

Falmouth Road Group 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?

Good



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 undertook an inspection of Falmouth Road Group Practice on 20 October 2016. At this time the service was operated by another provider. The purpose of our inspection was to make an assessment as to whether or not the practice had made sufficient improvement to come out of special measures. We found that the practice had not made sufficient improvement and took action to cancel the provider's registration.

AT Medics took over Falmouth Road Group Practice in January 2017. The status of being in special measures transfers to the provider who assumes responsibility of a cancelled service if that service was in special measures. We carried out an announced comprehensive inspection at Falmouth Road Group Practice on 26 September 2017 to determine if the practice could be taken out of special measures. Overall the practice is now 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 a system in place for reporting and recording significant events. However, outcomes and learning were not always clear and the practice did not have an effective system which demonstrated action taken in response to safety alerts.
- There were some concerns around the systems used to monitor vaccine fridge temperatures. The practice took action to address the issue with vaccine monitoring within 24 hours of the inspection.
- Most risks in the practice were well managed; however, those associated with infection control were not always monitored or addressed adequately.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Results from the latest published national GP survey, and the Quality and Outcomes Framework (QOF) related to the care given by the previous provider. We were provided with figures from 16/17 which largely related to the performance of the previous provider. However in the period from 17 January 2017 to 31 March 2017 the practice had contributed to 27% of the overall QOF achieved. The practice had undertaken

Summary of findings

their own survey which showed that patient satisfaction with the care provided had improved in some areas. Feedback from patients we spoke with on the day about the care provided was mixed, although the majority of patients commented that they had noticed improvement since the new provider had taken over the practice.

- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns though not all complaints were discussed in practice meetings.
- Most patients we spoke with 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.
- Generally the practice had good facilities and was equipped to treat patients and meet their needs. However, we found a several items of expired clinical equipment. The practice disposed of these as soon as we found them.
- 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 the requirements of the duty of candour and had systems in place to ensure compliance with the duty.

The areas where the provider must make improvement are:

- Ensure care and treatment is provided in a safe way to patients
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care

The areas where the provider should make improvement are:

- Continue to work on systems to ensure that patients with long term conditions are reviewed and monitored when required and share learning from complaints with all appropriate staff.

The practice will remain in special measures and will be re-inspected within a period of six months.

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.

- There was not always clear evidence of learning from significant events and, although there was evidence that patient safety alerts were cascaded to staff, it was not clear what action had been taken in response to recent alerts. However there was a system in place for reporting and recording significant events. When things went wrong patients were informed as soon as practicable, received reasonable support, truthful information, and a written apology.
- Risks associated with infection control were not adequately addressed in the patient bathrooms and in one of the clinical rooms within the practice.
- Medicines management processes related to the management of vaccines did not always operate effectively.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role, though policies did not reflect the current safeguarding leadership within the practice.
- There were expired items of clinical equipment both stored with the emergency equipment and in clinical rooms.
- The practice had arrangements to respond to emergencies and major incidents; however, there was no evidence that the working status of the practice's defibrillator was being checked regularly.

Inadequate



Are services effective?

The practice is rated as good for providing effective services.

- Published data from the Quality and Outcomes Framework largely related to the work undertaken while under the management of the previous practice. However, the practice provided unverified data which indicated that they had made a sizable contribution to the overall achievement for 2016/17 in the final two and a half months of that period.
- Staff were aware of current evidence based guidance.
- There was evidence that a programme of continuous clinical and internal audit had been introduced to monitor quality and to make improvements.
- Staff had the skills and knowledge to deliver effective care and treatment.

Good



Summary of findings

- 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.
- End of life care was coordinated with other services involved.

Are services caring?

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

- Published data from the national GP patient survey stemmed from the time that the practice was operated by the previous partnership. However, the practice had completed their own survey which showed that some areas surveyed remained rated below the local and national average. Patient feedback on the day regarding the care and treatment provided was mixed but most patients noted an improvement in the care provided by the practice.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Requires improvement



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population. For example they were undertaking comprehensive assessments for frail elderly patients and drafting comprehensive care plans which addressed both the patients' health and social needs.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care but that accessing same day appointments was sometimes difficult.
- The practice had translation services and their facilities were accessible to those with mobility problems and who were hard of hearing.
- Information about how to complain was available and evidence from the examples reviewed showed the practice responded to issues raised. However, it was not clear that learning from complaints was always discussed and shared with staff.

Good



Summary of findings

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 and were focused on taking action to address the deficiencies left by the previous provider. However, weaknesses in governance systems undermined the practice's ability to provide safe high quality care.
- Although we identified a lot of improvements to the practice's governance framework, which had resulted in an improvement in the quality of care provided, there were a number of areas where arrangements to manage risk were not adequate particularly in respect of infection control.
- There was a clear leadership structure and staff felt supported by management. The practice had clear and effective policies and procedures to govern activity in most respects; however, the practice were not following their policy for monitoring vaccine fridge temperatures and the safeguarding policies did not contain accurate information regarding the practice leads. Governance arrangements were regularly discussed at meetings.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour and had systems in place to ensure compliance.
- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff; however, there was no evidence of action being taken in response to safety alerts.
- Although patient feedback was largely mixed the practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on particularly in respect of access to appointments. The practice engaged with the patient participation group.
- There was a focus on continuous learning and improvement. Staff training was a priority and was built into staff rotas.

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 inadequate for safe and requires improvement for caring, and well-led key questions leading to the practice being rated as requires improvement overall. The issues identified impact on the care provided to this population group. However we did identify some examples of good practice:

- The practice participated in the CCG funded Holistic Health Assessment scheme. These involved clinicians undertaking comprehensive assessments in extended appointment slots. Care plans were produced on the basis of assessment which aimed to address both health and social needs and provide additional support to elderly vulnerable and housebound patients.
- The practice had reduced the length of time patients had to wait for an appointment with their named GP which aimed to improve continuity of care.
- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice shared summary care records with local care services and had access to advice and support from the local geriatrician team.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible.

Requires improvement



Summary of findings

People with long term conditions

The practice is rated as inadequate for safe and requires improvement for caring, and well-led key questions leading to the practice being rated as requires improvement overall. The issues identified impact on the care provided to this population group. However we did identify some examples of good practice:

- The practice had undertaken a review of the patient list system and increased identification of patients with long term conditions and ensured that these patients were correctly coded to ensure that appropriate reviews were undertaken and support provided. As a result of the exercise the practice had identified an additional 106 patients with hypertension, five with diabetes and 110 patients with chronic kidney disease who had not previously been coded correctly.
- The nursing and pharmacist team members had roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Requires improvement



Families, children and young people

The practice is rated as inadequate for safe and requires improvement for caring, and well-led key questions leading to the practice being rated as requires improvement overall. The issues identified impact on the care provided to this population group. However we did identify some examples of good practice:

- There were systems 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 accident and emergency (A&E) attendances.
- Published data related to childhood immunisation rates related to work undertaken by the previous provider. However, unverified data provided by the practice showed that the practice had already achieved higher rates of childhood immunisations in two and a half months than the previous provider did for the whole of the previous year.

Requires improvement



Summary of findings

- Staff told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The practice provided support for premature babies and their families following discharge from hospital.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives and health visitors to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance services.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications. The practice provided pre-conception advice to pregnant women with diabetes and epilepsy.

Working age people (including those recently retired and students)

The practice is rated as inadequate for safe and requires improvement for caring, and well-led key questions leading to the practice being rated as requires improvement overall. The issues identified impact on the care provided to this population group. However we did identify some examples of good practice:

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, telephone consultations and appointments at the local extended access hub.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.

Requires improvement



People whose circumstances may make them vulnerable

The practice is rated as inadequate for safe and requires improvement for caring, and well-led key questions leading to the practice being rated as requires improvement overall. The issues identified impact on the care provided to this population group. However we did identify some examples of good practice:

- The practice held a register of patients living in vulnerable circumstances including homeless people, frail elderly and those with a learning disability. Other patients were also flagged on the practice system including overburdened or isolated carers, individuals who lived with people with addictions and women who may be isolated due to cultural factors.

Requires improvement



Summary of findings

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability and had undertaken an exercise to improve the quality of annual reviews offered to learning disabled patients from the standard provided by the previous provider. The practice had also identified an additional 10 patients with learning difficulties since taking over the practice.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They 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.
- The practice had introduced an additional pop up on their patient record system to ensure that patients' vulnerabilities were flagged to clinicians who accessed these records.

People experiencing poor mental health (including people with dementia)

The practice is rated as inadequate for safe and requires improvement for caring, and well-led key questions leading to the practice being rated as requires improvement overall. The issues identified impact on the care provided to this population group. However we did identify some examples of good practice:

- The practice carried out advance care planning for patients living with dementia.
- Alerts were placed on the practice system to prompt clinicians to consider mental capacity issues.
- We saw that the practice prepared care plans for patients with dementia.
- The practice specifically considered the physical health needs of patients with poor mental health and dementia by offering them annual health reviews. The practice used a variety of methods to communicate with these patients to remind them to attend.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.

Requires improvement



Summary of findings

- The practice worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia. For example advice from a consultant geriatrician was available on the telephone.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

AT Medics began operating from Falmouth Road Group Practice on 17 January 2017. The currently available patient survey data was collated from a period prior to the provider operating at that site. The provider had undertaken a recent patient survey of their own, which had not been independently verified, which showed that while some areas had deteriorated many had improved compared to when the previous provider had operated the site.

- 71% of patients described the overall experience of this GP practice as good compared with data from the previous provider who scored 61% compared with the CCG average of 79% and the national average of 85%.
- 59% of patients described their experience of making an appointment as good compared with the previous provider score of 48%, CCG average of 69% and the national average of 73%.

- 49% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the previous provider score of 38%, CCG average of 73% and the national average of 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 15 comment cards which were all positive about the standard of care received. Half of the comments received made reference to the fact that the service had improved in terms of the care received from clinical staff, the service provided by reception and administrative staff and in respect of access to appointments.

We spoke with 12 patients during the inspection. Nine patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Most patients noted that the quality of care and access to the service had improved. Three patients provided negative feedback about the attitude of staff and/or access to appointments.

Falmouth Road Group Practice

Detailed findings

Our inspection team

Our inspection team was led by:

This inspection was led by a CQC Lead Inspector. The team included a GP specialist adviser, a second CQC inspector and an Expert by Experience.

Background to Falmouth Road Group Practice

Falmouth Road Group Practice is part of Southwark Clinical Commissioning Group (CCG) and has a patient list of approximately 6200 patients. The practice was previously operated by a provider whose registration was cancelled by CQC. A caretaker provider, AT Medics, assumed responsibility for running the service on 17 January 2017. The practice is registered with the CQC for the following regulated activities: Diagnostic and screening procedures, Treatment of disease, disorder or injury, Maternity and Midwifery Services and Family Planning.

The practice population is ethnically diverse (6.2% mixed, 16.4% Asian, 24.2% black, 4.2% other non-white ethnic groups). The practice population has higher levels of deprivation affecting children and older people compared with the national average and there is a higher proportion of working age patients and significantly lower proportion of elderly compared with national averages.

There is one clinical director working at the practice who undertakes one session per week. The practice has four

GPs providing 16 sessions per week, two locum nurse practitioners offering six sessions per week, two practice pharmacists working eight sessions per week, two practice nurses and a health care assistant.

The practice is open between 8.00 am and 6.30 pm with booked and emergency appointments five days per week.

Falmouth Road Group Practice operates from 78 Falmouth Rd, London SE1 4JW which are purpose built premises sublet from NHS Property Services. All consulting areas are located on the ground floor and the premises are accessible to those with mobility needs.

Practice patients are directed to contact the local out of hours provider when the surgery is closed.

The practice operates under an Alternative Provider Medical Services (PMS) contract.

The new provider informed that they had been working to address issues inherited from the previous provider. For example, the practice told us that staff morale was poor with one GP having resigned prior to the practice being taken over, one GP who resigned shortly after the practice was taken over, issues with staffing and there was a shortage of reception staff. We were told that patients were anxious and concerned about the poor level of access to appointments. Additionally when they took over the practice there were 1000 clinical letters dating back six weeks which had not been reviewed including 300 un-actioned blood results. AT Medics had also raised other concerns regarding the quality of clinical care once they had reviewed patient records.

Detailed findings

Why we carried out this inspection

We carried out an announced comprehensive inspection at Falmouth Road Group Practice on 20 October 2016. At this time the provider was comprised of two partners. This was the third inspection of the location. The provider was placed in special measures after our first inspection on 29 April 2015 and remained in special measures after our second inspection on 5 January 2016 as the provider was rated as inadequate for providing services that were well led. The practice was then rated as inadequate overall on the basis of our third inspection undertaken on 20 October 2016. The full comprehensive report from the inspection undertaken on 20 October 2016 can be found by selecting the 'all reports' link for Falmouth Road Group Practice on our website at www.cqc.org.uk.

As a result of our findings from the last inspection CQC cancelled the provider's registration as a result of breaches of regulation 12 and 17 of the Health and Social Care act 2008 (2014 Regulations). Specifically we found concerns related to the management of significant events, medicines and risks associated with infection control, medicines management, the management of equipment, procedures around recruitment and monitoring and chaperoning. In addition there was no analysis of areas of clinical performance which significantly deviated from national clinical targets and there was no system in place to follow up patients who required further intervention following a cervical screening test.

After we cancelled the provider's registration a new provider, AT Medics, took over running the practice on 17 January 2017.

We undertook a further announced comprehensive inspection of Falmouth Road Group Practice on 26 September 2017. This inspection was carried out to ensure improvements had been made by the new provider and to determine if the practice could be taken out of special measures.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 26 September 2017. During our visit we:

- Spoke with a range of staff (GP, pharmacist, practice nurse, practice management and reception and administrative staff) and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area.
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.

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

Detailed findings

- People experiencing poor mental health (including people living 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 a system for reporting and recording significant events. However, outcomes and learning were not always clear and there was no evidence of action taken in response to patient safety alerts.

- 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).
- From the documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again. However, we reviewed one incident involving a sharps injury and it was unclear from reviewing the documented evidence and speaking to some staff what the outcome of the incident was and what learning had been taken from the incident.
- However other examples of significant events reviewed showed that lessons were shared and action was taken in response to incidents in the practice. For example, there was an incident where the keys to the building were accidentally locked in the practice manager's office. As a result staff were not able to access the building. In response to this the practice had master keys cut and copy of these was kept in the reception area.
- The practice had a system in place for recording the safety alerts received. We saw examples of relevant alerts being cascaded to staff and discussed in clinical meetings. However, there was no evidence of action being taken in response to these alerts. For example, we reviewed a recent alert related to the prescribing of valproate for women of childbearing age. There was no

evidence that there had been a search of the patients prescribed this medication to see if any action was required, and staff were unable to explain action taken or patients involved.

- Significant events that were deemed to be particularly serious were discussed a regional and senior management levels and learning was disseminated across AT Medics. Staff working at the practice were able to recall learning from significant incidents that had occurred at other AT Medics sites.

Overview of safety systems and processes

The practice had systems, processes and practices in place to minimise risks to patient safety.

- The practice had policies that were accessible to staff which outlined who to contact for further guidance if staff had concerns about a patient's welfare. The practice had posters throughout the practice with the safeguarding leads; however, the leads noted in the policy differed from those on the posters. Policies were updated on the day of the inspection. All staff asked were aware of who to contact. All other arrangements for safeguarding reflected relevant legislation and local requirements. From the documented examples we reviewed we found examples of joint working with the health visitor team. Though there had not been the need GPs said that they would attend safeguarding meetings when possible or provide reports where necessary for other agencies.
- Patients who were vulnerable or at risk had two alerts placed on the system. It was expected that this would guarantee safeguarding concerns were flagged to the reviewing clinician.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child protection or child safeguarding level three and non-clinical staff to at least level one. Staff said that they had increased confidence in raising possible safeguarding concerns since the new provider took over the service.
- 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 and had

Are services safe?

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 in most areas though we found that the toilets had not been cleaned to a satisfactory standard.

- Most clinical areas of the practice and the office spaces we observed were clean and tidy. Both the patient and staff toilets had not been cleaned to a satisfactory standard. We found stains in the patient toilets and cobwebs in the staff toilets. There was also no toilet paper or paper towels in one of the patient toilets. The cleaning schedules were completed inconsistently and incorrectly. One of the schedules had been completed indicating that cleaning had been completed up until 29 September 2017 the schedule in one of the other toilets had not been completed since 22 September 2017 (2 working days) and the log in the baby changing area was out of date. We also found dust on the couch frame in one of the consultation rooms. The schedule indicated that this was to be cleaned daily yet the schedule had last been completed on 22 September 2017 (2 working days previously). The practice told us that they were aware of this issue and we saw evidence that they had raised the concerns with the cleaning contractors on several occasions.
- We found a number of pieces of clinical equipment which had passed their expiration date including 13 vaginal swab specimen kits and needles and syringes stored with emergency equipment.
- The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

We found a small number of clinical letters and pathology results had not been actioned in a timely manner, failsafe systems for higher risk blood tests were not sufficiently robust and the protocol for administrative handling correspondence needed :

- We found four pathology results from 19 September 2017 (five working days before inspection) in one GP's inbox. Two of these results were abnormal and neither had been reviewed. We reviewed the results on the day and neither appeared to be sufficiently serious. There were also 69 clinical letters some stemming from as far back as 19 September 2017 (five working days). The practice sent evidence that both inboxes had been cleared within 48 hours of inspection.

The arrangements for managing medicines did not always ensure that patients were kept safe particularly in respect of monitoring vaccine fridge temperatures.

- There were processes for handling repeat prescriptions including systems in place to monitor high risk medicines which kept patients safe. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems to monitor their use. They received mentorship and support from the medical staff for this extended role. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment). Health care assistants were trained to administer vaccines and medicines and patient specific prescriptions or directions (PSDs) from a prescriber were produced appropriately (a PSD is a written instruction signed by a medical prescriber authorising the supply or administration of specific medication to a named individual).
- The practice policy stated that vaccine fridge temperature checks should be undertaken twice daily, though checks were not always done twice a day. Additionally we found that on four occasions the practice had gone above the optimum temperature range. This had not been raised as a significant event on any occasion and there was no evidence that any protocol had been followed to ensure that the vaccines were safe to use. Within 24 hours of our inspection the practice provided a significant event form which demonstrated clear learning to ensure that action would be taken if the temperatures went out of range in

Are services safe?

the future. The practice had contacted the vaccine manufacturers and confirmed that the vaccines would still be safe to use though some were disposed of as a precautionary measure.

We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment and carried out regular fire drills. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments 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).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients. The practice had improved access since taking over of the service by employing additional staff including pharmacists and nurse practitioners.

Arrangements to deal with emergencies and major incidents

The practice had a supply of emergency medicines as well as an oxygen cylinder and a defibrillator. However, we found some expired equipment stored with the emergency medicines and no documented checks for the defibrillator.

- 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. However, we found three syringes in the practice's anaphylaxis pack that had expired in 2015 and three needles stored with the emergency medicines which had expired in 2013.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available. Though there were monitoring systems in place for the practice's oxygen supply there were no documented checks to monitor the working status of the defibrillator, though we were told that this was being done in practice. Documented checks were undertaken of the defibrillator pads. One of the practice's non-clinical staff members was not aware of the location of the oxygen and defibrillator.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan 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

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems 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 was using 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). However, the most recently published results from 2015/16 related exclusively to the period when the practice was being operated by the previous provider.

The practice provided unverified data regarding the practice performance for 2016/17. The provider was only operating at the practice between 17 January 2017 and 31 March 2017; which is the date for annual QOF submission. The overall achievement for 2016/17 was 96% compared to the national average of 96% and the CCG average of 95%. The practice had exception reported 8% of patients compared with 7% in the CCG and 10% nationally. Of the points achieved 27% of these were the result of action taken by the new provider in the six weeks they had been operating from the site.

We reviewed a number of records for patients with long term conditions and found that in most respects treatment was provided in accordance with current guidance and best practice. We discussed the systems for recalling patients with staff and were satisfied that these generally operated well. However, we reviewed the care of one diabetic patient who had raised blood sugar. The practice

had asked the patient to return to the practice within a specified period of time. The patient had not returned and there was no evidence that the practice had taken action to follow this patient up.

There was evidence of quality improvement including clinical audit:

- There had been four clinical audits undertaken by the new provider since they began operating the practice, two of these were completed audits and one demonstrated improvement in the quality of clinical care. The practice had undertaken an interrogation of the clinical system with the aim of ensuring that the system was accurate and that all patients with a chronic disease were correctly coded which would enable the practice to call patients in for reviews where required. As a result of the review the practice identified an additional 106 hypertensive patients, an additional five diabetic patients, two patients with atrial fibrillation and an additional 10 patients with learning disabilities. The practice had undertaken a second review of the patient record systems and identified an additional 110 patients with chronic kidney disease that had not previously been coded.
- The practice conducted an audit of six patients with learning disabilities who had received an annual assessment under the old provider between January 2015 and January 2017. The practice reviewed the assessments against a set of nine criteria/interventions including: whether support information had been offered, a written care plan drafted and a medication review undertaken. On the first cycle the practice found that this standard had not been met; for example, four out of the six reviews did not include an assessment of the patient's mental health and none including an assessment of their hearing. The practice proposed using a template to ensure that all quality standards were being met. A second audit was undertaken of all patients on the practice's learning disability register who had received a review and found that the practice had complied with all standards in all cases.
- The practice had also completed the first cycle of an audit initiated by the CCG related to antibiotic prescribing in urinary tract infections. The second cycle was due for submission in March 2018.

Effective staffing

Are services effective?

(for example, treatment is effective)

Evidence reviewed showed that staff had the skills and knowledge 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.
- 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, drug misuse and gender variance.
- 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 and nurse forums both within the locality and those hosted by AT Medics. The nurse we spoke with on the day of the inspection was due to attend an immunisation update on 12 October 2017.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision for the pharmacist and practice nurse and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months. GPs received an internal review from one of the senior GPs in addition to their external appraisal.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

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.

- From the documented examples we reviewed we found that 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. Information was shared between services, with patients' consent, using a shared care record. 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.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

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.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. 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.
- Smoking cessation advice was provided in house and patients could be referred to a dietician where necessary.

Are services effective?

(for example, treatment is effective)

Cervical screening data related to the period before AT Medics took over the practice. However, the practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. There were failsafe systems 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 most recently published childhood immunisation figures related to the achievement of the previous provider. The current provider submitted unverified performance data which indicated that achievement in the first three

months of 2017/18 had already exceed the performance in the previous year when the previous partnership was in place. The percentage of primary immunisations completed in those three months was 95% compared with 77% for the previous year under the previous provider and the percentage of booster completed was 87% compared with 82%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we observed that 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.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

All of the 15 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. Half of the comment cards referred to the fact that there had been noticeable improvement in the quality of service within the practice both in terms of the clinical care and the service provided by the reception staff.

We spoke with 12 patients including two members of the patient participation group (PPG). Nine of the patients spoke to tell us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Most comments highlighted that staff responded compassionately when they needed help and provided support when required. Feedback from three patients raised concerns both about the attitude of some members of the reception team and one of the GPs.

Results from the national GP patient survey related to the period of time prior to AT Medics taking over responsibility for the practice. The new provider undertook a survey in September 2017 using the GP patient survey questions. Eighty one patients had completed an anonymous online survey. The patients were selected at random. Results showed an improvement in some scores and a reduction in

others. There was improvement in most of the practice's satisfaction scores on consultations with GPs and an increase in satisfaction with reception staff. However, there was a reduction in satisfaction with practice nurses:

- 80% of patients said their GP was good at listening to them had increased from 70% under the old provider compared with the clinical commissioning group (CCG) average of 86% and the national average of 89%.
- 76% of patients said the GP gave them enough time, up from 72%, compared to the CCG average of 82% and the national average of 86%.
- 86% of patients said they had confidence and trust in the last GP they saw, compared to 91% under the previous provider, compared to the CCG average of 94% and the national average of 95%.
- 70% of patients said the last GP they spoke to was good at treating them with care and concern, the same as the previous provider, compared to the local average of 82% national average of 86%.

Satisfaction with reception staff also increased according to the survey

- 81% of patients said they found the receptionists at the practice helpful, previously 73% under the old provider, compared with the CCG average of 85% and the national average of 87%.

However satisfaction scores with the nursing service had deteriorated when compared with the previous provider.

- 72% of patients said the nurse was good at listening to them, compared to 83% under the previous provider, compared with the clinical commissioning group (CCG) average of 85% and the national average of 91%.
- 71% of patients said the nurse gave them enough time, compared to 81% under the previous provider, compared with the CCG average of 87% and the national average of 92%.
- 77% of patients said they had confidence and trust in the last nurse they saw, which was less than the 94% score under the previous provider, compared with the CCG average of 94% and the national average of 97%.

Are services caring?

- 75% of patients said the last nurse they spoke to was good at treating them with care and concern, previously 88% under the last provider, compared to the local average of 85% in the CCG and the national average of 91%.

The practice told us that the poorer nursing scores could have been the result of the previous nurse who left the practice at the end of June 2017 as a result of difficulty of adjusting to the way the new provider worked. The new nurses employed since then also work at other AT Medics sites where the nursing scores have improved. The GPs are also relatively new to the practice with one starting in March and the other in August 2017. The practice said that given the short amount of time they had been in control of the practice and the inability to identify the period of time the responses related to (i.e. before or after the new provider was in post) they were unsure how valuable the survey results were in assessing the current state of the practice. The practice stated that another survey would be undertaken in the future which asked for responses specific to the time they had been in post and sample a larger number of patients.

Care planning and involvement in decisions about care and treatment

All but one of the 12 patients interviewed 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. With the exception of two patients we were told that there was 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.

We were told that children and young people were treated in an age-appropriate way and recognised as individuals.

Results from the practice's own internal survey showed that when compared with the national GP patient survey results from the last provider there had been a slight deterioration in the responses regarding patient involvement in planning and decisions making:

- 70% of patients said the last GP they saw was good at explaining tests and treatments, previously 68% under the last provider, compared with the CCG average of 83% and the national average of 86%.

- 69% of patients said the last GP they saw was good at involving them in decisions about their care, down from 72% under the last provider, compared to the local average of 77% national average of 82%.
- 73% of patients said the last nurse they saw was good at explaining tests and treatments, down from 81% under the previous provider, compared with the CCG average of 84% and the national average of 90%.
- 66% of patients said the last nurse they saw was good at involving them in decisions about their care, previously 74% under the previous provider, compared to the local average 79% and the national average of 85%.

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

- Staff told us that interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.

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. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 68 patients as carers (1.1% of the practice list). The practice had recently held a carers support event with speakers attending from the local carer support organisation. Newly registered patients who identify themselves as having caring responsibilities were given a carers pack. Carers were

Are services caring?

offered an annual carer's health check. Written information was available to direct carers to the various avenues of support available to them and older carers were offered timely and appropriate support.

Staff told us that if families had experienced bereavement, their usual GP sent them a sympathy card. This contained

advice on how to find a support service and offered information on local support services. We saw contact information for the local bereavement support service in consultation rooms.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice had worked to improve the data on their clinical system, for example, through a review of their long term disease registers, to better understand the composition of their patient list and ensure that patients who required additional support or interventions were targeted and had their needs met. In addition the practice participated in a number of local initiatives aimed to meet the needs of their patients. For example the practice provided Holistic Health assessments which aimed to ensure that the health and social needs of elderly vulnerable patients were met through the production of comprehensive care plans and engagement with local services both in the health and voluntary sector.

- 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.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice sent text message reminders of appointments and test results.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- There were accessible facilities, which included a hearing loop, and interpretation services available. One of the practice pharmacists spoke Bengali.

Access to the service

The practice was open between 8am and 6.30 pm Monday to Friday. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them.

Results from the practice's internal patient survey showed that patient's satisfaction with how they could access care and treatment had improved when compared with the feedback in the national patient survey but in most cases was still below local and national averages.

- 65% of patients were satisfied with the practice's opening hours, previously 61% under the previous provider, compared with the clinical commissioning group (CCG) average of 74% and the national average of 76%.
- 55% of patients said they could get through easily to the practice by phone, up from 51% under the previous provider, compared to the local average of 74% and national average of 51%. The practice knew that the phone system was not fit for purpose and had plans in place to upgrade the phone systems.
- 74% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment, previously 67% under the last provider, compared with the CCG average of 82% and the national average of 84%.
- 79% of patients said their last appointment was convenient, previously 55% under the old provider, compared with the CCG average of 75% and the national average of 81%.
- 70% of patients described their experience of making an appointment as good, up from 61% under the previous provider, compared with the CCG average of 69% and the national average of 73%.
- 43% of patients said they don't normally have to wait too long to be seen, 40% under the previous provider, compared with the CCG average of 61% and the national average of 64%.

The practice questioned the value of the survey they had conducted given the limited sample size, the short amount of time they had been operating the site and the lack of ability to distinguish between the responses relating to the previous and current providers.

Furthermore prior to the survey being conducted the practice undertook an access audit with a view to reducing the length of time patients had to wait to for an appointment with a both a GP and a named GP. The first review was undertaken in February 2017 soon after AT Medics had taken the practice over. The average waiting time for an appointment with a GP was 12 working days

Are services responsive to people's needs?

(for example, to feedback?)

and the average waiting time for an appointment with a named GP was 15 working days. The practice introduced nurse practitioners and pharmacists and recruited a GP who could provide more consultations while working the same number of sessions as a retiring GP. The practice re-audited in July 2017 and found that all patients could be offered a non-urgent appointment with a GP within three working days and a non-urgent appointment with their named GP within seven working days. The average time to see any GP was three days.

Ten of the 12 patients we spoke to on the day of the inspection told us on the day of the inspection that access had improved and they were able to get appointments when they needed them. Two patients said that they had difficulties accessing same day appointments.

The practice had a system to assess:

- whether a home visit was clinically necessary; and
- The urgency of the need for medical attention.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had a system 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 in the waiting area.

We looked at four complaints received since the new provider took over the practice and found these were answered in a satisfactory timescales with apologies offered where appropriate. Staff minute meetings indicated that not all complaints were discussed in meetings. Lessons were learned from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, there were a number of complaints related to prescriptions going missing. In order to prevent this from happening and better track prescriptions a member of the reception staff suggested that patients and pharmacy staff picking up prescriptions should sign a log to confirm receipt. The practice found that this, together with the issues being raised with the local pharmacy, had reduced the number of missing prescriptions.

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 undertaken a lot of work to improve the standard of clinical care and increase access for patients, yet it was evident that there were a number of areas concerning patient safety where effective governance and oversight were lacking.

- The practice had a clear statement of purpose and staff knew and understood the values. Much of the work undertaken by the practice had focused on improving the quality of care offered to patients and increasing patient access to appointments. The practice had inherited a number of issues from the previous provider including outstanding test results, poor staff morale and distrust and dissatisfaction among patients. Although the most immediate challenges had been addressed the practice were aware that there were still a number of outstanding issues and had clear plans in place to address these.

Governance arrangements

Although the new provider had made a significant number of improvements in respect of the governance systems in place at the practice, there were a number of areas where further improvement was required to ensure that patients were kept safe.

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs, nursing staff and practice pharmacists had lead roles in key areas. For example the practice pharmacists were responsible for medication reviews.
- Although most areas of operation had policies which were implemented effectively, there were a number of areas where policies either needed to be updated or were not being implemented effectively which suggested a lack effective leadership and oversight. For example vaccine fridge temperatures were not being monitored in accordance with the practice policy and the practice safeguarding policy was did not accurately reflect the leadership structure within the practice.

- Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice.
- There was evidence that a programme of continuous clinical and internal audit had been introduced to monitor quality and to make improvements.
- The arrangements in place for monitoring and mitigating risks associated with infection control were not effective.
- We saw evidence that regular meetings were happening with staff and that complaints and significant events were reviewed and discussed. However, there was no consistent approach to discussing and sharing all outcomes and learning with staff.

Leadership and culture

Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems 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 for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. Though there had been no incidents where the duty applied since the practice took over the service, discussions showed that staff were aware of the requirements of the duty. When things went wrong with care and treatment:

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

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

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. We saw examples of meetings held with the local health visitors where safeguarding concerns had been discussed.

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 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. Minutes were available for practice staff to view.
- Staff said they felt respected, valued and supported, particularly by the management in the practice and wider organisation. Most staff said that they were more confident in terms of their role, in respect of the support that was offered by senior members of staff and their ability to raise concerns. 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.
- The NHS Friends and Family test, complaints and compliments received.
- Staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run. For example a member of the reception team suggested that a log be introduced to keep track of prescriptions collected by the local pharmacy and patients in an effort to reduce complaints stemming from missing prescriptions.

Continuous improvement

There was a focus on continuous learning and improvement within the practice and the practice had utilised AT Medics software to improve the quality of care provided to patients. The practice had used the software to identify patients on the practice list with long term conditions which had not been correctly coded on the patient record system. As a result of the practice's efforts over two hundred patients were coded for long term conditions including chronic kidney disease, diabetes and those with learning difficulties. This ensured that patients would be called in at appropriate intervals for monitoring and assessments and provided with suitable advice where required.

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- Patients through the patient participation group (PPG) and through surveys and complaints received. The PPG had met regularly, and the practice had carried out a patient survey and made changes to the service on the basis of this feedback. For example patients had provided feedback asking for more appointments and the practice had employed two new staff including GPs and Advanced Nurse Practitioners which had reduced the average waiting time for an appointment from 12 working days to three working days.

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 Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of patients who use services as there were not suitable systems in place to ensure the safe management of medicines, infection control risks had not been adequately addresses and monitored, there was not always clear learning for significant events and action taken on the basis of patient safety alerts and some equipment had expired. Furthermore pathology results were not actioned in a reasonable timeframe.</p> <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>There were not effective systems and processes in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity specifically in respect of:</p> <ul style="list-style-type: none">• significant events• safety alerts• safeguarding• medicines management

This section is primarily information for the provider

Requirement notices

- equipment
- path results and letters
- risk management including those associated with infection control

This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.