPs were aware of the Mental Capacity Act 2005 and their duties in fulfilling it. They understood the key parts of the legislation and were able to describe how they implemented it in their practice. They also had a clear understanding of Gillick competencies. (These help clinicians to identify children aged under 16 who have the legal capacity to consent to medical examination and treatment).

The practice had a consent policy to support staff in understanding the different types of consent a patient could give and whether it could be taken verbally or in writing. However, not all clinicians were aware of this policy, or even knew it existed. Although no written consent forms were in used at the practice, the GP told us that they obtained verbal consent for procedures undertaken and recorded this in patients' notes, evidence of which we saw.

Patients we spoke with told us that they were always provided with sufficient information during their consultation and that they always had the opportunity to ask questions to ensure they understood before agreeing to a particular treatment.

**Health promotion and prevention**

All new patients to the practice were invited into the surgery to see the healthcare assistant for a health check and exploration of their medical history and lifestyle. If needed**,** the GP was informed of all health concerns detected at this check and so that these could be followed up. The practice also offered health checks to all its patients aged 40 to 74 years. Data given to us by the practice showed it had completed health checks for 164 patients, which had exceeded its target of 143 patients.

The practice also took part in the dementia identification scheme and had identified 29 patients who had been offered cognition and memory testing and then referred them to appropriate mental health services for additional support.

The practice offered a full range of immunisations for children, travel vaccines and flu vaccinations in line with current national guidance. Last year's performance was similar for the majority of immunisations where comparative data was available. For example, flu vaccination rates for the over 65s were 74.84 %, and at risk groups 45.04%. These were similar to national averages. The practice's performance for the cervical screening programme was 81.6 %, which was similar to the national average of 81.89 %.

There was a register of patients with poor mental health and according to data given to us by the practice, 30 of 43 eligible patients had care plans in place which had been reviewed in the previous two months of our inspection. However health checks for people with learning disabilities were low with only three out of 15 patients on the register having received an annual health check. A representative from the local learning disability services told us that the practice was one of the worst performers of the 26 practices that took part in this enhanced service. They also told us that the practice did not provide them with information about the number of these patients who had actively declined the service or who had not attended, so that if appropriate, they could be followed up by the local community teams.

There was a range of useful leaflets and posters in the waiting areas giving patients information on a range of health matters including stroke, cancer awareness; and smoking cessation. Further health information was available on the practice's web site, and clinicians told us they regularly downloaded and printed off information for patients from a trusted information web site.

Requires improvement

# Are services caring?

## Our findings

**Respect, dignity, compassion and empathy**

We looked at data from the National GP Patient Survey, which was published on 8 January 2015. 455 surveys were sent to patients, a 100 of which were completed,giving a response rate of 22%.The percentage of patients who would recommend the surgery was 59.6%, making it one of the worst nationally. (However more recent results submitted from the practice's friends and family test for April 2015 indicated that 72% of patients would recommend the practice). The practice was also well below average for its satisfaction scores on consultations with GPs. For example:

- 67.5% said the GP was good at listening to them compared to the CCG average of 87.7 and national average of 87.2.
- 68.3% said the GP gave them enough time compared to the CCG average of 85.9% and national average of 85.3%
- 73% said the last GP they saw or spoke to was good at treating them with care and concern compared to the CCG average of 83.2% and the national average of 82.7%
- 82.9 % said they had confidence and trust in the last GP they saw compared to the CCG average of 92.2 % and national average of 92.2%

Patients we spoke with on the day of our inspection told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received.

We spent time in the waiting rooms at both Dogsthorpe medical centre and the branch surgery at Burghley Road and observed a number of interactions between the patient services team staff and people coming into the practice. Overall, the quality of interaction was good, with staff showing empathy and respect for people, both on the phone and face to face. We observed staff being cheerful and helpful to patients. GPs called through patients into consulting rooms in person, and in a friendly and professional manner

Patients completed CQC comment cards to tell us what they thought about the practice. We received 31 completed cards and the majority were positive about the service experienced. Most patients stated that the practice offered a good service, and described staff as supportive and caring. However, some comments were less positive with patients citing rude reception staff and never getting to see the same GP as the reason for their dissatisfaction. We also spoke with 16 patients on the day of our inspection. Most told us staff treated them in a way that they liked and appeared genuinely interested in their problems. However three patients told us that the lack of privacy at reception areas concerned them.

We spent time in the patient waiting areas at both sites and could hear every word spoken between patient services team staff and patients. Privacy in the Dogsthorpe waiting area was particularly lacking due to the small size of the waiting area, the adjacent reception desk and proximity of the back room reception office. Staff at the Dogsthorpe site told us that sometimes it was so noisy in the reception area due to other phones ringing and noise from the waiting area that they often had to speak quite loudly on the telephone, thereby increasing the risk of their conversation being overheard by all.

At both sites we visited, the patient toilet was only available on the locked staff side of the building, thereby requiring patients to ask reception staff to unlock the door for them to use it.

Throughout our visit we noted that consulting and treatment room doors were kept shut to ensure people's privacy during their appointment. However one the practice's nurses told us they were not able to lock the treatment door room, which had resulted in staff walking in whilst she was undertaking patients' smears.

Curtains were provided around examination couches in the consulting rooms we saw, ensuring patients' privacy was maintained when undergoing intimate examinations or whilst dressing. However there were no notices in the reception area or next to examination couches reminding patients that they could request a chaperone if needed. None of the patients we spoke with were aware of the practice's chaperone policy.

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

Information from the National Patient Survey published on 8 January 2015 showed that the practice scored below average in a number of areas. For example:

Requires improvement

# Are services caring?

- 67.5% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87.7 % and national average of 87.2 %.
- 64.6 % said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 74.9 % and national average of 74.6%.

Patients we spoke with on the day of our inspection told us that health issues were discussed with them and they did feel involved in decision making about the care and treatment they received

We spoke with the managers of three local care homes who knew the practice. They told us that the GPs who visited involved residents in decisions about their care and were also good at listening to, and consulting with, their staff about the best way to manage residents' health needs. However one care home manager reported that the GPs did not always understand the nature of their residents' dementia and often asked questions that were too complex for them to fully understand.

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

There was a wide range of leaflets and posters in the practice's waiting room, giving people good information about local support and advocacy groups whom they could contact for additional support. Staff told us they referred patients to a number of local organisations such as Relate and Cruse for further support if needed.

When patients registered with the practice they were asked if they had any caring responsibilities. If so this was flagged on the practice's electronic records and the information was then used to identify carers for flu jabs. The practice took part in the Carers' Prescription Service. When GPs identified patients in their practice who provided care to others, they could write a prescription for them which could be 'cashed in' by the carer to access a specialist worker at Carers' Trust Cambridgeshire for support, information and respite care. The practice had been awarded a 'surgery of the month' by the local CCG in recognition for its support to unpaid and informal carers. There was a dedicated notice board in the waiting area for people with caring responsibilities informing them of various avenues of support available to them.

Requires improvement

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

**Responding to and meeting people's needs**

The manager regularly attended meetings of the local commissioning group to discuss local needs and service improvements that needed to be prioritised. The Peterborough area had been selected as a Prime Ministers' challenge fund area and the practice was involved in the implementation of a service for the delivery of extra appointments to patients between 8am and 8 pm.

In response to results of the GP national patient satisfaction survey the practice had recently introduced a telephone triage model. Under this system patients rang the practice and a GP called them back for a telephone consultation to triage whether or not the patient needed to attend the practice. Although still in its infancy, staff reported that it had reduced demand for face to face appointments by some 40%.

The practice nurse told us she had worked closely with representatives of a local Mosque in order to assure Muslim patients that a commonly used flu vaccine did not contain any elements of porcine (pig DNA). The nurse also increased stock levels of travel vaccines at times of key religious festivals to ensure there were enough available to meet increased demand at these times.

**Tackling inequity and promoting equality**

The practice had access to interpreters as well as a telephone interpretation service for people whose first language was not English. Longer appointment times were available for patients with communication difficulties and there was a multi-lingual computer booking in system available. The practice served a large Asian community and one of its patient services team spoke Urdu, Punjabi, Hindi and English. This staff member had built up good relations with patients who spoke these languages and frequently provided translation services, enabling them to better access services. The practice web-site had an automatic translation facility which meant that patients who had difficulty understanding or speaking English could gain 'one-click' access to information about the practice and about NHS primary medical care.

Both sites we inspected had ground floor consultation rooms and fully accessible disabled toilets. Hearing loops were available to help those patients with a hearing impairment. However, entrance doors to both practices were not automated making them difficult for wheelchairs users and those with disabilities to open. There were no easy riser chairs, or wide seating available in reception areas to accommodate patients with mobility needs.

People with no fixed abode were able to register with the practice and staff described a number of ways they maintained contact with them such as using text messages, writing to them at a specified friend's address or asking them to pop by the practice regularly.

There were male and female GPs in the practice; allowing patients access to a GP of their preferred gender. The practice provided equality and diversity training through e-learning. Staff we spoke with confirmed that they had completed the equality and diversity training in the last 12 months and told us it helped them better understand the diverse needs of patients.

**Access to the service**

The surgery was open from 08:00 to 18:30 Monday to Friday. Appointments were available 9.00am - 11.40am & 3.00pm - 5.30pm on weekdays only, making them inaccessible to many patients who worked full-time.

Routine appointments could be made by telephoning the surgery, by calling in or on-line. On the day appointments were available from 8am daily. Patients could also book pre-book routine appointments or appointments with a specific GP up to 12 weeks in advance.

Information was available to patients about appointments on the practice's website. This included how to arrange urgent appointments and home visits and how to book appointments on-line. There were also arrangements to ensure patients received urgent medical assistance when the practice was closed. If patients called the practice when it was closed, an answerphone message gave the telephone number they should ring of the local NHS 111 service.

However, information from the national GP patient survey published in January 2015 showed patients generally rated the practice less well to questions about access to appointments. For example:

- 68.8 % were satisfied with the practice's opening hours compared to the CCG average of 76.2% and national average of 75.7%.

Requires improvement

# Are services responsive to people's needs?

## (for example, to feedback?)

- 65.1% described their experience of making an appointment as good compared to the CCG average of 77.4% and national average of 73.8%.
- 47.8% said they could get through easily to the surgery by phone compared to the CCG average of 73.7% and national average of 71.8 %.

The patients we spoke with on the day of our visit told us they were not satisfied with the access to the telephone appointments system describing it as difficult and frustrating. They reported they had made many attempts to get through to the practice as the telephone line was continually engaged especially first thing in the morning. One patient showed us their mobile phone, which indicated they had dialled over 90 times on automatic redial, before getting through to book an appointment. The practice had only two in coming telephones lines available for general use. There was no call queuing system in place, meaning that patients just received an engaged tone when the lines were busy.

Patients were able to sign up for email and text communication, allowing them to receive reminders and referral appointment dates electronically. Electronic prescription services (EPS) were available which gave patients flexibility and choice about where to collect their medicines. EPS enables prescribers - such as GPs and practice nurses - to send prescriptions electronically to a dispenserof the patient's choice.

**Listening and learning from concerns and complaints**

The practice has a system in place for handling complaints and concerns. Its complaints policy was in line with recognised guidance and contractual obligations for GPs in England and the practice manager was the designated responsible person who handled all complaints in the practice. The practice's complaints procedure was advertised in both waiting areas we inspected and there was a leaflet that patients could take away giving them information about how they could raise concerns and who they could contact if they were dissatisfied with how the practice handled their concerns. Staff showed a good knowledge of the practice's complaints procedure and spoke knowledgably about the various ways patients could raise their concerns.

We looked at 11 complaints received in the last 12 months and found these had been satisfactorily managed and dealt with in a timely way. We noted that three of the 11 complaints concerned the length of time it took for clinicians to write medical reports and letters requested, and paid for, by patients. In response to this, the practice's medical secretary had implemented a logging system to record all patients' requests for reports and which was then regularly monitored by her. The practice manager told us that this system had been effective in reducing delays and the practice had received no further complaints about this matter.

The practice had been actively monitoring comments it had received on the NHS Choices web site and where patients had raised concerns, we saw that these had been replied to with patients invited to contact the practice to discuss their concerns.

Complaints had recently become a standing agenda item at the weekly clinical meetings to ensure that any issues from them were shared with staff. However, the practice did not review complaints annually to detect themes or trends

# Are services well-led?

Requires improvement

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

## Our findings

**Vision and strategy**

According to the practice's statement of purpose, its vision was "to strive to meet the primary care needs of our registered patients by providing a high quality evidence based standard of care to our patients". Although not all staff were aware of this vision, and had not been actively involved in its development, they were clearly committed to providing a good quality service and were aware there had been a greater emphasis on improving the service in recent months. The practice manager told us she had little to do with the overall business and strategy planning for the practice, leaving it to the directors of the company who were mostly based in Norfolk.

The practice's ability to effectively plan for the future had been limited given the uncertainty of its APMS contract which might not be renewed, a possible merger with another practice and the high turnover of clinicians within the practice.

**Governance arrangements**

We were told that monthly meetings took place which involved the directors of First Health (Peterborough) Limited and the practice manager. These were used to discuss areas such as clinical governance, the practice's performance, staffing and recruitment. One of the First Health's Directors visited the practice regularly to provide clinical support and advice, as well as undertaking additional clinical sessions to cover GP absences. A practice manager from one of the provider's other practices had been providing additional support to try and improve administrative systems**.**

Despite this however, we found a number of shortfalls in the practice's governance arrangements. For example, the practice had a number of policies and procedures in place to govern its activity. We looked at over 10 policies and procedures including clinical audit, infection control, health and safety, whistle-blowing, safeguarding and incident management. We found many examples where staff were not following these procedures. There were no systems in place to monitor how the policies were being implemented and whether or not staff were abiding by them. There was no system to show that staff had read and understood the policies, or that they were discussed at staff meetings.

The practice used the Quality and Outcomes Framework (QOF) to measure its performance and QOF data had been discussed at clinical meetings and used improve outcomes for patients. However, there was no systematic programme of clinical or internal audit in place to drive improvements in patient care and no robust arrangements for identifying, recording and managing risk. This was despite a number of known risks to the practice such as the non-renewal of its APMS contract and significant staffing difficulties.

Oversight of the day to day management of the practice was not robust. There were no processes in place to check for example, that regular infection control audits had been undertaken, that staff recruitment files contained appropriate employment information, that health and safety checks had been undertaken, and that staff had received appropriate appraisal.

The practice's information governance tool kit (an online system which allows NHS organisations and partners to assess themselves against Department of Health Information Governance policies and standards) had not been completed for at least two years. Without this, the practice could not assure itself it was adequately managing personal information relating to patients and staff.

Feedback from the local area team and health professionals we spoke with indicated the practice was not good at submitting requests for information in a timely fashion, and that they often had to chase up the practice manager for missing information.

**Leadership, openness and transparency**

Most staff we spoke with told us they felt respected, valued and supported by their immediate colleagues and the practice manager. They reported that their concerns were listened to and they could raise issues with senior staff if needed. They told us their suggestions to improve the service were listened to. For example, one member of staff told us they had requested more protected time to contact patients for health checks and had been given the first Friday of the month to undertake this. There were weekly clinical team meetings held and also quarterly administrative meetings where staff told us they felt confident to raise their concerns. However, there were no practice wide meetings to reflect on staff concerns and where information about the challenges the practice faced were shared.

# Are services well-led?

Requires improvement

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

Staff we spoke with were unclear about leadership within the practice and in particular, the role of the directors. One staff member described support from the directors as, 'hit and miss', and another that they felt 'disconnected' from them. Two staff members told us that the directors only became involved when problems arose at the practice.

There was no system in place, such as a practice newsletter, to keep patients informed about changes affecting the practice. The website had a section on it entitled 'practice news'; however there was no information available to patients in this section.

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

There was no patient participation group (PPG) and therefore no formal way of involving patients in decisions about the range and quality of the service provided by the practice. PPGs are a way for patients and GP surgeries to work together to improve services, promote health and improve quality of care. The practice did not conduct any of its own patient surveys, relying therefore only on the national GP patient survey, and the friends and family test, for feedback about the practice. There was no facility on the practice's web site for patients to share their views.

Despite serving a large Asian population group, the practice did not regularly liaise with these patients to seek their feedback about how they could better meet their specific needs.

The practice did gather feedback from staff through staff meetings and appraisals; however there were no formal staff surveys to seek their views on how the practice could improve its performance.

**Management lead through learning and improvement**

Staff told us they felt supported and gave us examples of training they had received to ensure their skills were kept up to date.

Systems for reporting, recording and monitoring significant events, incidents and accidents were not sufficiently robust to ensure shared learning by all staff. There was a lack of completed clinical audits and no evidence of an audit cycle that was used for learning and improving quality and outcomes for patients. We found little evidence to show that staff regularly took time out to gather to resolve problems and to review the practice's performance.

The practice had a whistleblowing policy and one member of staff told us they had used it effectively to raise concerns about a colleague's practice.

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 |
|---|---|
| Treatment of disease, disorder or injury | Regulation 17 HSCA (RA) Regulations 2014 Good governance<br><br>There were not effective governance procedures in place to assess, monitor and improve the quality and safety of the services provided.<br><br>Regulation 17 (1)(2)(a)-(f) Health & Social Care Act 2008 (Regulated Activities) Regulations 2014 |

| Regulated activity | Regulation |
|---|---|
| Treatment of disease, disorder or injury | Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed<br><br>Recruitment procedures did not ensure that staff employed at the practice were of good character, and had the competence skills and experience for they work they were to perform.<br><br>Regulation 19 (2)(3) Health & Social Care Act 2008 (Regulated Activities) Regulations 2014- |