

# Park View Medical Practice

## 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?                         | Inadequate           |  |
| Are services effective?                    | Requires improvement |  |
| Are services caring?                       | Requires improvement |  |
| Are services responsive to people's needs? | Good                 |  |
| Are services well-led?                     | Requires improvement |  |

# 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 Park View Medical Practice on 3 February 2016. The overall rating for the practice was 'requires improvement'. The full comprehensive report on the February 2016 inspection can be found by selecting the 'all reports' link for Park View Medical Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

At our previous inspection in February 2016 we rated the practice as 'requires improvement' for each of the key questions we inspect against. The practice was therefore rated as 'requires improvement' overall. We issued five requirement notices to the provider relating to; clinical effectiveness, medicines prescribing, emergency medicines, the management of complaints, staffing levels and for a lack of effective systems being in place for assessing and monitoring the quality of the service and governing the practice.

This inspection visit was carried out on 25 April 2017 to check that the provider had met their plan to meet the legal requirements.

The findings of this inspection were that whilst the provider had taken some action to meet the requirement notices these were not always sufficient to make a significant improvement and as a result the practice continues to be rated as requires improvement.

Our key findings were as follows:

- Improvements had been made to the way significant events were managed and a periodic review of events was now in place. However, we saw a number of examples where the provider had failed to recognise an event as a significant event and therefore they had not taken action to investigate the matter or to put systems in place to prevent a reoccurrence.
- Improvements had been made to how complaints were managed. However, there was room for

# Summary of findings

continued improvement as we saw that not all complaints had been fully explored and some issues should have been recognised as a significant event and managed as such.

- The provider had taken action to make improvements to the range and storage of emergency medicines. However, not all emergency medicines could be readily located by staff. Not all staff had been provided with up to date training in basic life support.
- The GPs were able to demonstrate how they used best practice guidance in the care and treatment provided to patients.
- The practice used performance indicators to measure their performance. Data showed that the practice achieved results comparable to other practices locally and nationally for outcomes for patients.
- The provider had carried out a review of staffing and had increased clinical staffing.
- There were gaps in staff training as not all staff had undergone training or updated their training in key topics such as safeguarding, basic life support and infection control.
- The majority of patients we spoke with said they were treated with care and concern and involved in decisions about their care and treatment. However, a number of patients were not complimentary about some of their experiences during consultation with GPs.
- National patient survey results showed that the practice received lower than local and national average scores for patient experience of the care and treatment provided.
- The practice had good facilities, including disabled access. It was well equipped to treat patients and meet their needs.
- Infection control practices were in place and there were regular checks on the environment and on equipment used.
- The practice provided a range of enhanced services to meet the needs of the local population.

- Clinical meetings had been introduced since our last inspection visit. However, arrangements for clinical governance required further improvement.
- Patient records were not maintained securely in line with data protection legislation.

Areas where the provider must make improvements are:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Review significant events reporting to be clear about what constitutes a significant event and to ensure events are being captured and acted upon. To include clearly recording the investigations behind significant events.
- Improve the arrangements for the monitoring of patients on high risk medicines and for patients who require an annual review of their medicines.
- Review the arrangements for storing emergency medicines and for training staff in dealing with medical emergencies.
- Ensure the arrangements for protecting information are in line with data protection legislation.
- Ensure all staff are provided with up to date training to support them in their roles and responsibilities.

Areas where the provider should make improvements:

- Review staffing levels to ensure there are sufficient numbers of staff to support the running of the service.
- Use the electronic patient records system more effectively to provide information on the needs of the patient population.
- Improve the system for managing patient safety alerts to demonstrate the actions taken in response.
- Improve the standard of administrative/practice process record keeping to ensure appropriately detailed records are maintained.
- Increase the number of identified carers to ensure these patients are provided with information about the support available to them.

# Summary of findings

**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 inadequate for providing safe services. At our previous inspection on 3 February 2016, we rated the practice as requires improvement for providing safe services as the provider did not maintain a clear record to demonstrate the actions that had been taken in response to significant events. Systems for managing medicines were not always safe and the practice was not equipped with an adequate supply of medicines to support people in a medical emergency. Some of these arrangements had improved when we undertook this inspection on 25 April 2017. However, we found continued breaches of regulation and the practice is now rated as inadequate for providing safe services.

- Staff were not always recognising significant events and therefore events were not being appropriately investigated and responded to.
- There was no alert on the computer system to ensure all patients on a repeat prescription had at least an annual review of their medicines. A significant event linked to medicine reviews had not been recognised or acted upon.
- The system in place for carrying out checks on people who required regular monitoring for their medicines was not sufficiently robust.
- The provider had made improvements to ensure a greater supply of medicines was available to support people in a medical emergency. However, not all of these could be readily located by staff at the time of our inspection.
- The practice had systems, processes and practices in place to promote safeguard patients from the risk of abuse.
- Staff we spoke with were aware of their responsibilities to report safeguarding concerns. Information to support them to do this was available throughout the practice. However, some staff had not received up to date training in safeguarding.
- Procedures were in place to ensure appropriate standards of hygiene were maintained and to prevent the spread of infection.
- Health and safety related checks were carried out on the premises and on equipment on a regular basis.
- Appropriate pre-employment checks had been carried out for members of the staff team.

Inadequate



# Summary of findings

## Are services effective?

The practice is rated as requires improvement for providing effective services. At our previous inspection on 3 February 2016, we rated the practice as requires improvement for providing effective services as staff were not always able to clearly demonstrate how they responded to changes in best practice guidance and how they treated patients in line with best practice. These arrangements had improved when we undertook this inspection on 25 April 2017. However, further improvements were required. As a result the practice continues to be rated as requires improvement for providing safe services.

- Patients' needs were assessed and care was planned and delivered in line with best practice guidance.
- The practice monitored its performance data and had systems in place to improve outcomes for patients. Data showed that outcomes for patients at this practice were comparable to those locally and nationally.
- Clinical meetings had been introduced and GP and nurses now met on a monthly basis.
- The GPs carried out clinical audits. These were basic in detail and did not demonstrate improvements in outcomes for patients.
- Staff told us they felt supported overall but there were gaps in some areas of training in key topics.
- A system of appraisal was in place and staff had received an up to date appraisal of their work.
- Staff worked on a multidisciplinary basis to support patients who had more complex needs.
- The practice worked in conjunction with other practices in the locality to improve outcomes for patients.

## Requires improvement



## Are services caring?

The practice is rated as requires improvement for providing caring services. At our previous inspection on 3 February 2016, we rated the practice as requires improvement for providing caring services. This was because patients rated the practice lower than local and national average in areas relating to the care and treatment provided. A number of complaints from patients showed that they were not happy with the attitude of staff towards them. This had not improved significantly since at the time of this inspection carried out 25 April 2017 and therefore the service continues to be rated as requires improvement for providing caring services.

## Requires improvement



# Summary of findings

- Seven of the nine patients we spoke with on the day of the inspection gave us positive feedback about the practice and the caring nature of staff. However, two patients said they did not always have good experiences during consultations with the GPs or when dealing with reception staff.
- The practice received scores that were lower than local and national averages in the national patient survey in areas relating to their care and treatment and involvement in decisions.
- A high proportion of complaints from patients related to their experiences of the care provided.
- The practice maintained a register of patients who were carers in order to tailor the services provided. However, the number of carers on the register was significantly lower than the expected prevalence.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services. At our previous inspection on 3 February 2016, we rated the practice as requires improvement for providing responsive services as the provider was not responding appropriately to feedback from patients, complaints were not being managed effectively and patients were not satisfied with access to appointments. The provider had taken action to make improvements to these aspects of the service since our last inspection and the practice is now rated as good for responsiveness.

- The practice provided a range of appointments in response to patients' needs. Urgent and routine appointments were available the same day and routine appointments could be booked in advance.
- The practice received scores that were generally lower than local and national averages for matters relating to access and appointments.
- A small number of patients we spoke on the day of the inspection said they had some difficulty in getting through to the practice but they had seen improvements in the availability of appointments.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Improvements had been made to the way in which complaints were managed. Information about how to complain was available, the practice responded quickly to issues raised and a system to periodically review complaints had been introduced.

Good



# Summary of findings

- The practice worked in collaboration with the NHS England Area Team, Clinical Commissioning Group (CCG) and partner agencies to secure improvements to services where these were identified and to improve outcomes for patients.

## Are services well-led?

The practice is rated as requires improvement for providing well-led services. At our previous inspection on 3 February 2017, we rated the practice as requires improvement for providing well-led services as the arrangements in respect of the governance of the practice were not sufficiently robust. Action had been taken to improve the service in response to our previous findings but further improvements were required.

- Systems in place for governing the service were not always effective.
- Clinical meetings had been introduced. The record of these lacked detail and it was therefore difficult to establish the effectiveness of governance of these meetings.
- The management of significant events required improvement to ensure all events were recognised, appropriately recorded, investigated and acted upon.
- Some efforts had been made to act upon feedback from patients but patient satisfaction as detailed in the results of the national patient survey was lower than local and national averages in many areas.
- Staff were clear about their roles and responsibilities and lines of accountability. However, there were gaps in core skills training for examples topics such as safeguarding and infection control.
- Staff told us they felt supported by management and they would raise concerns if they had reason to.
- The practice had a number of policies and procedures in place to govern activity and regular meetings were held.
- The patient participation group (PPG) was active and they gave us examples of how the practice had made changes in response to their feedback.

## 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

The practice is rated as requires improvement for the care of older people. This is because the concerns which led to the overall rating of 'requires improvement' apply to everyone using the practice, including this population group.

- The practice offered personalised care and treatment to meet the needs of the older people in its population.
- The practice used data from the Quality Outcome Framework (QOF) to identify patients with a range of health conditions (including conditions common in older people) to plan reviews and to offer services such as vaccinations for flu.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were similar to outcomes for patients locally and nationally.
- Home visits and urgent appointments were provided for patients with enhanced needs.
- The practice used the 'Gold Standard Framework' (this is a systematic evidence based approach to improving the support and palliative care for patients nearing the end of their life) to ensure patients received appropriate care.
- The practice worked to avoid unplanned hospital admissions for patients.
- Home visits and urgent appointments were provided for patients with enhanced needs.
- The practice had a system in place to follow up patients following discharge from hospital.

**Requires improvement**



### People with long term conditions

The practice is rated as requires improvement for the care of people with long-term conditions. This is because the concerns which led to the overall rating of 'requires improvement' apply to everyone using the practice, including this population group.

- The practice held information about the prevalence of specific long term conditions within its patient population. This included conditions such as diabetes, chronic obstructive pulmonary disease (COPD), cardio vascular disease and hypertension. The information was used to target service provision, for example to ensure patients who required immunisations received these.
- Patients with long term conditions attended regular health checks.

**Requires improvement**



# Summary of findings

- The computer system was not set up to alert clinicians to medication reviews and a significant event linked to this had not been recognised and acted upon.
- Data from 2015 to 2016 showed that the practice was performing in comparison with other practices nationally for the care and treatment of people with chronic health conditions.
- The practice held quarterly multi-disciplinary meetings to discuss patients with complex needs and patients receiving end of life care.
- The practice provided an enhanced service to prevent high risk patients from unplanned hospital admissions.
- Patients were provided with advice and guidance about prevention and management of their health and were referred or signposted to support services.

## Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people.

This is because the concerns which led to the overall rating of 'requires improvement' apply to everyone using the practice, including this population group.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk.
- Not all staff had undergone up to date safeguarding training.
- A representative from the Clinical Commissioning Group liaised between the practice and social services to share safeguarding information.
- A GP was the designated lead for child protection.
- Appointments were available outside of school hours and we were told that appointments were provided to children at short notice. However, we did see a complaint that an appointment had been refused for a small child. This had also been the case at our last inspection visit.
- The premises were suitable for children and babies and baby changing facilities were available.
- Child immunisation rates were comparable with local CCG benchmarking for standard childhood immunisations. The practice monitored non-attendance of babies and children at vaccination clinics.
- Family planning services were provided.
- The percentage of women aged 25-64 who had undergone a cervical screening test was comparable to the national average.

**Requires improvement**



# Summary of findings

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

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students). This is because the concerns which led to the overall rating of 'requires improvement' apply to everyone using the practice, including this population group.

- The practice was proactive in offering online services including the booking of appointments and requests for repeat prescriptions which supports flexibility for working patients and those in full time education.
- The practice was part of a cluster of practices whose patients could access appointments at a local Health and Wellbeing Centre up until 8pm in the evenings Monday to Friday, and from 8.00am to 8.00pm Saturdays and Sundays, through a pre-booked appointment system.
- Patient satisfaction with access to the practice and to obtaining a timely appointment was higher than at our last inspection. The practice generally received scores that were lower than local and national average for matters relating to access and the appointment system in the national patient survey.
- Telephone consultations were provided and patients therefore did not always have to attend the practice in person.
- The practice provided a full range of health promotion and screening that reflected the needs of this age group.
- The practice was proactive in offering online services including the booking of appointments and requests for repeat prescriptions.

Requires improvement



## People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. This is because the concerns which led to the overall rating of 'requires improvement' apply to everyone using the practice, including this population group.

- Staff were aware of their responsibilities to share safeguarding concerns and how to contact relevant agencies.
- The practice held a register of patients living in vulnerable circumstances in order to provide the services patients required. For example, a register of people who had a learning disability was maintained to ensure patients were provided with an annual health check and to ensure longer appointments were provided for patients who required these.

Requires improvement



# Summary of findings

- The practice provided appropriate access and facilities for people who were disabled.
- Information and advice was available about how patients could access a range of support groups and voluntary organisations.

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

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). This is because the concerns which led to the overall rating of 'requires improvement' apply to everyone using the practice, including this population group.

- Data about how people with mental health needs were supported showed that outcomes for patients using this practice were comparable to local and national averages.
- The practice held a record of patients experiencing poor mental health and these patients were offered an annual review of their physical and mental health.
- A system was in place to follow up patients who had attended accident and emergency and this included where people had been experiencing poor mental health.
- A system was in place to prompt patients for medicines reviews at intervals suitable to the medication they were prescribed. However, this required improvement to ensure action was taken when patients failed to attend these.
- Patients experiencing poor mental health were informed about how to access various support groups and voluntary organisations.

**Requires improvement**



# Summary of findings

## What people who use the service say

The national GP patient survey results published July 2016 (containing aggregated data collected from July to September 2015 and January to March 2016) showed the practice received scores that were comparable to or lower than local and national averages. There were 107 responses returned out of the 363 surveys distributed which was equivalent to a 38% response rate. The response represents 1.8% of the practice population.

The practice received scores that were comparable to or lower than the Clinical Commissioning Group (CCG) and national average scores from patients for matters such as feeling listened to, being treated with care and concern, being given enough time and having confidence and trust in the clinicians. For example:

- 74% of respondents said the last GP they saw or spoke to was good at listening to them compared with a CCG average of 90% and national average of 88%.
- 85% said the last nurse they spoke to was good at listening to them (CCG average 93% national average 91%).
- 72% said the last GP they saw gave them enough time (CCG average 88%, national average 86%).
- 67% said the last time they saw or spoke to a GP they were good at involving them in decisions about their care (national average 81%).
- 70% said the last time they saw or spoke to a nurse they were good at involving them in decisions about their care (national average 85%).
- 71% said the last time they saw or spoke to a GP they were good at treating them with care and concern (national average 85%).
- 82% said the last time they saw or spoke to a nurse they were good at treating them with care and concern (national average 90%).
- 73% said the last GP they saw or spoke to was good at explaining tests and treatments (CCG average 87%, national average 86%).
- 81% said the last nurse they saw or spoke to was good at explaining tests and treatments (CCG average 91%, national average 89%).
- 87% said they had confidence and trust in the last GP they saw (national average 92%).
- 93% said they had confidence and trust in the last nurse they saw (national average 97%).

The practice received scores that were comparable to or lower than the CCG and national average for questions about access and patients' experiences of making an appointment. For example:

- 79% of respondents gave a positive answer to the question 'Generally, how easy is it to get through to someone at your GP surgery on the phone?', compared to a national average of 72%.
- 64% described their experience of making an appointment as good (CCG average 68%, national average 73%).
- 64% said the last time they wanted to see or speak to a GP or nurse from their GP surgery they were able to get an appointment (national average 75%).
- 66% were fairly or very satisfied with the surgery's opening hours (national average 75%).
- 84% found the receptionists at the surgery helpful (CCG average 84%, national average 86%).

A lower than average percentage of patients, 75%, described their overall experience of the surgery as good (CCG average 82%, national average of 84%).

The percentage of respondents to the GP patient survey who stated that they would definitely or probably recommend their GP surgery to someone who has just moved to the local area was 66% (national average 79%).

We spoke with nine patients during the course of the inspection visit and overall they told us the care and treatment they received was good. Two of the nine patients we spoke with told us they had not always had positive experiences during their consultations with GPs.

# Summary of findings

As part of our inspection process, we asked for CQC comment cards to be completed by patients. We received ten completed cards. The majority of comments we

received were positive about the standard of care and treatment patients received. Two included some negative feedback about patient's experiences with members of the staff team.

## Areas for improvement

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

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Review significant events reporting to be clear about what constitutes a significant event and to ensure events are being captured and acted upon. To include clearly recording the investigations behind significant events.
- Improve the arrangements for the monitoring of patients on high risk medicines and for patients who require an annual review of their medicines.
- Review the arrangements for maintaining and storing emergency medicines and for training staff in dealing with medical emergencies.
- Ensure the arrangements for protecting information are in line with data protection legislation.

- Ensure all staff are provided with up to date training to support them in their roles and responsibilities.

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

- Review staffing levels to ensure there are sufficient numbers of staff to support the running of the service.
- Use the electronic patient records system more effectively to provide information on the needs of the patient population.
- Improve the system for managing patient safety alerts to demonstrate the actions taken in response.
- Improve the standard of administrative/practice process record keeping to ensure appropriately detailed records are maintained.
- Increase the number of identified carers to ensure these patients are provided with information about the support available to them.

# Park View Medical Practice

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

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

## Background to Park View Medical Practice

Park View Medical Practice is located in Orford Jubilee Park, Warrington, Cheshire. The practice was providing a service to 5,837 patients at the time of our inspection. The practice is situated in an area with average levels of deprivation when compared to other practices nationally. The practice has a lower than average older population and the percentage of patients with a long standing health condition is lower than the national average.

The practice is run by two GP partners (1 male and 1 female). Two nurse clinicians were also on the clinical team. The practice has a practice manager, and a team of reception/ administration staff. The practice is open from 8am to 6.30pm Monday to Friday. The practice had signed up to providing longer surgery hours as part of the Government agenda to encourage greater access to GP services. As a result patients could access a GP at a Health and Wellbeing Centre in Warrington town centre from 6.30pm until 8pm Monday to Friday and between 8am to 8pm Saturdays and Sundays. This was by pre-booked appointment. Outside of practice hours patients can access the Bridgewater Trust for primary medical services.

The practice has a Primary Medical Services (PMS) contract and offers a range of enhanced services for example; childhood vaccination and immunisations, avoiding unplanned hospital admissions and health checks for patients who have a learning disability.

## Why we carried out this inspection

We had 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 on 3 February 2016. We rated the service as 'requires improvement' overall and we issued five requirement notices relating to; clinical effectiveness, medicines prescribing, the arrangements for responding to emergencies, the management of complaints, staffing levels and a lack of effective systems being in place for assessing and monitoring the quality of the service and governing the practice. The full comprehensive report on the February 2016 inspection can be found by selecting the 'all reports' link for Park View Medical Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook this comprehensive follow up inspection on 25 April 2017 to review in detail the actions taken by the practice to improve the quality of care and to confirm if the practice was now meeting legal requirements.

## How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 25 April 2017. During our inspection we:

# Detailed findings

- Spoke with a range of staff including GPs, two nurse practitioners, the practice manager and reception and administrative staff.
- Spoke with patients who used the service and with two members of the patient participation group (PPG).
- Explored how the GPs made clinical decisions.
- Observed how staff interacted with patients face to face and when speaking with people on the telephone.
- Reviewed CQC comment cards which included feedback from patients about their experiences of the service.
- Looked at the systems in place for the running of the service.
- Viewed a sample of key policies and procedures.

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 previous inspection on 3 February 2016, we rated the practice as 'requires improvement' for providing safe services as the provider did not maintain a clear record to demonstrate the actions that had been taken in response to significant events. Systems for managing medicines were not always safe and the practice was not equipped with an adequate supply of medicines to support people in a medical emergency and a review of staffing levels was required as patient feedback was that they found it difficult to get an appointment.

We issued two requirement notices as:

- Medicines prescribing practices were not robust. The practice was not maintaining an appropriate supply of emergency medicines to enable clinical staff to respond to medical emergencies.
- The provider had not reviewed staffing levels to ensure there were sufficient numbers of suitably qualified, skilled and experienced members of staff deployed within the service.

Some of these arrangements had improved when we undertook this inspection on 25 April 2017. However we found continued concerns with the management of significant events, the arrangements for monitoring patients on high risk medicines and the arrangements for storing emergency medicines. As a result the practice is now rated as inadequate for providing safe services.

### Safe track record and learning

There was a system in place for reporting and recording significant events and the provider had reviewed this since our last inspection visit. Staff told us they would inform the practice manager of any incidents and there was a form for recording these. A standing agenda item had been added to clinical meetings for discussion of significant events and an annual review of events had been introduced since our last inspection visit. We looked at a sample of significant events that had been recorded and although the records lacked detail we were able to follow the process through in most cases to find that the provider had taken appropriate action in response. However, we saw at least two complaints that should have been documented and investigated as a significant event. We also saw an example whereby an incident concerning medicines reviews for

patients, had not been recognised as a significant event and had not been managed as such. As a result no action had been taken to record the concern, to fully investigate the causes, to review if there was any impact for patients, to address staff practices or to prevent a reoccurrence.

The practice manager maintained a record of safety alerts received by the practice and these were reviewed at clinical meetings. The system for managing these had improved since our last visit, however, there was still no clear audit trail to demonstrate how all of alerts had been dealt with.

### Overview of safety systems and processes

Some of the systems and procedures in place to keep people safe required improvement.

- Arrangements were in place to safeguard children and vulnerable adults from abuse. Contact details and process flowcharts for child protection were displayed in the clinical areas. One of the GP partners was the lead member of staff for safeguarding. The GPs provided safeguarding reports where necessary to other agencies. A member of the Clinical Commissioning Group attended safeguarding meetings on behalf of the practice as part of a local agreement. Staff demonstrated they understood their responsibilities to report safeguarding. Staff had received training relevant to their role but not all staff had been provided with up to date training in safeguarding. Alerts were recorded on the electronic patient records system to identify if a child was at risk. Improvements had been made to this since our last inspection as previously all children at risk had been coded as 'looked after'. The practice had regular communication with a health visitor through periodic meetings and the use of a communication book.
- A notice advised patients that staff were available to act as chaperones, if required. (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). Staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

## Are services safe?

- Appropriate standards of cleanliness and hygiene were maintained. We observed the premises to be clean. There were infection control protocols in place and most but not all staff had received up to date training in infection control. A practice nurse was the infection control lead and they had carried out a recent infection control audit. The results of the audit were good and a high score had been achieved.
- A system was in place to identify patients who were prescribed medicines that resulted in them requiring regular monitoring such as methotrexate or warfarin. However, this was not sufficiently robust to safeguard patients against the risks associated with some medicines. Prescribing data for the practice showed a number of medicines prescribed were above the national average. The provider had started to address this. A pharmacist worked at the practice three afternoons per week. They looked at prescribing practices, provided face to face medication reviews and reviewed hospital discharge letters. The practice also worked alongside the Clinical Commissioning Group (CCG) to improve prescribing in response to medicines audits and targets set by the CCG.
- We reviewed a sample of staff personnel files in order to assess the staff recruitment practices. Our findings indicated that

### Monitoring risks to patients

There were procedures in place for monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available and staff had been provided with training in health and safety.
- Risk assessments were in place to monitor the safety of the premises such as; fire safety, control of substances hazardous to health, infection control and legionella. Electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- Arrangements were in place for planning the number and mix of staff on duty. The provider had carried out a review of staffing since our last inspection visit and had increased staffing through employing two nurse clinicians, the use of locum GPs and increased administrative/reception support. Feedback from patients about difficulties in getting through to the practice by telephone and in getting an appointment with a GP was more positive than at our last inspection.

### Arrangements to deal with emergencies and major incidents

The practice had arrangements in place for responding to emergencies and major incidents. However, some of these required improvement. For example;

- The provider had taken action to improve the range of emergency medicines held at the practice since our last inspection visit. However, we found that staff could not readily locate all emergency medicines.
- Not all staff had received up to date basic life support training. The manager told us this was booked and had been delayed by circumstances outside of the provider's control.
- The practice had a supply of oxygen and a defibrillator (used to attempt to restart a person's heart in an emergency) available on the premises.
- A first aid kit was available.
- Systems were in place for the recording of accidents and incidents.
- There was an instant messaging system on the computers in each of the consultation and treatment rooms which alerted staff to an emergency.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

At our previous inspection on 3 February 2017, we rated the practice as 'requires improvement' for providing effective services as: there were no formal systems in place to ensure the dissemination and implementation of best practice guidance, not all clinicians demonstrated a clear awareness of guidance around consent for children and young people and the practice was not fully using information available to them to monitor the effectiveness of care and treatment provided to patients.

We issued two requirement notices as:

- Patient's needs were not always assessed and treatment delivered in line with current evidence based guidance.
- Clinicians were not always fully aware of the guidance for consent for children and young patients.

These arrangements had improved when we undertook this inspection on 25 April 2017. However, the practice continues to be rated as requires improvement as a result of shortfalls in supporting staff through the provision of regular and up to date staff training.

The GPs assessed patient's 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 for the sample of patients we looked at. NICE guidance provides evidence-based information for health professionals. Monthly documented clinical meetings had been introduced since our last inspection. These were used to show that NICE guidance was shared. However, records of these meetings were not well detailed.

There had been some improvements in how the GPs used the electronic patient records system since our last inspection. However, there was room for continued improvement to effectively code patients according to their needs.

The GPs used national standards for the referral of patients for tests for health conditions, for example patients with suspected cancers were referred to hospital and the referrals were monitored to ensure an appointment was provided within two weeks and that patients attended.

### Management, monitoring and improving outcomes for people

The practice used information collected for the Quality 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 (2015 to 2016) showed that the practice had achieved 100 % of the total number of points available with an overall exception reporting rate of 8% which was higher than the national average of 5%. The practice was not an outlier for any QOF clinical targets. Data from 2015 to 2016 showed that outcomes for patients at this practice were comparable to those of patients locally and nationally. For example;

- The percentage of patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more treated with anti-coagulation was 84% compared to the national average of 86%.
- The percentage of patients on the diabetes register, whose last measured total cholesterol was 5mmol/l or less was 86% (national average 80%).
- The percentage of patients with diabetes in whom the last IFCC-HbA1c was 64mmol/mol or less was 82% (national average 78%).
- The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale was 92% (national average of 89%).
- The percentage of patients with hypertension in whom the last blood pressure reading measured 150/90mmHg or less was 83% (national average 82%).
- The performance for mental health related indicators was comparable to or higher than local and national averages. For example, the percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 86% (national average 83%).
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan in the preceding 12 months was 100% (national average of 88%).

Information about outcomes for patients was used to make improvements. We looked at the processes in place for clinical audit. Clinical audit is a way to find out if the care and treatment being provided is in line with best practice

# Are services effective?

## (for example, treatment is effective)

and it enables providers to know if the service is doing well and where they could make improvements. The aim is to promote improvements to the quality of outcomes for patients. The practice shared two audits with us that had been commenced at our last inspection. One of the audits related to the control of asthma and was reported to have resulted in patients being invited to surgery to ensure optimization in the use of inhalers. Another related to the appropriateness of urgent referrals to secondary care. The details of the audits were brief in terms of methodology and impact and it was therefore difficult to establish if they had led to improvements in outcomes for patients.

Staff at the practice attended a regular practice meeting. GPs attended a range of locality meetings and quarterly 'Gold Standard Framework' meetings. These are multi-disciplinary meetings between the GPs, district nurses and other relevant health professionals to review the care and treatment provided to patients receiving end of life care.

### Effective staffing

Staff told us they were supported in their roles and they told us they felt appropriately trained and experienced to meet the roles and responsibilities of their work.

- The practice had an induction programme for newly appointed members of staff.
- Staff had access to and made use of e-learning training modules and in-house training. There was a training plan in place. However, we found that not all staff were up to date with their training. For example, some staff had not undergone, or had up to date training, in safeguarding. Other examples of overdue training for some staff included basic life support, fire safety and infection control.
- Clinical staff had been provided with role-specific training. For example, staff who provided care and treatment to patients with long-term conditions had been provided with training in the relevant topics. Other role specific training included training in topics such as administering vaccinations and taking samples for the cervical screening programme.
- Clinical staff were kept up to date with relevant training, accreditation and revalidation and there was a system in place for annual appraisal of staff. This should be

reviewed to ensure the most appropriate staff act as appraisers. Appraisals provide staff with the opportunity to review/evaluate their performance and plan for their training and professional development.

- A part time pharmacist worked at the practice three half days per week. The pharmacist role included; medicines reviews with patients, supporting the review of patients with long term conditions, working alongside the CCG medicines management team, prescribing audits and supporting changes of medicines for patients discharged from hospital.
- Staff attended a range of internal and external meetings. GPs attended meetings in the locality and practice nurses attended local practice nurse forums. The practice was closed for one half day per month which enabled staff to attend meetings and undertake training and professional development opportunities.

### 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 intranet system. This included care plans, medical records, investigations and test results. The provider was not always using the electronic patient records system to good effect. Staff had been provided with training in using the system since our last inspection but there was room for continued improvement in this. For example by the more effective use of read coding, patient alerts and the completion of templates relating to the care and treatment provided to patients. Information such as NHS patient information leaflets were available. The practice shared relevant information with other services in a timely way, for example when referring people to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital.

Systems were in place to ensure referrals to secondary care and results were followed up and to ensure patients discharged from hospital received the care and treatment they required. Results from secondary care were read on a daily basis and these were all up to date at the time of our

# Are services effective?

## (for example, treatment is effective)

inspection. Hospital discharge letters were managed through a manual system. This was managed effectively but there can be more margin for error managing them in this way.

The practice took part in an enhanced service to support patients to avoid an unplanned admission to hospital. This is aimed at reducing admissions to Accident and Emergency departments by treating patients within the community or at home. Care plans had been developed for 2% of the patient population at most risk of an unplanned admission.

The practice used the 'Gold Standard Framework' (this is a systematic evidence based approach to improving the support and palliative care to patients nearing the end of their life) to ensure patients received appropriate care.

### Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff we spoke with demonstrated that they understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that decisions are made in people's best interests.
- When providing care and treatment for children and young people, staff were aware of their responsibility to carry out assessments of capacity to consent in line with relevant guidance.
- Written consent was obtained and recorded for minor surgical procedures. Clinical staff told us they understood the consent and decision-making requirements of legislation and guidance including the Mental Capacity Act 2005.

### Supporting patients to live healthier lives

The practice provided advice, care and treatment to promote good health and prevent ill health. For example:

- The practice identified patients in need of extra support. These included patients in the last 12 months of their life, patients with conditions such as heart failure, hypertension, epilepsy, depression, kidney disease and

those at risk of developing a long-term condition. Patients who had long term conditions were followed up throughout the year to ensure they attended health reviews and they were signposted to relevant services.

- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74.
- The practice offered national screening programmes, vaccination programmes and long term condition reviews.
- The practice monitored how it performed in relation to health promotion. It used the information from the QOF and other sources to identify where improvements were needed and to take action.
- QOF information for the period of April 2015 to March 2016 showed outcomes relating to health promotion and ill health prevention initiatives for the practice were comparable to other practices nationally. For example, uptake for screening programmes was comparable to local and national averages. For example 74% of females, aged 50-70, had been screened for breast cancer in last 36 months. This was comparable to the national average of 72%. Bowel screening uptake for patients aged 60-69 within six months of invitation was 51% compared to a national average of 57%. Childhood immunisation rates were in line with CCG averages.
- There was a policy to offer reminders for patients who did not attend for their cervical screening tests. 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.
- Childhood immunisation rates for the vaccinations given were higher than the national expected rate of 90%. For example, childhood immunisation rates for the vaccinations given to under two year olds were 95 - 100%. There was a system to ensure that any missed immunisations were followed up with parents or a health visitor.
- Health promotion information was available in the reception area and on the website. Patients were referred to or signposted to health promotion services such as smoking cessation and dietician.



# Are services caring?

## Our findings

At our previous inspection on 3 February 2017, we rated the practice as 'requires improvement' for providing caring services. This was because feedback from patients indicated that they felt they were not always listened to and the results of the national patient survey showed that the practice had received lower than the CCG and national average in many areas relating to care. These included: patients being given enough time, feeling listened to and feeling involved in decisions about their care and treatment.

The findings of this inspection of 25 April 2017 were similar and the practice continues to be rated as 'requires improvement' for providing caring services.

### Kindness, dignity, respect and compassion

We observed that members of staff were courteous to patients during the course of our visit.

Curtains were provided in consulting rooms to maintain patient's privacy and dignity during examinations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. A private room was available if patients wanted to discuss sensitive issues or if they appeared distressed.

We made comment cards available at the practice prior to our inspection visit. We received ten completed cards. Eight of the ten comment cards we received were positive about the standard of care and treatment patients received. However, two included negative feedback about patient's experiences of their interactions with staff.

Results from the national GP patient survey showed patients generally scored the practice lower than local and national average scores for aspects of care. The patient survey contained aggregated data collected from July to September 2015 and January to March 2016.

The practice received scores that were comparable to or lower than average for patient satisfaction scores on consultations with clinical staff when compared to the average Clinical Commissioning Group (CCG) and national scores. For example:

- 72% of respondents said the last GP they saw gave them enough time (CCG average 88%, national average 86%).

- 87% said the last nurse they saw gave them enough time (CCG average 94%, national average 91%).
- 71% said the last time they saw or spoke to a GP, the GP was good or very good at treating them with care and concern (national average 85%).
- 82% said the last time they saw or spoke to a nurse, the nurse was good or very good at treating them with care and concern (national average 90%).
- 87% said they had confidence and trust in the last GP they saw (national average 92%).
- 93% said they had confidence and trust in the last nurse they saw (national average 97%).

We spoke with ten patients, including two members of the patient participation group (PPG). Eight out of the ten patients we spoke with gave us positive feedback about the caring nature of staff. However, two of the ten patients we spoke with told us they had not always had positive experiences during their consultations with GPs. We also noted that a number of complaints had been made to the practice which included concerns about how they had been addressed by staff.

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

The majority of patients we spoke with told us they were happy with all aspects of the service. However, two patients told us they did not always feel listened to and involved in making decisions about the care and treatment they received. Patient feedback on the comment cards we received was also aligned with the verbal feedback we received during the visit. Results from the national GP patient survey showed the practice had generally scored lower than local and national averages for patient satisfaction in these areas. For example:

- 74% of respondents said the last GP they saw or spoke to was good at listening to them compared with a CCG average of 90% and national average of 88%.
- 85% said the last nurse they spoke to was good at listening to them (CCG average 93% national average 91%).
- 73% said the last GP they saw was good at explaining tests and treatments (CCG average of 87%, national average of 86%).

## Are services caring?

- 81% said the last nurse they saw or spoke to was good at explaining tests and treatments (CCG average of 91%, national average of 89%).
- 67% said the last GP they saw was good or very good at involving them in decisions about their care (national average of 81%).
- 70% said the last nurse they saw or spoke to was good or very good at involving them in decisions about their care (national average of 85%).

The practice scored lower than average with regards to patients' overall experiences of the service as 75% of respondents described their overall experience of the practice as 'fairly good' or 'very good' compared to a CCG average of 82% and a national average of 84%.

The provider told us they were aiming to improve patient experience by working with staff to improve patient experience during consultations and by increasing the number of staff available at reception to manage requests for appointments.

A translation services was available for patients who did not use English as their first language. Information

available to patients could be provided in alternative languages or formats if this was required by the patients. The practices' website provided information about the services provided in a wide range of languages.

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

Patients were referred to a healthy living centre if this was appropriate to their needs and they were provided with advice and guidance or signposted to support services such as a smoking cessation service or dietician.

Information about how patients could access a number of support groups and organisations was available at the practice. Information about health conditions and support was also available on the practice's website.

The practice maintained a register of carers and at the time of the inspection there were 19 carers on the register which is 0.3% of the patient population. This is lower than would be expected based upon the prevalence of carers across the general population and it may indicate that the practice is not identifying carers.

Patients receiving end of life care were signposted to support services. The practice had a procedure for staff to adopt following the death of a patient.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

At our previous inspection on 3 February 2017, we rated the practice as 'requires improvement' for providing responsive services. This was because patients told us it was difficult to get an appointment and the number of appointments provided per week was significantly below the number of appointments required for the size of the practice population. The management of complaints also needed improvement.

We issued a requirement notice as:

- The complaints procedure did not include the required information for dealing with complaints at different stages. The provider was not learning from complaints and taking action to improve patients' experiences of the service.

During this inspection of 25 April 2017 we found the provider had taken action to make improvements and the service is now rated as good for responsiveness.

### Responding to and meeting people's needs

The practice reviewed the needs of its patient population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice worked to ensure unplanned admissions to hospital were prevented through identifying patients who were most at risk and developing care plans with them to prevent an unplanned admission.

The practice provided a range of services aimed at being flexible to accommodate patients' needs. For example;

- Urgent and pre-bookable routine appointments were available if required.
- 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 required same day consultation.
- There were alerts on the computerised system if patients required support for their appointment.
- Longer appointments were available when required, for example for patients with a long term condition.

- Travel vaccinations and travel advice were provided by the nursing team.
- Staff signposted patients to local resources for advice and support.
- There were accessible facilities, which included a hearing loop, and interpretation services available.

### Access to the service

The practice is open from 8am to 6.30pm Monday to Friday. The practice had signed up to providing longer surgery hours as part of the government agenda to encourage greater patient access to GP services. As a result patients could access a GP at a Health and Wellbeing Centre in Warrington town centre from 6.30pm until 8pm Monday to Friday and between 8am to 8pm Saturdays and Sundays. This was by pre-booked appointment. Outside of practice hours patients can access the Bridgewater Trust for primary medical services.

Feedback from patients about the appointments system indicated that improvements had been made in access to the practice and the ability of patients to get a timely appointment since our last inspection of the service. The provider told us they had been using more locum GPs and had increased clinical capacity with the employment of nurse practitioners.

Results from the national GP patient survey carried out between July to September 2015 and January to March 2016 showed that patients' satisfaction with how they could access care and treatment had improved in relation to getting through to the practice by phone since our last inspection. Other results relating to access and were comparable to or lower than local and national averages. For example:

- 66% of patients were satisfied with the practices' opening hours compared to the national average of 75%.
- 79% of patients said they could get through easily to the surgery by phone (national average 72%). However, a number of patients we spoke with on the day of the inspection said that the phone lines cut off if there is no response and there was no queuing system. We also found this to be the case.



# Are services responsive to people's needs?

(for example, to feedback?)

- 64% of patients said they were able to get an appointment to see or speak to someone the last time they tried (national average 75%).
- 64% of patients described their experience of making an appointment as good (national average 73.3%).

The results from the national GP patient survey may not fully reflect the improvements the provider has made to patient access since the time of the survey. Feedback we received about access to appointments was more positive than at our previous inspection.

The practice was located in a modern purpose built building. The premises were fully accessible for people who required disabled access. A hearing loop system was available to support people who had difficulty hearing. A translation service was available for people who required this.

A practice information leaflet was available that included: details about the services available to patients such as clinics and home visits and provided information on how patients could make a complaint.

## **Listening and learning from concerns and complaints**

The practice had a system in place for handling complaints and concerns. The practice manager was the lead person for managing complaints. Information about how to make a complaint was provided to patients in the patient information leaflet and this included information about how to raise a complaint with NHS England.

We looked at a sample of complaints received since our last inspection visit and found that these had been investigated and responded to in a timely manner.

# Are services well-led?

Requires improvement 

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

## Our findings

At our previous inspection on 3 February 2016, we rated the practice as 'requires improvement' for providing well-led services as the leadership of the service was not conducive to good governance particularly in relation to responding to feedback and the development of the service.

We issued a requirement notice as:

- The provider did not have effective arrangements in place to assess, monitor and improve the quality and safety of the services provided.

During this inspection of 25 April 2017 we found the provider had made some improvements to the governance arrangements. However, further improvements were required and the practice continues to be rated as requires improvement for providing well-led services.

### Vision and strategy

The practice aimed to deliver high quality care and treatment and promote good outcomes for patients. Staff told us they felt that the practice delivered high quality care and support. Feedback from patients we spoke at the time of the inspection indicated that overall they were happy with the standard of care and treatment provided and that they experienced good outcomes from the service.

One of the GP partners was a former director for 'Warrington Health Plus'. This is a community interest company funded by the Prime Minister's Challenge Fund. As a result the GP was aware of the local health economy and demographics and had been involved in developing strategies to improve the provision of primary care across the CCG whilst working in collaboration with secondary care and community care providers.

### Governance arrangements

The practice had systems in place for governing the service but the findings of our inspection showed that some of these required improvement.

- The arrangements for identifying risk, investigating events and implementing actions to mitigate risks were not sufficiently robust. We saw examples of events/risks that had not been acted upon.

- Some of the prescribing practices required improvement but this had not been picked up as part of the provider's clinical governance arrangements.
- The arrangements for the management of emergency medicines required improvement.
- The practice was not always using the computerised system effectively to generate and provide information on the needs of the patient population.
- Clinical meetings had been introduced since our last inspection. This was an improvement but the record of the meetings were not well detailed to demonstrate the areas covered.
- Clinical audits had been carried out. These were not well detailed in relation to demonstrating improvements in outcomes for patients.
- Patient records were not stored in line with data protection legislation as these were stored in an unlocked room off a main corridor.
- The provider used the Quality and Outcomes Framework (QOF) to measure their performance. The QOF data showed that the practice achieved results comparable to and above other practices locally and nationally for the indicators measured.
- There was a clear staffing structure and staff were aware of their roles and responsibilities.
- The GPs had been supported to meet their professional development needs for revalidation (GPs are appraised annually and every five years they undergo a process called revalidation whereby their licence to practice is renewed. This allows them to continue to practice and remain on the National Performers List held by NHS England).
- Staff were supported through a process of annual appraisal. The arrangements for appraisal were not always appropriate in relation to the roles and responsibilities of the appraiser. The process of appraisal was not recorded appropriately.
- Practice specific policies and standard operating procedures were available to staff. Staff we spoke with knew how to access these and any other information they required in their role.

### Leadership, openness and transparency

# Are services well-led?

Requires improvement 

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

Staff told us they would report any concerns they had to the GP partners or practice manager.

Many of the staff including the GP partners, the practice manager and the reception and administration team had worked together for several years. Two nurses had been employed since our last inspection. Other than this most staff had been in post for a number of years. Staff told us they felt supported in their roles and appropriately trained. However, we found examples of shortfalls in staff training.

## Seeking and acting on feedback

The practice had an active patient participation group (PPG). The PPG met with staff from the practice on a regular basis. We met with two members of the PPG and they gave us examples of how their views had been acted upon.

The provider had taken some action to improve patient experience in response to patient feedback since our last inspection. However, based on our findings during this inspection there was room to continue this.

## Continuous improvement

The practice was involved in local and national schemes to improve outcomes for patients. A good example of this being the NHS England pilot project to introduce pharmacists into primary care. The practice told us about the plans they had for future improvement. These include the recruitment of a salaried GP and developing more nurse led services.

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<br>Family planning services<br>Maternity and midwifery services<br>Surgical procedures<br>Treatment of disease, disorder or injury | Regulation 17 HSCA (RA) Regulations 2014 Good governance<br><br>Governance arrangements were not fully effective to assess risk, assess the quality of care and treatment provided and to drive improvement.<br><br>The arrangements for protecting information were not in line with data protection legislation.<br><br>Regulation 17 (2) (a)(b)(c)   |
| Regulated activity   | Regulation  |
| Diagnostic and screening procedures<br>Family planning services<br>Maternity and midwifery services<br>Surgical procedures<br>Treatment of disease, disorder or injury | Regulation 18 HSCA (RA) Regulations 2014 Staffing<br><br>Not all staff had been provided with up to date training to support them in their roles and responsibilities.<br><br>Regulation 18 (2)(a)  |
| Regulated activity   | Regulation  |
| Diagnostic and screening procedures<br>Family planning services<br>Maternity and midwifery services<br>Surgical procedures<br>Treatment of disease, disorder or injury | Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment<br><br>Regulation 12: Safe care and treatment<br><br>The system in place for identifying and managing significant events was not fully effective.<br><br>Medicines management practices were not always sufficiently robust to safeguard patients.<br><br>Regulation 12 (2) (a)(b)(g). |