Green Wrythe Surgery

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Green Wrythe Surgery on 8 January 2015. Overall the practice is rated as requires improvement.

Specifically, we found the practice to require improvement for providing safe and effective services. It also required improvement for providing services to people with long term conditions, families, children and young people, People whose circumstances may make them vulnerable and people experiencing poor mental health (including people with dementia). The practice we found was good for providing caring, responsive and well-led services. It was also good for providing services to older people and working age people (including those recently retired and students).

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

- Risks to patients were assessed and well managed, with the exception of those relating to long term conditions and health checks.
- Risks to patients were assessed and well managed, with the exception of those relating to recruitment checks and safeguarding.
- Patients said they were mostly treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available at request and easy to understand.
- Urgent appointments were usually available on the day they were requested.

The areas where the provider must make improvements are:

- Ensure all necessary criminal record recruitment checks for all staff providing chaperone duties.
- Ensure all practice staff have access to appropriate and up to date policies, procedures and guidance to carry out their role.
- Ensure staff recruitment files and records are in line with the required standards and checking requirements.

Summary of findings

- Ensure all practice staff are trained in safeguarding.
- Ensure patients' records are in line with best practice guidelines, and that management of conditions are reviewed and acted on appropriately and in a timely manner.

In addition the provider should:

- Improve staff understanding of issues relating to consent to treatment.
- Ensure all staff receives a regular performance review and an annual appraisal.
- Provide information on flu vaccine targets and uptake as the practice level was lower than the national average.
- Improve communication with patients by having a comments and suggestions box.
- Improve access to the practice complaints form which was not readily available within the waiting area, and had to be requested from reception staff. Likewise for the practice leaflet.
- The practice did not have a practice wide vision and statement, leadership, shared working and responsibility that are clear, documented and all staff are signed up to and encouraged to be part off.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Requires improvement

The practice is rated as requires improvement for providing safe services. Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, staff had not all received safeguarding training and could not provide clear understanding of their responsibilities for safeguarding, child protection and the use of Gillick competency.

Suitable arrangements were in place for medicines management, infection control, and dealing with medical emergencies. However some policies were not available, including a sharps policy and practice wide access to a safeguarding policy. The infection control policy was over five years old.

There were systems and processes in place for the management of incidents and significant events, and staff we spoke with understood their responsibilities to raise concerns and report incidents. There was a system of reporting, sharing and learning from incidents within the practice. Information sharing and updates took place with all staff at regular planned weekly and monthly meetings. Risks to the effective delivery of the service were assessed and there were suitable business continuity plans in place.

Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example, some reception staff had acted as chaperones at the request of GPs, but they had not had the required checks with the Disclosure and Barring Service (DBS).

Are services effective?

Requires improvement

The practice is rated as requires improvement for providing effective services, as there are areas where improvements should be made. Data showed patient outcomes were generally good for the locality although a number were below average. For example the percentage of patients aged 65 and older who have received a seasonal flu vaccination was 60% compared to the national average of 73%.

Completed audits of various aspects of the service were undertaken at regular intervals and changes were implemented to help improve the service. Staff were supported in their work and professional development. There were systems in place to manage all vulnerable patients, including the completion of follow ups for nonattendance of appointments, and for patients requiring vaccinations. However

Summary of findings

the practice had no policies in place for the management of patients with long term conditions or that may be vulnerable. We were told that low attendance and compliance with some conditions was a possible factor for below average data.

We reviewed a sample of patient records and found that people with long term conditions such as diabetes, and those with learning disabilities, dementia and mental health disorders usually received regular medicines review and also an annual review of their care.

Staff understanding of issues surrounding consent in people who may lack some capacity was incomplete. Reception and administrative staff did not know that young people could book their own appointments. Not all of the practice staff were able to demonstrate understanding of the implications of the Mental Capacity Act (2005) or Gillick competency when asked.

Are services caring?

Requires improvement

The practice is rated as requires improvement for providing caring services. The patients and carers we spoke with were mostly complimentary of the care and service that staff provided and told us they were treated with dignity and respect. They felt cared for, were well informed and involved in decisions about their care. In our observations on the day we found that staff treated patients with empathy, dignity and respect.

National data showed that patients rated the practice higher than others for several aspects of care. The proportion of respondents to the national GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at treating them with care and concern was 90% and the same as the local Clinical Commissioning Group (CCG) average of 90%. Forty two percent of respondents with a preferred GP usually get to see or speak to that GP, compared with the national average of 37%.

Are services responsive to people's needs?

Requires improvement

The practice is rated as requires improvement for providing responsive services. Feedback from patients reported that access to a named GP and continuity of care was generally good and urgent appointments were usually available the same day. The practice was equipped to treat patients and meet their needs.

Patients could get Information about practice services and how to complain which was available at request from reception staff and easy to understand. Patients were able to access GP led telephone consultations when the practice was not open for appointments.

Summary of findings

Patients were signposted to their out of hours service when the surgery was closed. The practice also had facilities for patients to access non NHS services including private medicals and travel immunisations.

The practice encouraged comments and suggestions from patients. There was a patient participation group (PPG). The practice had systems in place to learn from patients' experiences, concerns and complaints to improve the quality of care. Patients' were able to make comments within the practice by use of an electronic patient survey, were able to make comments and suggestions on the practice website and were encouraged to do so. Although the practice should improve communication with patients further by having a comments and suggestions box.

Are services well-led?

Requires improvement 

The practice is rated as requires improvement for being well-led. There was no clear documented vision and a strategy and staff when asked were unable to tell the practice purpose. The practice leadership came from the principal GP and the practice manager who shared responsibility for leading the practice. Although most staff felt supported, they were at times not sure who to approach with issues.

The practice had a number of policies and procedures to govern activity, but some of these were overdue a review or were over five years old. The practice proactively sought feedback from patients and had an active patient participation group (PPG). All staff had received inductions, and training but not all staff had received regular performance reviews. Staff meetings were undertaken regularly.

Summary of findings

The six population groups and what we found

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

Older people

Requires improvement

The practice is rated as requires improvement for the care of older people. The practice was responsive to the needs of older people including those with dementia. Older people were cared for with dignity and respect and there was evidence of working with other health and social care providers to provide safe care. Home visits and rapid access appointments were available for terminally ill and housebound patients.

The practice also provided telephone consultations for those unable to attend surgery and would see any older patient the same day or as a "walk-in". All patients over 75 years of age were assigned a named G.P. The principal GP was engaged with stakeholders working jointly to provide terminal care for patients.

The practice completed patient and carer assessment plans as part of its approach to the care of older people and placed individual alerts on patients' and carers' notes to highlight their needs. The practice provided information about advance directives in the waiting area to empower the patients' decision making process. However not all practice staff were trained in safeguarding and were disadvantaged in being able to demonstrate heightened awareness of elderly care and those who may be potentially vulnerable.

People with long term conditions

Requires improvement

The practice is rated as requires improvement for the care of people with long-term conditions. Patients who were at risk and who might need urgent care were prioritised for appointments. Longer appointments and home visits were available when needed. Patients with long term conditions had a named GP and were recalled for appropriate health checks and reviews of medicines.

The practice GPs told us that they were providing locally enhanced services. The practice was unable to provide evidence of any policies relating to patients with long term conditions, their care plans and management. It was unclear how the practice were providing locally enhanced services jointly with other stakeholders including, dietician, district nurses and a diabetic nurse for example, to deliver clinic care and to also encourage community schemes and support.

Families, children and young people

Requires improvement

The practice is rated as requires improvement for the care of families, children and young people. Staff had all completed training in child protection. The contact details of the local area's child

Summary of findings

protection and adults safeguarding departments were accessible to staff from the principal GP or practice manager if they needed to contact someone to share their concerns about children or adults at risk. Staff knew they could approach the principal GP or practice manager for all concerns or issues related to child protection.

Immunisation rates were relatively high for all standard childhood immunisations compared to the local clinical Commissioning Group (CCG) average. Immunisations were offered and only given with consent of parents, which was recorded on the patient's record. Patients told us that children were seen promptly and staff told us they gave children access to priority appointments with the GP or nurse. There was a community midwife who held regular clinics at the practice.

There was evidence of joint working with other professionals including midwives and health visitors to provide good antenatal and postnatal care. Patients in this group that required an urgent appointment were seen in appointment slots that were in addition to booked appointment slots.

Reception staff when asked did not know that young people could book their own appointments. Not all of the practice staff were able to demonstrate the implications of the Mental Capacity Act (2005) or Gillick competency, when asked.

Working age people (including those recently retired and students)

Requires improvement

The practice is rated as requires improvement for the care of working age people. Patients could book appointments and repeat prescriptions online, the practice offered extended opening hours to enable patients to attend the practice either before or after their normal working hours. The practice also offered telephone consultations throughout the day during opening times Monday to Friday. The practice offered appointments and repeat prescription services on a Saturday.

The practice offered extended opening hours Tuesday to Friday between 7.00am and 8.00am. The practice also offered telephone consultations with a GP throughout the day during opening times Monday to Friday. The practice provided NHS health checks to all patients including those newly registered. Repeat prescriptions were normally processed within 48 hours. Practice patients could access "Choose and Book" services, providing patients with flexibility in appointment dates and location to meet their needs.

People whose circumstances may make them vulnerable

Requires improvement

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The practice held

a register of patients living in vulnerable circumstances including those with a learning disability. It also had carried out annual health checks for people with a learning disability. Languages spoken by the staff team included English, Russian, Hindi, Guajarati, Tamil, Persian, Arabic, and Urdu. The practice could also arrange for a signer for patients and had a hearing loop for patients who were hearing impaired.

Clinical staff and other practice staff were aware of their responsibilities regarding raising issues, information sharing and documentation of safeguarding concerns. The principal GP and practice manager had responsibility and knew how to contact relevant agencies in normal working hours and out of hours. However not all practice staff were trained in adult safeguarding and were disadvantaged in terms of knowing how to recognise signs of abuse in vulnerable adults.

People experiencing poor mental health (including people with dementia)

Requires improvement

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). Reviews of care records of patients with dementia and mental health issues showed they were mostly receiving regular reviews of their health, with multi-disciplinary input and support from the community mental health teams. However, practice patients and those at risk of poor mental health were not fully supported because not all patients' records seen indicated that they had received a regular review of care, medicines and depression assessments.

The principal GP attended meetings within the Clinical Commissioning Group (CCG) area and with the local Community Mental Health Team (CMHT). Alongside medication reviews, the practice provided annual health and depression interim reviews. The practice worked with secondary care providers in supporting patients with dementia care planning, and in implementing urgent referrals for higher risk patients. One of the GP partners was the designated lead responsible for reviewing patients' mental health.

Summary of findings

What people who use the service say

We spoke with seven patients during our inspection and received 38 Care Quality Commission (CQC) comment cards completed by patients who attended the practice during the two weeks prior to our inspection. The seven patients we spoke with said that they were very happy with the care and treatment they received. They were very complimentary about the caring, approachable and friendly staff.

Most of the comment cards received indicated satisfaction with the GPs, the practice and its staff, and all gave praise to the professional and dedicated caring service, and that the practice team responded to patient needs. However, other patients did have complaints about practice staff and the care being provided, Comments received in person from other patients on the day of inspection indicated dissatisfaction with the GP provided care, indicated unprofessional behaviour and conduct. They also reported that getting an appointment was difficult, and there were long waiting times for appointments.

People's responses to the GP national survey 2014 showed the practice was not so favourable in certain aspects of the service. For example, 69% would recommend the practice to someone new to the area compared to the local Clinical Commissioning Group (CCG) average of 80%. Sixty one percent of respondents found it easy to get through to the surgery by phone compared to the local (CCG) average of 74% and 77% of respondents said the last GP they saw or spoke to was good at explaining tests and treatments compared to the local (CCG) average of 87%.

Comments made in the GP patient survey 2014 and NHS choices website showed the practice compared more favourably with others in the area in other aspects of the service. For example, the percentage of patients who were 'Very satisfied' or 'Fairly satisfied' with their GP practice opening hours was 88% compared to the local CCG average of 76%. Ninety two percent of respondents to the survey were able to get an appointment to see or speak to someone the last time they tried compared to the Local CCG average of 86% and 90% of respondents said the last nurse they saw or spoke to was good at involving them in decisions about their care compared to the local CCG average of 86%.

The practice had an active patient participation group (PPG) and we met two of its members. This person in addition to other patients we spoke with, spoke highly of the staff and services being provided, and told us that the practice was kind and caring, respectful, and dignified when providing care and treatment. We were also told that recent improvements in telephone access had been made which was in response to concerns raised by the PPG.

Appointments could be made in advance or, for more urgent matters, people could be seen on the day they called the surgery. People with families registered at the practice told us they knew appointments for children would be prioritised so they could see their GP when they needed to. However, a few patients told us they found it difficult to make appointments, and to get through on the telephone. Two patients also told us they had concerns for the GP care being provided, and that they had either been consulted with and treated in the waiting area, or felt they had received inadequate treatment.

Areas for improvement

Action the service MUST take to improve

- Ensure all necessary criminal record recruitment checks for all staff providing chaperone duties.
- Ensure all practice staff have access to appropriate and up to date policies, procedures and guidance to carry out their role.
- Ensure staff recruitment files and records are in line with the required standards and checking requirements.
- Ensure all practice staff are trained in safeguarding.

Summary of findings

- Ensure patients' records are in line with best practice guidelines, and that management of conditions are reviewed and acted on appropriately and in a timely manner.

Action the service SHOULD take to improve

- Refresh staff training and review staff understanding in relation to the Mental Capacity Act (2005) and Gillick competency.
- Improve staff understanding of issues relating to consent to treatment.
- Ensure all staff receives a regular performance review and an annual appraisal.
- Provide information on flu vaccine targets and uptake as the practice level was lower than the national average.
- Improve communication with patients by having a comments and suggestions box.
- Improve access to the practice complaints form which was not readily available within the waiting area, and had to be requested from reception staff. Likewise for the practice leaflet.
- The practice did not have a practice wide vision and statement, leadership, shared working and responsibility that are clear, documented and all staff are signed up to and encouraged to be part off.

Green Wrythe Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team consisted of a CQC Lead Inspector, a GP specialist advisor and a Practice Manager specialist advisor.

Background to Green Wrythe Surgery

The Green Wrythe Surgery is located in Carshalton, Surrey in the London Borough of Sutton in south-west London, and provides NHS GP services to around 9,984 patients. The practice patient list is varied in ages although patients four years of age and older, up to the age of 49 make up the majority of patients registered with the practice. 30% of patients registered with the practice are 18 years of age and under, and the practice is located in a moderately high area of deprivation. The practice operates from a single site. It is situated in a modern purpose built building.

The practice is contracted by NHS England for general medical services (GMS) and is registered with the Care Quality Commission for the following regulated activities: treatment of disease, disorder or injury, maternity and midwifery services, family planning, surgical procedures and diagnostic and screening procedures at one location.

The General Medical Services (GMS) contract is the contract between general practices and NHS England for delivering primary care services to local communities. The practice provides a full range of essential, additional and enhanced services including maternity services, child and adult immunisations, family planning clinic, contraception services and minor surgery.

The surgery is open five and a half days a week from 8.00 am to 6.30 pm on a Monday and from 7.00am to 6.30pm Tuesday to Friday, and from 8.30 am to 10.30am on a Saturday. The practice staff are available to contact by telephone during these times for enquiries, GP led telephone consultations, and pre-arranged urgent appointments. Out of hours services for the Green Wrythe Surgery is provided in partnership with an external agency service when the surgery is closed.

There are six GPs working at the practice: two male and four female. There are three practice nurses and one health care assistant. There is one practice manager, one assistant practice manager, and one secretary, two administrators and seven receptionists.

The practice is one of 27 GP practices located within the Sutton Clinical Commissioning Group (CCG) who provide care and services to a diverse population of over 184,794 registered patients within the Borough of Sutton.

The practice is spacious, well lit and ventilated, clean and accessible with good access for all people, including wheelchair users and the disabled. All rooms and areas within the practice were clean, spacious and secured. Facilities such as toilets, disabled toilets and baby changing facilities were also available.

The practice comprises of nine consulting rooms, one treatment room, a reception and waiting area, toilets, disabled toilets, baby change facilities and staff meeting room, staff kitchen and toilets and rooms for office space and administration purposes. Parking is restricted within the immediate area. The practice is located to various public transport links.

The practice offers appointments on the same day, including urgent appointments and takes bookings up to

two weeks in advance. It also offers on line appointments and telephone consultations with GPs and nurses. Home visits for patients who are not able to visit the surgery are also offered.

There were no previous performance issues or concerns about this practice prior to our inspection.

No safeguarding notifications were received for the practice in the past 12 months.

One whistle blowing notification was received for the practice in the past 12 months.

Why we carried out this inspection

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

This provider had not been inspected before and that was why we included them.

How we carried out this inspection

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

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

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

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

Before visiting, we reviewed a range of information that we hold about the practice. We carried out an announced visit on 8 January 2015. During our visit we spoke with a range of staff. We spoke with two GPs, practice nurses, a health care assistant, a community midwife, a practice manager, three reception staff and a secretary. We spoke with seven patients who used the service and one member of the PPG. We reviewed 38 comment cards where patients shared their views about the service. We observed patient and staff interactions in the waiting area. We conducted a tour of the surgery and looked at the storage of medicines and equipment. We reviewed relevant documents produced by the practice which related to patient safety and quality monitoring. We reviewed the personal care or treatment records of patients.

Requires improvement

Are services safe?

Our findings

Safe track record

The practice had a good track record for maintaining patient safety. The practice manager told us of the arrangements they had for receiving and sharing safety alerts from other organisations such as the Medicines and Healthcare Products Regulatory Authority (MHRA) and NHS England. The practice had a significant event policy and a toolkit to report the incidents. The practice manager showed us the processes around reporting and discussions of incidents.

Significant events were reviewed annually: we saw that six had been reported in the past 12 months. Staff we spoke with were aware of the need to identify concerns and issues and how to report them. The provider had policies and procedures in place for safeguarding and health and safety.

Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring incidents and significant events. There was evidence of learning and actions taken to prevent similar incidents happening again.

For example, the practice on call GP was asked to prescribe Rivaroxiban which is a hospital only drug that is prescribed to prevent harmful blood clots from occurring in your veins. This was not followed up by the hospital as needed and so as not to leave the patient without medication the GP had a discussion with other colleagues and issued a prescription for a few days' supply.

The practice confirmed the guidance with their medicines management lead for Rivaroxiban and he confirmed that patients' requiring this medicine need to be stabilised on treatment for 3 months before handing over to a GP. The practice manager showed us evidence that this event had been raised and discussed with clinical staff. Action plans were implemented to ensure the risk of this happening again was reduced, and included raising awareness with the hospital to highlight the practice concerns and for all GPs at the practice to gain agreement with another GP or the consulting hospital before prescribing. The practice manager showed us evidence that this event had been raised and discussed with clinical staff.

Another example was when it was realised at consultation that a patient's medicines altered to a lower dose but had not been removed from the patient's current prescription and therefore had been receiving two doses for some considerably time. The practice took action to ensure the higher medicine dosage was stopped immediately. The practice invited the patient back in for a further consultation, a health check and to apologise for their error. The practice introduced a medication review process of checking medication dosage changes that replace existing medicines to ensure they were received, alerted to, read and acted on and that a comprehensive medication review was completed before any change of medications.

The staff we spoke with were aware of significant event reporting protocols and knew how to escalate any incidents. They were aware of the forms they were required to complete and knew who to report any incidents to at the practice. We reviewed a sample of six incidents that had been reported since August 2014. Records showed evidence of discussion and improvements.

Reliable safety systems and processes including safeguarding

The practice had policies in place related to the safeguarding of vulnerable adults and child protection. One of the GP partners was the designated lead for safeguarding. Staff we spoke with were not all aware of their duty to report any potential abuse or neglect issues, however.

All clinical staff, including the practice manager had completed vulnerable adult safeguarding training. The practice GPs, nurses, HCA and the practice manager had also completed level three child protection training. Reception staff had also completed level one training in child protection. Not all practice staff were trained in safeguarding of vulnerable adults. Clinical staff were required to have a criminal records check with the Disclosure and Barring Service (DBS). The contact details of the local area's child protection and adults safeguarding departments were accessible to staff from the principal GP or practice manager if they needed to contact someone to share their concerns about children or adults at risk.

The practice had an up-to-date chaperone policy. This provided patients with information about the role of a chaperone and clinical staff were aware of their role and responsibilities. Not all staff that were providing

chaperoning duties were suitably checked with the DBS. The chaperone policy was displayed within the reception and waiting area, but was not signposted within the practice consulting rooms.

Medicines management

The practice had procedures in place to support the safe management of medicines. Medicines and vaccines were safely stored, suitably recorded and disposed of in accordance with recommended guidelines. We checked the emergency medicines kit and found that all medicines were in date. The vaccines were stored in suitable fridges and the practice maintained a log of temperature checks on the fridges. Records showed all recorded temperatures were within the correct range and all vaccines were within their expiry date. Staff were aware of protocols to follow if the fridge temperature was not maintained suitably. No controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) were kept on site.

GPs followed national guidelines and accepted protocols for repeat prescribing. Prescription documentation was used in a safe and secure manner, with prescription pads being secured safely when not required. All prescriptions were reviewed and signed by GPs. Medication reviews were mostly being undertaken regularly and GPs ensured appropriate checks had been made before prescribing medicines. However, practice patients and those at risk of poor mental health were not fully supported because not all patients' records seen indicated that they had received a regular review of care, medicines and depression assessments.

Cleanliness and infection control

Effective systems were in place to reduce the risk and spread of infection. There was a designated infection prevention and control (IPC) lead. Staff had received IPC training and were aware of IPC guidelines. Staff told us they had access to appropriate personal protective equipment (PPE), such as gloves and aprons. However the practice IPC policy was out of date and over five years old.

There was a cleaning schedule in place to ensure each area of the practice and equipment was cleaned on a regular basis. The waiting area, chairs, reception desk and all communal areas we saw were clean and in good repair. Hand washing sinks, hand cleaning gel and paper towels were available in the consultation and treatment rooms. Equipment such as blood pressure monitors, examination couches and weighing scales were clean. Cleaning checks were undertaken regularly. There was evidence of annual IPC audits being conducted in the practice, and the latest audit had been completed in November 2014.

Clinical waste was collected by an external company and consignment notes were available to demonstrate this. Waste including sharps was disposed of appropriately.

Water testing to check for legionella was completed regularly and was also subject to annual testing, the last test having been completed in May 2014.

Equipment

There were appropriate arrangements in place to ensure equipment was properly maintained. These included annual checks of equipment such as portable appliance testing (PAT) and calibrations, where applicable.

Staffing and recruitment

A staff recruitment policy was available and the practice manager told us they were aware of the various requirements including obtaining proof of identity, proof of address, references and completing health checks before employing staff. We looked at a sample of staff files and found evidence that not all checks had been undertaken as part of the recruitment process and a number of files did not contain complete records and were missing essential proof of identification, and contained no education certificates for example.

All staff files reviewed contained a contract of employment. Rotas showed safe staffing levels were maintained and procedures were in place to manage planned and unexpected absences.

Clinical staff had all had a Disclosure and Barring Service check (DBS). However not all of the non-clinical staff had received a DBS check. There was no formal risk assessment to determine whether or not non-clinical staff would need to have such a check. We found that non-clinical staff were occasionally acting as chaperones during clinical consultations. Therefore all non-clinical staff should also have had this check.

Monitoring safety and responding to risk

The practice manager explained the systems that were in place to ensure the safety and welfare of staff and the people using the service. Risk assessments of the premises

including the potential for trips and falls, Control of Substances Hazardous to Health (COSHH), security, and fire had been undertaken. The fire alarms and panic alarms were tested weekly. Fire risk assessments were completed annually. We were able to see that this was last completed in September 2014. Regular maintenance of equipment was undertaken and records showing annual testing of equipment and calibration were available.

The reception area could only be accessed via a security-locked door to ensure security of staff and prevent inappropriate access to computers or patient documents. Patient documents stored behind the reception desk were secured in lockable filing cabinets. Practice staff told us patients were not allowed into the reception area where records were stored and the reception desk was not left without a member of staff in attendance.

Arrangements to deal with emergencies and major incidents

There were arrangements in place to deal with on-site medical emergencies. All staff received training in basic life support. Emergency medicines and equipment such as an Automated External Defibrillator (AED), oxygen, masks, nebulisers and pulse oximeter were available and these were checked regularly.

A business continuity plan was available and the practice manager told us of the contingency steps they could undertake in the event of any disruption to the business model, the premises' computer system, and telephone lines. Staff had access to panic alarms which were available to all staff and within all consultation rooms. These were checked weekly. Staff knew how to use the AED and equipment at the practice and where it was situated.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

We found from our discussions with the GPs and nurses that staff mostly completed thorough assessments of patients' needs in line with the National Institute for Health and Care Excellence (NICE) guidelines and long term condition management, and these were reviewed when appropriate. The practice had care plans which were developed jointly by clinical and administrative staff. High risk patients such as those with long-term conditions were identified and flagged on the practice appointments system so that they could receive fast track care when they needed it. However we looked at a sample of patient records where some patient assessments had not been completed such as depression assessments with continuous unfit for work certificates being requested and provided.

The practice used risk profiling which helped clinicians detect and prevent unwanted outcomes for patients. The work associated with the delivery of various aspects of the Direct Enhanced Services (DES) undertaken was suitably and monitored. For example, under the unplanned admissions DES, people had been risk profiled and care plans put in place for those identified as at high risk of unplanned hospital admission.

The practice offered a range of clinics including; a diabetes clinic, asthma clinic, travel vaccinations clinic, smoking cessation clinic and a weight management clinic for example.

National data showed that the practice was in line with referral rates to secondary and other community care services for all conditions. Administrative staff were trained to follow up referrals. The GPs used national standards for referral. For example, urgent cancer referrals for people who needed to be seen within two weeks were followed up by staff to check they had actually been seen and any follow up actions had been implemented by the practice. Overall we found the practice had a robust system for referring patients to secondary care and reliable systems for checking that referrals had been made and completed.

The GPs and nursing staff we spoke with could clearly outline the rationale for their approaches to treatment. They were familiar with current best practice guidance. There were regular practice and clinical meetings. The practice manager attended both meetings to ensure relevant information was shared.

Management, monitoring and improving outcomes for people

The practice had systems in place to monitor and manage outcomes to help provide improved care. The principal GP and the practice manager were actively involved in ensuring important aspects of care delivery such as significant incidents recording, child protection alerts management, referrals and medicines management were being undertaken suitably.

We saw reports of the practice' completed clinical audit cycles. For example, a practice diabetic foot risk assessment audit had been undertaken to monitor their compliance with current guidance. The first cycle of the audit identified that the practice rate was 76% compared to the CCG average of 90%. An action plan was developed and implemented by the practice and on completion of the second cycle of the audit results showed an increase of 17% had been achieved on the previous cycle, resulting in improvements in care and by the practice achieving a 94% completion rate compared to the national average of 88%.

Regular clinical meetings took place with multi-disciplinary attendance to ensure learning and to share information. There was evidence from review of care that patients with dementia, learning disabilities and those with mental health disorders received suitable care with an annual review of their health and care plan.

We reviewed a sample of patient records and found that people with long term conditions such as diabetes, and those with learning disabilities, dementia and mental health disorders usually received regular medicines review and also an annual review of their care. However we did see records for a number of patients who had not received regular reviews or assessments, or who had long term condition reviews completed over longer than expected periods of time, for example.

The practice used risk profiling which helped clinicians detect and prevent unwanted outcomes for patients. The work associated with the delivery of various aspects of the

Requires improvement

Are services effective?

(for example, treatment is effective)

Direct Enhanced Services (DES) undertaken was suitably and monitored and care plans put in place for those identified as at high risk of unplanned hospital admission, for example.

Medicines and repeat prescriptions were issued based on nationally accepted guidelines. In our discussions with clinicians we reviewed six patient records and found that prescriptions matched the patients' current diagnoses and the repeat prescriptions had been reviewed when altering or adding medicines. Appropriate clinical monitoring such as regular blood tests had been undertaken in all patients whose records we reviewed, and that were on high risk medicines, such as Warfarin a drug used in the treatment of blood clots.

There was a protocol for repeat prescribing, which was in line with national guidance. Reception staff that were responsible for issuing repeat prescriptions showed us that their computer system alerted them to the need for a prescription review by the GP. The system also alerted them to any potential overuse of medicines.

The data from the practice's QOF submission showed they performed reasonably well against national-level performance data. For example, 100% of patients with atrial fibrillation, measured within the last 12 months, were currently treated with anti-coagulation drug therapy or an anti-platelet therapy which reflected well against the national average of 98%. This practice was however an outlier for other QOF (or other national) clinical targets. For example the percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was 5 molls or less was 61% compared to the national average of 81%.

The performance of staff was checked during regular review meetings between the principal GP and the practice manager. GPs also attended revalidation and appraisal meetings. The practice nurses told us they had good access to the GPs to discuss any clinical issues.

The principal GP and practice manager attended local Clinical Commissioning Group (CCG) meetings. Any changes in service or new services were discussed and shared at the staff meetings.

Effective staffing

All new staff were provided with an induction and we saw an induction checklist that ensured new staff were introduced to relevant procedures and policies. The practice had identified key training including IT systems, safeguarding of vulnerable adults and children and basic life support to be completed by staff. Not all staff we spoke with confirmed they had received the required training and were aware of their responsibilities in relation to adult safeguarding, for example.

There was evidence of appraisals and performance reviews of staff being undertaken. There were appraisal processes for GPs and we were able to see that appraisals had been completed in September 2014. Revalidation had been completed for one GP in September 2012 and another of the GPs in January 2013. All GPs were up to date with their yearly continuing professional development requirements and all either have been revalidated or had a date for revalidation. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England).

Staff we spoke with told us they were clear about their roles, had access to the practice policies and procedures, and were supported to attend planned training courses appropriate to the work they performed. Practice staff we spoke with were unclear as to how they were encouraged to develop within their role; however the practice were able to share with us evidence of the training and courses that had been completed. The practice manager showed us evidence of staff having completed training, and had responsibility to ensure that all training an update courses were attended. For example not all staff had received safeguarding training and could not provide clear understanding of their responsibilities for safeguarding, child protection and the use of Gillick competency.

All staff were required to have an annual appraisal and we reviewed some of the records kept in relation to these. We found some staff did have and some did not have an appraisal and there was there was no systematic mechanism to identify learning needs. However, staff told us, and the records demonstrated that staff had completed relevant training courses. There was a training schedule which set out which members of staff were due to renew or

Requires improvement

Are services effective?

(for example, treatment is effective)

start different courses. For example, not all non-clinical staff had completed safeguarding training and were due to complete a course in the week following our inspection visit.

Working with colleagues and other services

The practice worked with other providers and health and social care professionals to provide effective care for patients. For example, the practice manager showed us how they received and dealt with summaries from out-of-hours GP services. There was evidence of close working relationships with local hospitals in the area.

The practice principal GP attended monthly multi-disciplinary team meetings with other professionals including practice manager, palliative nurses, community matrons, social workers, health visitors and district nurses to ensure people with complex illnesses, long term conditions, housebound and vulnerable patients received co-ordinated care. We saw that blood test results, hospital discharge letters, communications from other health care providers including out of hours provider were acted on promptly.

Information sharing

Regular meetings were held in the practice to ensure information about key issues was shared with staff. The practice was actively involved in work with peers, other healthcare providers and the local Clinical Commissioning Group (CCG). We were told that the practice was very open to sharing and learning and actively took part in care pathways planning and multi-disciplinary team meetings.

The surgery website provided good information for patients including the services and clinics available at the practice. Information leaflets and posters about local services were available in the surgery waiting area.

The practice had systems to provide staff with the information they needed. Staff used an electronic patient record to coordinate, document and manage patients' care. Staff were trained to use the system and paper communications, such as those from the hospital could be scanned and saved onto the system for future reference.

Consent to care and treatment

Staff had received some training in relation to the Mental Capacity Act 2005. We asked clinical and administrative staff about their understanding of the implications of the Act, as well as their legal responsibilities to children and young people as set out in the Children Acts 1989 and 2004. However some staff clearly did not understand the implications of the act or how to interpret its use within the practice.

The practice reception and administrative staff did not all know that young people could book their own appointments. Likewise, not all of the practice staff were able to demonstrate the implications of the Mental Capacity Act (2005) or Gillick competency when asked. (These are used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions).

Health promotion and prevention

Patients who attended the practice were provided with appropriate information and support regarding their care and treatment. Healthcare leaflets were available for patients, and posters with healthcare information were displayed in the waiting area and consultation rooms providing information on the various services, flu vaccinations and smoking cessation. Data showed 97% of patients with a status recorded as smoker had been offered advice about smoking cessation.

The practice waiting area contained information leaflets and posters, had a digital display to announce appointments and share practice information. The waiting area also contained an electronic practice patient survey which could be completed and patients were encouraged to do so. The practice's website provided information ranging from the various services, opening times, contact details, clinics, and patient survey results.

Data available to us showed that the practice was achieving about 78% coverage compared to the local CCG average of 75% for the DTaP / Polio / Hib Immunisation (Diphtheria, Tetanus, a cellular pertussis (whooping cough), poliomyelitis and Haemophilus influenza type b), Meningitis C and MMR vaccination for children.

All new and existing patients registering with the practice were offered a health check which was undertaken by a practice nurse. This was used to identify any health concerns which were then followed up by the GPs. The practice had systems in place to monitor patients who needed additional support.

Requires improvement

Are services effective?

(for example, treatment is effective)

We noted the service was promoting the use of chlamydia screening and packs were available in the waiting area for people who wanted to take a test. The practice performance regarding cervical smear uptake was good with 77% of eligible women having completed the test. This is comparable to the national average of 81%. A full range of immunisations for children, travel vaccines and flu vaccines were offered, in line with current guidance. QOF data indicated high levels of uptake of children's immunisations. The practice either met or exceeded the national average for uptake of all children's immunisations.

The data we reviewed indicated that the practice had not had high levels of uptake of the flu vaccine. Sixty percent of people in the clinical risk groups who are encouraged to receive this vaccination had taken up the offer. This is below the national average of 73%; however the practice's uptake remains within what is considered an acceptable range. We asked the practice to provide information on flu vaccine targets or uptake to see what actions they had taken to monitor this activity. They could not provide us with this information.

Requires improvement

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Patients completed CQC comments cards to tell us what they thought about the practice. We received 38 completed cards. The majority were positive about the practice and its staff. We also spoke with seven patients during our inspection and one member of the Practice Participation Group (PPG); they were also mostly positive about the service experienced. Patients said reception staff were helpful, the clinical staff were caring and they were treated with dignity and respect. However a quarter of the comments received were negative and these related to access to appointments and GP led care and treatment.

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the national patient survey 2014. Forty two percent of respondents with a preferred GP usually got to see or speak to that GP. This was above the average response in the local area (37%) and demonstrated that patients had good choice about who they saw when they went to the surgery. However, there were areas where the service could improve. For example, only 73% of respondents said the last GP they saw or spoke to was good at treating them with care and concern, which, although high, was lower than the local average of 85%. The practice were completing patient surveys to gather the views of its patients and were encouraging patients who visit the practice to complete an online survey and questionnaire.

We observed reception staff spoke to people respectfully. Patients could request to speak to staff in a side room if they wanted more privacy. Staff had received training in relation to information governance including good practice as regards data protection and confidentiality. The patients we spoke with told us they felt their privacy was well protected.

Patients who had concerns about investigations being carried out by a GP of a different gender to themselves could request to see a particular GP. Clinical staff could also act as chaperones by being present alongside the GP during any consultations.

We observed treatment room doors were closed during consultations and conversations taking place in these rooms could not be overheard. There were also curtained areas in the treatment rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments.

Care planning and involvement in decisions about care and treatment

In the 2014 Patient Participation Group (PPG) patient survey, 99% of the respondents gave a score of 4 or 5 (on a scale of 1-5, where 5 was agree; 1 disagree) in response to the question 'had confidence and trust in the last nurse they saw or spoke to'. Seventy five percent of the respondents gave a score of 3 to 5 in response to the question 'The doctors involve me in decisions about my care' and 86% of the respondents gave a score of 4 or 5 in response to the question 'The reception staff are helpful and friendly.

Overall the patients we spoke with, and the comments cards we received, commented positively on the level of support and involvement they had experienced from all members of staff at the surgery. Staff told us that translation services were available for patients who did not have English as a first language. Practice staff spoke various other languages in addition to English including Russian, Hindi, Gujurati, Tamil, Persian, Arabic, and Urdu.

Patient/carer support to cope emotionally with care and treatment

The waiting room contained a variety of leaflets, information posters and an electronic patient survey for patients who wished to complete. There was an electronic scrolling digital display screen in the waiting area to draw attention and to announce appointments and was also used to provide practice patients with information on services at the practice. The practice website offered patients information to support them in time of bereavement. The practice offered counselling services to patients. They also told us that where relevant they could signpost people to support and counselling facilities in the community following bereavement.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We found the service was mostly responsive to people's needs and had systems in place to maintain the level of service provided. The practice held information about those who needed extra care and resources such as those who were housebound, people with dementia and other vulnerable patients. This information was utilised in the care and services being offered to patients with long term needs. For example patients who were housebound were provided with regular contact and given priority when contacting the practice to organise appointments and treatments. We were able to see records of contacts and appointment scheduling for housebound patients which corroborated what we had been told.

The practice was engaged with their Patient Participation Group (PPG) and feedback from patients was obtained proactively. The service acted accordingly to improve care delivery. There were regular meetings of the PPG attended by the practice manager and the principal GP. Patient surveys to obtain feedback on different aspects of care delivery were completed annually.

The practice manager had also analysed results from the National Patient Survey and developed an action plan to address areas where the practice had performed less well. For example, the practice had tried to address shortfalls in patient satisfaction as regards the booking of appointments by promoting the use of the online booking system through advertising in the waiting area and signposting patients to the practice website. There was also a longer-term commitment to offering extended hours, including early and Saturday morning appointments.

The practice had monthly clinical meetings and attended regular multi-disciplinary meetings with external professionals to discuss the care of patients including those receiving end-of-life care, new cancer diagnoses and also significant events, unplanned admissions and A&E attendances.

Tackling inequity and promoting equality

There were arrangements to meet the needs of the people for whom English was not the first language. Staff told us they could arrange for interpreters to help with language interpretation. Languages spoken by staff at the practice included Russian, Hindi, Gujurati, Tamil, Persian, Arabic, and Urdu.

The practice was unable to demonstrate a full awareness and responsiveness to the needs of those whose circumstances made them vulnerable. For example not all practice staff were trained in safeguarding adults, policies were out of date, and not all staff were able to demonstrate the implications of the Mental Capacity Act (2005) or Gillick competency when asked.

Facilities for disabled people included ramped access, automated doors and a disabled toilet. A reception desk at wheelchair height and all consulting rooms were all on the ground floor. Baby changing facilities were available as well.

We were told by the principal GP that longer appointments could be scheduled for all patients, including vulnerable patients such as those with learning disabilities. We reviewed the arrangements for the care of people with learning disabilities, and found it showed that they were receiving suitable care and had received an annual review within the last year.

There was an open policy for treating everyone as equals and there were no restrictions in registering. Homeless travellers could register with the surgery and be seen without any discrimination. The practice manager told us that meeting appointment demands was a concern for the future and felt that more GPs were needed.

The practice promoted a policy of providing access to all, including providing appointments to people who needed to see a GP quickly, but who were not officially registered at the surgery. For example, the practice manager described systems for visiting patients to enable them to be seen at short notice or on the same day, as necessary.

Access to the service

The practice was open on weekdays from 8.00 am to 6.30 pm on a Monday and from 7.00am to 6.30pm Tuesday to Friday, and from 8.30 am to 10.30am on a Saturday. The practice staff were available to contact by telephone during these times for enquiries, GP led telephone consultations,

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

and pre-arranged urgent appointments. Patients could ring to speak to a GP who would provide them with advice or arrange a home visit, as necessary. The latest available appointment during the week was at 6.30pm.

Reception staff showed us the appointments booking system. They could release appointments for urgent care on the day that people contacted the surgery and could also book appointments up to several weeks in advance. Patients could access the appointments system in person, on the telephone and online through the practice website. Information was available via the answer phone and the practice's website, including the telephone number people should ring if they required medical assistance outside of the practice's opening hours.

The principal GP and practice manager told us that children were usually given priority access to the GP so they could be seen urgently, if needed. People who were unable to attend the surgery for any reason, for example because they were either at work or unable to leave their house due to illness, could also request a telephone consultation. Longer appointments were available in the practice for people who needed them.

The practice maintained a user-friendly website with information available for patients including the services provided, how to contact the practice, health promotion advice, obtaining test results, clinical services, booking appointments and patient feedback and survey results. There were in excess of 25 information leaflets providing meaningful and relevant information on various conditions, health promotion, support organisations and alternative care providers.

The majority of the patients we spoke with, and the responses from the comment cards, indicated that people were happy with their level of access to the GP. We were also told that recent improvements in telephone access had been made which was in response to concerns raised by the PPG.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy was in line with recognised guidance and contractual obligations for GPs in England and there was a designated responsible person who handled all complaints in the practice.

The practice also had a system in place for analysing and learning from complaints received. The practice reviewed complaints on an annual basis to detect any emerging themes. We reviewed a sample of six complaints, which related to appointments and GP care and treatment during the period August 2014 to January 2015 and found that actions were taken and learning implemented following the complaints. This helped ensure improvements in the delivery of care.

For example, in one case where a complaint had been raised with the practice that the patient felt their problems were not addressed and that the GP was rude, abrupt and dismissive. The practice investigated the complaint and found they had acted in line with NHS complaints procedure by acknowledging the complaint, writing a letter providing explanation and an apology. We were able to see practice records of this and other complaints that had been recorded appropriately managed and discussed within practice to improve patient care and relations.

Newly registered patients were given a practice information leaflet which included a description of how to make a complaint. Patients we spoke with told us they would raise concerns with the reception staff, but did not all know how to make a formal complaint which was not readily available within the waiting area.

Reception staff told us they tried to resolve any patient concerns quickly at the time that the patient raised an issue. However, in cases where they were unable to reach a resolution they instructed people to make their complaint in writing or to speak to the practice manager directly.

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 did not have a documented statement of purpose or vision statement which sets out the practice's aim which was to provide general practice care and treatment to, and to improve the health, wellbeing and lives of, all its patients within the practice boundary of Carshalton and the surrounding areas. There were no practice-wide objectives in place, and no clear plan documenting the future of service delivery. The practice was led by two GP partners.

The patient interactions we observed were all positive and reassuring which reflected the culture and conduct of all staff employed within the practice. Our observations were supported by the mostly positive and complimentary comments received from patients during our inspection and those received within patient comment cards.

Almost all of the staff we spoke with described the culture as supportive, open and transparent. The practice staff were friendly and approachable and we were told that staff were encouraged to report issues and patients' concerns, however not all staff felt confident that issues or concerns were managed correctly.

Staff we spoke with demonstrated an awareness of general practice purpose and were proud of their work and team.

Governance arrangements

The practice had mostly good governance arrangements and an adequate management structure. Appropriate policies and procedures, including human resources policies were in place, but on review of staff records were not always adhered too. We looked at a sample of these policies, some of which were not up to date and always accessible to staff. The Infection Control Policy (ICP) was over five years old, and some procedures were not in place for example the infection control policy refers to such things as hand washing guidelines, a waste disposal policy, needle stick injuries none of which could be produced. All new and existing practice staff had received a formal induction which we were able to see evidence off.

The practice was completing patient surveys and audits, recording and analysing the results to produce action points to improved care and outcomes for patients. The practice offered patients the facility to make comments or suggestions within the practice.

The practice used the Quality and Outcomes Framework (QOF) to measure its performance. The QOF data for this practice showed it was performing in line with national standards. We saw that QOF data was discussed at monthly team meetings and action plans were produced to maintain or improve outcomes.

Staff were aware of lines of accountability but not always who to report to. The practice had regular clinical and practice staff meetings. Meeting minutes showed evidence of good discussions of various issues facing the practice.

The practice had arrangements for identifying, recording and managing risks. The practice manager showed risk assessments had been carried out where risks were identified and action plans had been produced and implemented. However there was no Disclosure and Baring Service (DBS) checking for non-clinical staff who on occasion were called upon to perform chaperone duties, and there was no risk assessment in place as to why no DBS check was required. There was also no policy in place to say who gets a DBS check or why.

Leadership, openness and transparency

The practice was led by two GP partners. There were systems in place for two weekly practice meetings and a monthly clinical meeting which were recorded and documented. We saw staff meeting minutes which showed team working and leadership. There was a leadership structure which was the principal GP for example was the lead for safeguarding. We spoke with seven members of staff and they were mostly all clear about their own roles and responsibilities. Most staff told us they felt valued, were well supported and knew who to go to in the practice with any concerns. However there were some staff who told us that they felt under supported, were not always clear about their responsibilities, and did not have the confidence to raise concerns or issues with the GP partners or practice manager.

We saw from minutes that practice team meetings were held regularly. Mostly staff told us that there was an open culture within the practice and they had the opportunity

Are services well-led?

Requires improvement

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

and were happy to raise issues at team meetings. There was evidence of learning from events which the practice manager was able to show us with actions and outcomes that were implemented that benefited patient care.

We were also able to corroborate staff concerns and therefore the practice should have a practice wide vision and statement, leadership, shared working and responsibility that is clear, documented and all staff are signed up to and encouraged to be part off.

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

We found the practice to be involved with their patients, the Patient Participation Group (PPG) and other stakeholders. There was evidence of regular meetings and PPG members' involvement in undertaking patient surveys. The practice was engaged with the Sutton Clinical Commissioning Group (CCG), the local GP network and peers. We found the practice open to sharing and learning and engaged in multi-disciplinary team meetings.

We found evidence that the practice responded to feedback from patients as was evidenced by the changes made to further encourage health promotion and self-care through more patient information supplied in the waiting room area, including signposting to the practice website and surveys. We were able to see that over 25 different patient information leaflets were available. The practice manager showed us the analysis of the last patient survey which was considered in conjunction with the PPG. The results and actions agreed from these surveys are available on the practice website.

Staff were supported in their professional and personal development. We saw evidence of completed courses relevant to staff members' roles, and other courses that were planned to be completed. The practice manager was responsible for ensuring all staff including doctors were scheduled for courses. All practice staff were scheduled to complete safeguarding training in the wee following our inspection visit. Staff mostly told us they felt involved and engaged in the practice to improve outcomes for both staff and patients.

The practice had a whistle blowing policy which was available. Not all Staff understood and were aware of the whistle blowing policy. In addition we were informed that this policy had only been made available to some staff on the day of our inspection visit.

There was an active Patient Participation Group (PPG) at the practice. Patients could make comments or suggestions within the practice by requesting the form from reception staff, and on the practice website and through the practice electronic patient survey. On the day of our inspection we received 38 patient comment cards that had been completed in the two weeks prior to our visit. Comment cards mostly gave a positive response about the GPs, the practice and its staff.

Management lead through learning and improvement

The practice had systems and processes to ensure all staff and the practice as a whole learnt from incidents and significant events, patient feedback and complaints and, errors to ensure improvement. The GPs provided peer support to each other and also accessed external support to help improve care delivery. The practice had completed reviews of significant events and other incidents and shared with staff via meetings to ensure the practice improved outcomes for patients.

Staff had mostly attended planned courses to update their skills according to their roles and responsibilities. However all staff had not completed safeguard training and all staff employed were subject to annual reviews with the practice manager which had not all been completed.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment We found that the registered person had not ensured that all necessary criminal record recruitment checks for staff providing chaperone duties had been completed. This was in breach of regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Health & Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 12 Safe care and treatment How the regulation was not being met: The practice had not ensured that all necessary criminal record recruitment checks for staff providing chaperone duties had been completed. Regulation 12 1, 2 (c)

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment We found that the registered person had not ensured that all staff had received the required training in order to safeguard service users. This was in breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Health & Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 13 Safeguarding people who use services from abuse and improper treatment.

This section is primarily information for the provider

Requirement notices

How the regulation was not being met: The practice had not ensured that all staff had received the required training in order to safeguard service users.

Regulation 13 (1) (2) (3)

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care We found that the registered person had not protected people against risk by not carrying out, collaboratively with the relevant person, an assessment of the needs and preferences for care and treatment of the service user. This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Health & Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 9 Person-centred care How the regulation was not being met: carrying out, collaboratively with the relevant person, an assessment of the needs and preferences for care and treatment of the service user Regulation 9 (3) (a)

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance We found that the registered person had not protected people against risk by maintaining securely such other records as are necessary to be kept in relation to persons employed in the carrying on of the regulated activity, and the management of the regulated activity. This was in breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Requirement notices

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing We found that the registered person had not protected people against the risk of staff receiving appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform. This was in breach of regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Health & Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 18 Staffing How the regulation was not being met: receive such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform 18 (2) (a)
	Health & Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 17 Good governance How the regulation was not being met: maintain securely such other records as are necessary to be kept in relation to - (i) persons employed in the carrying on of the regulated activity, and (ii) the management of the regulated activity. 17 (1), (2) (d)