

Burton & Bransgore Medical Centres

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?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	12
Areas for improvement	12
Outstanding practice	12

Detailed findings from this inspection

Our inspection team	14
Background to Burton & Bransgore Medical Centres	14
Why we carried out this inspection	14
How we carried out this inspection	14
Detailed findings	16
Action we have told the provider to take	27

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Burton and Bransgore Medical Centres on 18 October 2016. Overall the practice is rated as requires improvement

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events. Lessons were shared and action was taken to improve safety in the practice. However, evidence showed that issues were discussed by clinicians at weekly meetings but records had not historically been kept of these meetings. Prior to the inspection the practice had already identified where they needed to improve in this area and were actively working through an action plan to do so.
- There had been inconsistent arrangements in how risks were assessed and managed. For example, risks

relating to staff training, management of emergency equipment and medicines, the management of medicines that needed refrigeration, Disclosure and Barring Service checks on staff (DBS) and the monitoring of test results had not been fully considered. The practice had plans for improvements in these areas.

- The monitoring of high risk medicines was not completely effective as not all patients had received a blood test prior to being issued a repeat prescription to ensure they were receiving the correct dosage.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment. However, mandatory training identified by the practice needed completing and records updating.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

Summary of findings

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- One of the GPs had a special interest in patients with an ear, nose or throat complaint (ENT). Patients with these complaints were seen in the practice instead of having to attend an outpatient's appointment at the local hospital and because of this the practice was the second lowest referrer of patients to the ENT consultant in the locality. Benefits to patients included swifter access to specialist care and treatment and receiving closer to home services.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.
- The practice had a number of policies and procedures to govern activity, but some of these policies were overdue a review.

We saw two areas of outstanding practice;

- Patients could be referred by their GP to an NHS physiotherapist. A physiotherapy clinic was held at the practice four times a week. Two of these weekly clinics were funded by the practice themselves to enhance patient access to re-ablement services and to promote faster recovery for patients. 60 patients had benefitted from these referrals in the last quarter. The clinics focussed on muscular-skeletal conditions and supported patients post operatively as well as patients with back and joint problems who would normally see a GP. Patients benefitted from these clinics through longer more detailed assessments, closely monitored recovery programmes and reduced waiting times to access physiotherapy services.
- The practice had employed two clinicians to work within the team to improve care for patients over 75

years of age. The clinicians provided a link between the practice and vulnerable people in their own homes. The team consisted of a registered nurse, a paramedic and a co-ordinator. They worked closely with the SMILE team (a team consisting of one registered nurse and two health care assistants who undertook memory assessments in the community which had been in place for over 5 years). About 2.3% of patients over the age of 75 years had benefitted directly from this service since April this year through faster access to support which helped them remain at home. Services also helped prevent them from needing hospital care and continuity of support through seeing the same support team. Six of these patients were regularly discussed and managed during multidisciplinary team meetings. The SMILE team was a joint initiative funded by the practice and its neighbouring practice.

The areas where the provider must make improvement are:

- Ensure governance arrangements are in place to improve the delivery of safe and effective services. This includes the systems for effective management of medicines that require refrigeration, the management of emergency medicines and equipment, staff recruitment and the management of those patients on high risk medicines.
- Ensure arrangements are in place for the effective management and monitoring of staff training.
- Ensure arrangements are implemented for the effective governance of the practice.

The areas where the provider should make improvements are:

- Continue to involve patients by using the NHS Friends and Family Test to obtain effective patient feedback.
- Continue to review policies and procedures to ensure staff work to the most up to date guidance.
- Review and improve the process of formally identifying patients who were carers.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

There was an open and transparent approach to safety and the practice had already identified where they needed to improve these systems and were actively working through an action plan to do so.

- There was an effective system in place for reporting and recording significant events and lessons were shared to make sure action was taken to improve safety in the practice.
- We reviewed safety records, incident reports and patient safety alerts. We saw evidence that lessons were shared and action was taken to improve safety in the practice. From discussions with staff it was clear these issues were discussed by clinicians at weekly meetings; however, these meetings were not recorded meaning that not all staff could learn from the event if they had not attended the meeting.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- There were inconsistent arrangements in how risks were assessed and managed. For example, during the inspection we found risks relating to staff training including fire safety awareness, management of emergency equipment and medicines, the management of medicines that needed refrigeration and Disclosure and Barring checks on staff (DBS) had not been fully considered.
- The monitoring of high risk medicines were not managed effectively. For example, not all patients had received a blood test prior to being issued a repeat prescription to ensure they were receiving the correct dosage of these high risk medicines.
- Each GP had a buddy who covered patients' needs during holidays and sickness. We looked at the procedures used by GPs to ensure test results were reviewed daily. We saw these were managed well although there was no formal protocol in place to ensure this was failsafe. For example, a test result had been received by a locum GP in September 2016 and had not been actioned promptly leaving the patient vulnerable until the situation was noted by another GP.

Requires improvement



Summary of findings

Are services effective?

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

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Requires improvement



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- The practice had employed two clinicians to work within the team to improve care for patients over 75 years of age. These staff provided a link between the practice and vulnerable people in their own homes. The team consisted of a registered nurse, a paramedic and a co-ordinator. They worked closely with the SMILE team (a team consisting of one registered nurse and two health care assistants who undertook memory assessments in the community. The SMILE team was a joint initiative funded by the practice and its neighbouring practice.

Good



Summary of findings

- One of the GPs had a special interest in patients with an ear, nose or throat complaint (ENT). These patients were seen in the practice instead of having to attend an outpatient's appointment at the local hospital and because of this the practice was the second lowest referrer of patients to the ENT consultant in the locality.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The practice had systems in place to identify military veterans and ensure their priority access to secondary care in line with the national Armed Forces Covenant.

Are services well-led?

The practice is rated as requires improvement for being well-led.

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. However, some aspects of the governance arrangements required improving; for example,
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

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. The practice is rated as requires improvement for the Safe, Effective and Well-led domains, therefore this rating applies to all the population groups.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- All patients over 75, or on an admission avoidance care plan had a named GP responsible for their care, and they were given the choice of seeing whichever GP they preferred. The practice had employed two clinicians to work within the team to improve care for patients over 75 years of age. The clinicians provided a link between the practice and vulnerable people in their own homes. The team consisted of a registered nurse, a paramedic and a co-ordinator. They worked closely with the SMILE team (a team consisting of one registered nurse and two health care assistants who undertook memory assessments in the community which had been in place for over 5 years). About 2.3% of patients over the age of 75 years had benefitted directly from this service since April this year through faster access to support which helped them remain at home. Services also helped prevent them from needing hospital care and continuity of support through seeing the same support team. Six of these patients were regularly discussed and managed during multidisciplinary team meetings. The SMILE team was a joint initiative funded by the practice and its neighbouring practice.
- Home visits were undertaken as required and longer appointments made available for those patients who needed more time.
- The practice had monthly multidisciplinary team meetings and quarterly palliative care meetings to discuss patients approaching their end of life or with complex needs. These meetings were attended by GPs, nurses, community nurses, the community matron, occupational therapists, physiotherapists, community pharmacist and social services. The practice regularly liaised with community support groups to provide further support to their patients.

Requires improvement



Summary of findings

- Patients residing in care homes received routine regular visits by a GP, allowing early identification of illness and health decline.
- The practice worked closely with the local community pharmacist, ensuring patients with memory problems were provided blister packs, or other ways of ensuring safe delivery of medicines.
- The practice was all one level for easy access and included wheelchair access.
- Patients' emotional needs were seen as important as their physical needs. The practice could demonstrate caring and empathy toward patients in time of loss and bereavement. Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

People with long term conditions

The practice is rated as requires improvement for the care of people with long term conditions. The practice is rated as requires improvement for the Safe, Effective and Well-led domains, therefore this rating applies to all the population groups.

- Nursing staff had lead roles in chronic disease management and the management of patients at risk of hospital admission who were identified as a priority. The practice worked closely with the community specialists and held consultant led community based virtual clinics. These provided an opportunity for the consultant to work alongside practice nurses to monitor and manage those patients who required additional care. For example, for those patients with diabetes.
- GPs met monthly to formally review any hospital admission of patients with long term conditions, focusing on emergency admissions to hospital and hospital discharges.
- The practice prescribed anticipatory medicines for those with long term conditions, such as standby antibiotics for those patients with chronic respiratory disease and 'just in case medicines' for palliative care patients. All diabetic patients had a 30 minute appointment with firstly the health care assistant followed by the practice nurse making sure they had a full review of their care.
- Patients with long term conditions benefitted from continuity of care with their GP or nurse. All these patients had a named GP and a structured annual review to check their health and

Requires improvement



Summary of findings

medicines needs were being met. A member of the over 75 team practice nurse visited vulnerable patients in their own homes to ensure they received their flu vaccination and to undertake health reviews.

- The practice worked with external agencies in other aspects of long-term condition management, such as podiatry, ensuring appropriate support was provided promptly.
- All discharge summaries were reviewed on the day they were received ensuring medicines were adjusted and appropriate primary care follow-up was arranged.
- In order to ensure continuity of care for patients in the out of hour setting, details of any patient with complex long-term conditions, or an end of life diagnosis were entered onto the computer system which was visible by the out of hour's service and ambulance service and contains useful information including patient preferences, treatment plans, escalation plan and past medical history.
- Patients could be referred by their GP to an NHS physiotherapist. A physiotherapy clinic was held at the practice four times a week. Two of these weekly clinics were funded by the practice themselves to enhance patient access to re-ablement services and to promote faster recovery for patients. 60 patients had benefitted from these referrals in the last quarter. The clinics focussed on muscular-skeletal conditions and supported patients post operatively as well as patients with back and joint problems who would normally see a GP. Patients benefitted from these clinics through longer more detailed assessments, closely monitored recovery programmes and reduced waiting times to access physiotherapy services.

Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people. The practice is rated as requires improvement for the Safe, Effective and Well-led domains, therefore this rating applies to all the population groups.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.

Requires improvement



Summary of findings

- 87% of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years which was above the national average of 82%
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- Patients could access a full range of contraception services and sexual health screening.
- All staff had been trained at the appropriate level for safeguarding adults and children. However some staff training had lapsed and had not been updated; we saw this had been booked and scheduled to be completed by December 2016.
- The practice had a dedicated children's waiting area, with easy clean toys and books. There were baby changing facilities.

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). The practice is rated as requires improvement for the Safe, Effective and Well-led domains, therefore this rating applies to all the population groups.

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- promotion material available through the practice.
- There was a dedicated midwife for the practice who held a weekly clinic. Their office was situated within the building, which aided good communication.

Requires improvement



People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of people whose circumstances make them vulnerable. The practice is rated as requires improvement for the Safe, Effective and Well-led domains, therefore this rating applies to all the population groups.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.

Requires improvement



Summary of findings

- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The practice is rated as requires improvement for the Safe, Effective and Well-led domains, therefore this rating applies to all the population groups. The practice is rated as good for the care of 78% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was below the national average of 84%.

- 100% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record, in the preceding 12 months which was above the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. The practice used the SMILE team, consisting of one registered nurse and two health care assistants who undertook memory assessments and health reviews for patients in the community. The SMILE team was a joint initiative funded by the practice and a neighbouring practice.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results were published in September 2016. The results showed the practice was performing better than local and national averages. 214 survey forms were distributed and 127 were returned. This represented 1.4% of the practice's patient list. Results from the survey showed;

- 91% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 81% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 88% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 87% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received eight comment cards which were all positive about the standard of care received, describing their care as 'excellent' and 'the best'.

We spoke with three patients during the inspection. All three patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

The practice took part in the Friends and Family Test survey. The last results available were from March 2016 where three patients had responded. 100% of these patients advised they would be extremely likely or likely to recommend the practice to family and friends.

Areas for improvement

Action the service **MUST** take to improve

- Ensure governance arrangements are in place to improve the delivery of safe and effective services. This includes the systems for effective management of medicines that require refrigeration, the management of emergency medicines and equipment, staff recruitment and the management of those patients on high risk medicines.
- Ensure arrangements are in place for the effective management and monitoring of staff training.

- Ensure arrangements are implemented for the effective governance of the practice.

Action the service **SHOULD** take to improve

- Continue to involve patients by using the NHS Friends and Family Test to obtain effective patient feedback.
- Continue to review policies and procedures to ensure staff work to the most up to date guidance.
- Review and improve the process of formally identifying patients who were carers.

Outstanding practice

- Patients could be referred by their GP to an NHS physiotherapist. A physiotherapy clinic was held at the practice four times a week. Two of these weekly clinics were funded by the practice themselves to enhance patient access to re-ablement services and to promote faster recovery for patients. 60 patients had benefitted from these referrals in the last

quarter. The clinics focussed on muscular-skeletal conditions and supported patients post operatively as well as patients with back and joint problems who would normally see a GP. Patients benefitted from

Summary of findings

these clinics through longer more detailed assessments, closely monitored recovery programmes and reduced waiting times to access physiotherapy services.

- The practice had employed two clinicians to work within the team to improve care for patients over 75 years of age. The clinicians provided a link between the practice and vulnerable people in their own homes. The team consisted of a registered nurse, a paramedic and a co-ordinator. They worked closely with the SMILE team (a team consisting of one registered nurse and two health care assistants who

undertook memory assessments in the community which had been in place for over 5 years). About 2.3% of patients over the age of 75 years had benefitted directly from this service since April this year through faster access to support which helped them remain at home. Services also helped prevent them from needing hospital care and continuity of support through seeing the same support team. Six of these patients were regularly discussed and managed during multidisciplinary team meetings. The SMILE team was a joint initiative funded by the practice and its neighbouring practice.

Burton & Bransgore Medical Centres

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 adviser, and an assistant CQC inspector.

Background to Burton & Bransgore Medical Centres

Burton & Bransgore Medical Centres was inspected on Tuesday 18 October 2016. This was a comprehensive inspection.

The main practice is situated in Burton, close to the coastal town of Christchurch, Dorset. The deprivation decile rating for this area is nine (with 1 being the most deprived and 10 being the least deprived). The practice provides a primary medical service to approximately 8,900 patients of a diverse age group. The 2011 census data showed that majority of the local population identified themselves as being White British with some pockets of populations from Asian and Chinese backgrounds. The mix of patient's gender (male/female) is almost equal at 51% female and 49% male. Public health data showed that 3.9% of the patients are aged over 85 years old which is higher than the local average (CCG) of 2.8% and higher than the national average of 2.3%.

The practice is a teaching practice for GP trainees.

There is a team of three GPs partners, one female and two male; the partners were supported by four salaried GPs.

Some GPs worked part time and others full time making the whole time equivalent 4.5. Partners hold managerial and financial responsibility for running the business. The GP team were supported by a practice manager, three nurse practitioners, four practice nurses, one health care assistant, and additional administration staff. The practice has recently experienced a high turnover of administrative staff and is going through a period of change which is proving challenging. All new staff were in the process of being trained in their roles.

Patients using the practice also have access to community nurses, mental health teams and health visitors who are based at the practice. Other health care professionals visit the practice on a regular basis.

The practice is open between the NHS contracted opening hours 8am and 6.30pm Monday to Friday. Appointments are offered anytime within these hours. Extended hours are worked on alternate Mondays from 6.30pm until 8.00pm; Tuesdays 7.30am until 8.00am and one Saturday morning per month on average.

Outside of these times patients are directed to contact the out of hour's service and the NHS 111 number.

The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments as well as online services such as repeat prescriptions.

The practice has a Personal Medical Services (PMS) contract with NHS England.

This report relates to the regulatory activities being carried out at:

Detailed findings

Burton Medical Centre, 123 Salisbury Road, Burton, Christchurch, Dorset. BH23 7JN

and the branch surgery located at:

Bransgore Surgery, Ringwood Rd, Bransgore, Christchurch, BH23 8AD

We did not visit the branch surgery at this inspection.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 18 October 2016. During our visit we:

- Spoke with a range of staff including three GPs, two nursing and three administrative staff and spoke with three patients who used the service.

- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed the personal care or treatment records of patients.
- Reviewed eight comment cards where patients and members of the public shared their views and experiences of the service.

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

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

We also looked at how well services 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)

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

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again. For example, the wrong label was attached to a specimen pot following minor surgery, this had occurred as the patient had the same name as another patient. As soon as the mistake had been realised the practice took appropriate steps to ensure processes were changed. No harm came to the patient involved.
- The practice carried out a thorough analysis of the significant events. It was clear that these issues were discussed by clinicians at weekly meetings and saw evidence that lessons were shared and action taken to improve safety in the practice. However, these meetings were not formally recorded and staff who were unable to attend the meetings were not fully aware of the discussions which took place. The practice had recognised the potential difficulties of their approach and were implementing systems to improve the sharing of information.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had

concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities in relation to adult and child safeguarding and some had received training relevant to their role. However, new staff had not all completed their training although we noted all new staff had this booked in to be completed by December 2016. GPs were trained to child protection or child safeguarding level 3. Nurses were trained to level 2.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role but not all had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place but not all new staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

Blank prescription forms for use in printers, and also pre-printed forms, were handled in accordance with national guidance and were tracked through the practice and kept securely at all times.

- Emergency medicines were available in the practice, however, some held in the emergency bag were found to be out date although they were checked regularly. GPs were responsible for any medicines in their bags and were reminded to check contents and expiry dates monthly.
- Vaccines were not being kept in line with guidance from Public Health England on the storage of vaccines. The temperature range in the vaccines refrigerators were monitored daily, however when readings showed abnormal temperatures had been reached no actions were taken.

Are services safe?

- The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Three of the nurses had qualified as an Independent Prescribers and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications and registration with the appropriate professional body. However, appropriate checks through the Disclosure and Barring Service were not in place for all staff. We saw one nurse, who had been working at the practice since January 2016, did not have a DBS check in place. New administrative staff had applied for their checks and were waiting for them to come back completed and were working under supervision of the management team. The practice were in the process of completing risk assessments for staff without a practice DBS check.
- Each GP had a buddy who covered patients' needs during holidays and sickness. We looked at the procedures used by GPs to ensure test results were reviewed daily and saw these were managed well. However, there was no protocol in place to ensure this was failsafe. For example, a result had been received by a locum GP in September 2016 and had not been actioned leaving the patient potentially vulnerable until this was noted by another GP and then actioned immediately.

Monitoring risks to patients

- There were inconsistent arrangements in how risks were assessed and managed. For example, some risks relating to staff training, specifically delays in providing training updates, the monitoring of fridge temperatures and the lack of actions taken when the temperature was out of the correct range, the management of emergency medicines and checking they were in date and

Disclosure and Barring Service (DBS) checks on staff where required. The practice was in the process of improving these aspects of service quality following a recent internal audit of processes.

- The monitoring of high risk medicines under a shared care agreement was not completely safe or effective as not all patients had received a blood test prior to being issued a repeat prescription to ensure they were receiving the correct dosage. The practice was aware of this and we saw evidence of a recent audit which showed that 71% of these patients were up to date with their blood monitoring. The practice was actively striving to improve this by operating a search on their clinical computer system to identify all patients this affected and to offer them review appointments.
- The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location.
- The practice had a defibrillator available at the premises which was checked weekly. There was oxygen available

Are services safe?

with adult and children's masks. However, systems were not in place to ensure emergency equipment and emergency medicines were within date. For example, we found two intubation tubes and some emergency medicines had passed their expiry dates. These were removed immediately by the practice.

- A first aid kit and accident book were available.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 94% of the total number of points available.

Data from 2014/15 showed:

- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading in the preceding 12 months was within normal limits was 66% compared to the national average of 78%. The practice knew this was lower than expected and were working hard to improve. They told us that they had experienced many staff changes over the past six months which had impacted on giving consistent care. They were confident that since new staff had been employed with skills in long term conditions patient outcomes would improve.
- 100% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record, in the preceding 12 months which was above the national average of 88%.

There was evidence of quality improvement including clinical audit.

There had been five clinical audits completed in the last two years, two of these were completed audits where the

improvements made were implemented and monitored. For example, there had been an audit completed on the treatment of urinary tract infections and the use of antibiotics. The results of this audit showed on the first cycle just 64% of cases protocol had been followed in regard to how and when to prescribe an antibiotic. The second cycle showed this had improved to 89% following consultation with prescribing staff at the practice and raised awareness of the guidance across the clinical team.

The practice participated in local audits, national benchmarking, accreditation, peer review and research. For example, the practice was taking part in a radiology pilot including a new IT system that enabled staff to request various tests electronically; for example, ultrasound and x-ray results.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality, basic life support and information governance. However, not all staff had completed this. The practice had a plan in place for all staff to have completed any lapsed or updated training by December 2016. Staff had access to and made use of e-learning training modules and in-house training and demonstrated to us they were completing relevant learning through course completion certificates.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals and meetings. Staff had access to appropriate training to meet their learning needs and to

Are services effective?

(for example, treatment is effective)

cover the scope of their work. This included ongoing support, one-to-one meetings, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.

Coordinating patient care and information sharing

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

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

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

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

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

The practice's uptake for the cervical screening programme was 87%, which was higher than the CCG average of 83% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice actively encouraged its patients to attend national screening programmes for bowel and breast cancer screening and had positive response rates. For example, females between the ages of 50 and 70, screened for breast cancer in last 36 months was 79% compared to the national average of 72%.

Childhood immunisation rates for the vaccines given were comparable to CCG averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 74% to 100% compared to CCG values of 73% to 95%.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

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

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

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

- 91% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 92% and the national average of 89%.
- 86% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%.
- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 98% and the national average of 95%.
- 92% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.

- 93% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 93% of patients said they found the receptionists at the practice helpful compared to the CCG average of 91% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

- 93% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.
- 87% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 87% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language, although staff added that this was rarely needed.

Patient and carer support to cope emotionally with care and treatment

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

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 140 patients as carers (About 1.6% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

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

The practice had systems in place to identify military veterans and ensured they received appropriate support to cope emotionally with their experience in the service of their country in line with the national Armed Forces Covenant 2014.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice offered extended hours on a Wednesday morning from 7.30am on a Monday and Wednesday evening until 8.30pm for working patients who could not attend during normal opening hours. The practice was also open on a Saturday from 8.30am until 12pm
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice worked hard to avoid unplanned admissions to hospital by working closely with secondary care providers. For example a GP had a special interest in patients with an ear, nose or throat complaint (ENT). These patients were seen in the practice instead of having to attend an outpatient's appointment at the local hospital and because of this the practice was the second lowest referrer of patients to the ENT consultant in the locality.
- All patients over 75, or on an admission avoidance care plan had a named GP responsible for their care, and they were given the choice of seeing whichever GP they preferred. The practice had employed two clinicians to work within the team to improve care for patients over 75 years of age. The clinicians provided a link between the practice and vulnerable people in their own homes. The team consisted of a registered nurse, a paramedic and a co-ordinator. They worked closely with the SMILE team (a team consisting of one registered nurse and two health care assistants who undertook memory assessments in the community which had been in place for over 5 years). About 2.3% of patients over the age of 75 years had benefitted directly from this service since April this year through faster access to support which helped them remain at home. Services also helped prevent them from needing hospital care and continuity of support through seeing the same support team. Six of these patients were regularly discussed and managed during multidisciplinary team meetings. The SMILE team was a joint initiative funded by the practice and its neighbouring practice.
- Patients with long term conditions benefitted from a multidisciplinary approach to their support needs. Nursing staff had lead roles in chronic disease management and the management of patients at risk of hospital admission who were identified as a priority. The practice worked closely with the community specialists and held consultant led community based virtual clinics. These provided an opportunity for the consultant to work alongside practice nurses to monitor and manage those patients who required additional care. For example, for those patients with diabetes.
- All hospital discharge summaries were reviewed on the day they were received by the practice ensuring medicines were adjusted and appropriate primary care follow-up appointments were arranged to ensure the most effective ongoing treatment for these patients.
- In order to ensure continuity of care for patients in the out of hours setting, details of any patient with complex long-term conditions, or an end of life diagnosis were promptly entered onto the ADAstra register by practice staff. ADAstra is a computer system which is visible by the out of hour's service and ambulance service and contains useful information including patient treatment preferences, treatment plans, escalation plans and a past medical history.
- Patients could be referred by their GP to an NHS physiotherapist. A physiotherapy clinic was held at the practice four times a week. Two of these weekly clinics were funded by the practice themselves to enhance patient access to re-ablement services and to promote faster recovery for patients. 60 patients had been booked directly into muscular-skeletal appointments thus avoiding time consuming appointments with GPs. Of these 11 were referred to secondary care physiotherapy, the remaining were treated and/or managed by the in-house physiotherapy team ensuring

Are services responsive to people's needs?

(for example, to feedback?)

closer to home support. Patients also benefitted from these clinics through longer more detailed assessments, closely monitored recovery programmes and reduced waiting times to access physiotherapy services.

Access to the service

The practice was open between 8.30am and 6.30pm Monday to Friday; between 8am and 8.30am there were arrangements with the out of hours service to handle patient enquiries. Appointments were from 8.30am to 1pm every morning and 2pm to 6.30pm daily. Extended hours were worked on alternate Mondays from 6.30pm until 8.00pm; Tuesdays 7.30am until 8.00am and one Saturday morning per month on average. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

The practice operated a triage system when offering appointments. The appointment line was open between 8.30am and 10.30am and 2pm until 4pm. It was operated by two reception staff, one GP and a Nurse Practitioner (NP). Patients rang during these hours for any appointment queries. Patients were able to book urgent appointments on the day, routine appointments (currently up to four weeks in advance) and appointments with other healthcare professionals. For example, chiropody, midwife or phlebotomy. If a member of the reception team answered the call, they could book an appointment if needed, or if the patient had a clinical query they could refer to the GP or NP for advice or put the patient onto the triage list for the clinician to ring back. If a patient rang with an urgent problem outside of the appointment line, the call was re-directed to reception where the query could be dealt with and the patient booked into an appointment if required. If a patient came into the practice to book an appointment, they were asked to ring through the appointment line if appropriate but would be accommodated if there was a clear clinical need.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to or slightly higher than local and national averages.

- 78% of patients were satisfied with the practice's opening hours compared to the national average of 79%.
- 99% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

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

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system for example, posters in the waiting room and information on the website.

We looked at nine complaints received since April 2016. We saw that all complaints had been satisfactorily handled, dealt with in a timely way, with openness and transparency. Patients were given apologies where appropriate and informed at all stages of the complaint. Lessons were learnt from individual concerns and complaints and also from an analysis of trends and shared with all staff. Appropriate action was taken to improve the quality of care. For example, several patients complained about staff attitude. This was dealt with by discussing with the staff members involved, an apology given to the patients and further learning and training identified for staff to develop.

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

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

- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- There was an open and transparent approach to driving improvement throughout all areas.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff, although some were due for review.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.

However, weaknesses in previous staffing structures for governance had resulted in inconsistent arrangements in how other risks were monitored, assessed and managed. For example,

- Systems and processes relating to staff training had not identified staff who required updated learning,
- Recruitment processes had not ensured all staff had disclosure and barring services checks,
- Systems to ensure the effective management of emergency equipment and medicines were incomplete,
- Processes to monitor medicines that needed refrigeration were inconsistent; and
- Systems to recall patients prescribed with high risk medicines were not thorough.

Prior to the inspection the practice had already identified where they needed to make improvements and were actively working through an action plan to do so. Staff said

there had been unsettling times with many changes but added that things were now much improved. Staff we spoke with told us they felt supported and that they enjoyed their work.

Leadership and culture

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

The partners and practice manager inspired their staff to ensure patients were the focus of care and the main priority in the practice. Staff told us they prioritised safe, high quality and compassionate care.

Staff throughout the practice were proud of their work, this was demonstrated from the moment patients entered the practice. All staff were smiling and welcoming. They told us there was no difference between clinical and non-clinical staff, everyone was treated the same. They told us that everyone in the practice, including partners, were approachable and always took the time to listen to all members of staff.

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

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.

Are services well-led?

Requires improvement 

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

- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG was a group of approximately two actual members and 92 virtual members. They were contacted regularly for their advice on opinions to drive improvement at the practice. For example, following patient feedback, via the PPG, improvements had been made to the appointment system.
- The practice also used online surveys, the NHS Friends and Families test and informal feedback to gather patient views.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.

The practice was registered as a GP teaching practice for post graduate education.

Patients could be referred by their GP to an NHS physiotherapist. A physiotherapy clinic was held at the practice four times a week. Two of these weekly clinics were funded by the practice themselves to enhance patient access to re-ablement services and to promote faster recovery for patients.

The practice had employed two clinicians to work within the team to improve care for patients over 75 years of age. The clinicians provided a link between the practice and vulnerable people in their own homes. The team consisted of a registered nurse, a paramedic and a co-ordinator. They worked closely with the SMILE team (a team consisting of one registered nurse and two health care assistants who undertook memory assessments in the community) and patients benefitted directly through faster access to support. The SMILE team was a joint initiative funded by the practice and its neighbouring practice.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.: Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>Care and treatment was not provided in a safe way for patients</p> <p>Specifically:</p> <ul style="list-style-type: none">• The provider was not always assessing the risks to the health and safety of service users of receiving the care or treatment, or doing all that is reasonably practicable to mitigate any such risks.• The management of medicines was not safe. There was not a safe process in place to ensure the appropriate actions were taken when fridge temperatures were out of range. There was no process for the safe maintenance and checking of emergency medicines and equipment or for the content of GPs bags.• There was no effective process in place for the monitoring of patients in high risk medicines. <p>Regulation 12 (1)</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Regulation 17 HSCA (RA) Regulations 2014 Good Governance</p> <p>The practice had insufficient systems and processes in place to operate safely and effectively.</p>

Requirement notices

- There was an absence of established safe recruitment processes to ensure clinical staff and had undertaken appropriate DBS checks.
- Systems and processes relating to staff training had not identified staff who required updated learning,
- Systems to ensure the effective management of emergency equipment and medicines were incomplete, The processes to monitor medicines needing refrigeration were inconsistent; and
- Systems to recall patients prescribed with high risk medicines were not thorough.
- Systems for reviewing QOF performance were not fully implemented.
- Systems for ensuring meetings were minuted were not in place making it difficult to be assured all staff were aware of information which affected the way they worked.

Regulation 17 (1)

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Not all staff had received appropriate training to enable them to carry out the duties they are employed to perform.

- There was an absence of systems to ensure staff had been appropriately trained in areas such as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality, basic life support and information governance.
- Not all staff had completed training relevant to their role; for example, safeguarding training.

Regulation 18 (2)