

Hatherleigh Medical Centre

Quality Report

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

Ratings

Overall rating for this service

Inadequate



Are services safe?

Inadequate



Are services effective?

Requires improvement



Are services caring?

Requires improvement



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Inadequate



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 Hatherleigh Medical Centre on 14 April 2016. Overall the practice is rated as inadequate.

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

- Risks to patients were assessed but the review and management of risk was compromised by limited managerial time available as the partners covered gaps in clinical staff availability across two locations.
- Staff told us the partners were approachable and took the time to listen to all members of staff but that the practice was disorganised.
- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. When things went wrong reviews and investigations were thorough. However, lessons learned were not communicated widely enough to support improvement.
- The majority of patients said they were treated with compassion, dignity and respect. However, not all felt cared for, supported and listened to by the GPs.
- Although there were a number of monthly patient record checks to monitor patient conditions, we saw insufficient evidence that formal audits were driving improvements in patient outcomes.
- The practice participated in the admission avoidance enhanced service and reviewed patient cases on regular intervals.
- The practice ran an open surgery in the market in Hatherleigh once a year where any person, including patients not on the practice registered list, could come and have blood pressure, glucose and any health queries checked. A report was provided for people to take to their own surgery.
- There were Saturday Clinics, 10am to 12pm, as a drop in clinic, with no pre-booked appointments. Email and telephone advice was available.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

- Results from the national GP patient survey showed that some aspects of patient satisfaction with how they could access care and treatment were at or below local and national averages.
- The practice was clean and there were effective systems in place to monitor infection control processes.
- Information about how to complain was absent at the practice but available on the website.
- Patients told us they did not know how to complain about the practice.
- The practice had a number of policies and procedures to govern activity, but some were overdue a review.
- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

The areas where the provider must make improvements are:

- Ensure recruitment arrangements include all necessary employment checks for all staff.
- Ensure patients are provided with up to date information about services.
- Ensure staff induction training covers all required mandatory training.
- Ensure the locum pack for temporary GPs covers all necessary information, including details of local child protection or vulnerable adult contacts or procedures and chaperone guidance.
- Ensure patients know how to complain about the practice and maintain full records of all complaints received, following the practice complaint's policy.
- Ensure secure storage of patient paper records and electronic backup tapes.
- Ensure an agreed list of what medicines should be within the GP visit bag and maintain a robust system for monitoring the expiry dates of medicines contained within the bag.

- Ensure clear patient specific prescription or directions (PSD) for use by Health Care Assistants trained to administer vaccines and medicine.

In addition the provider should:

- Address the national patient survey results and develop an improvement plan where results are below local CGG and national averages.
- Review the availability of practice policies for staff use to ensure that both electronic and paper policies supplied for staff are the current version.
- Review premises risk assessments in relation to the control of substances hazardous to health and fire.
- Review patient information leaflets in the patient waiting room to ensure advice reflects current best clinical practice and contact addresses.
- Assess the outside facilities, including the patient car park, with regard to the Equality Act.
- Review all staff awareness of and additional training needs in relation to the IT emergency panic call system.
- Review dispensary standard operating procedures.
- Carry out regular patient participation group meetings.

Where a service is rated as inadequate for one of the five key questions or one of the six population groups or overall, it will be re-inspected within six months after the report is published. If, after re-inspection, the service has failed to make sufficient improvement, and is still rated as inadequate for any key question or population group or overall, we will place the service into special measures. Being placed into special measures represents a decision by CQC that a service has to improve within six months to avoid CQC taking steps to cancel the provider's registration.

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.

Inadequate



- Risks to patients were assessed. Management of risk was compromised by limited managerial time available as the partners covered gaps in clinical staff availability across two locations.
- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. When things went wrong investigations took place. However, lessons learned were not communicated widely enough to support improvement.
- 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, staff recruitment files lacked organisation and completion in relation to sourcing references for staff applicants.
- The practice was clean and there were effective systems in place to monitor infection control processes.
- We found that the systems for monitoring the expiry dates of medicines contained within the GP visit bag was not robust as we found products within the bag that were date expired. We also found that there was no agreed list of what medicines should be found within the bag, so it was not possible to identify if all the expected medicines were present.
- The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription (PSD) or direction from a prescriber. However we found that the records for the PSDs were unclear as to which people had been identified by the prescriber to receive the particular medicine and which had not.
- There was a named GP responsible for the dispensary and currently unqualified staff assisting in the dispensary were supervised by an appropriately trained person.
- Dispensary staff showed us standard procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines). We found that not all of these were up to date and there were

Summary of findings

discrepancies between the printed copies and those held on the practice's computer system. We also found that not all staff had read and signed to say that they understood these and would work to the arrangements set out within them.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. Three staff we spoke with were unaware of this system.

Are services effective?

The practice is rated as requires improvement for providing effective services, as there are areas where improvements should be made.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- The practice had an induction programme for all newly appointed staff. This covered a training session on health and safety but did not cover mandatory training such as safeguarding or infection prevention.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- There was insufficient evidence that audit was driving improvement in patient outcomes.
- The practice ran complex care team meetings once a month, with the input of GPs, practice nurses, administrative staff, district nurses, physiotherapists and social workers.
- There was a locum pack for temporary GPs covering sessions. The pack had not been updated since 2009. The locum GP pack also did not have details of local child protection or vulnerable adult contacts or procedures. The locum GP pack also lacked chaperone guidance.
- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

Requires improvement



Are services caring?

The practice is rated as requires improvement for providing caring services, as there are areas where improvements should be made.

Requires improvement



Summary of findings

- Data from the national GP patient survey showed patients rated the practice lower than others for some aspects of care. For example, 78% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 90% and the national average of 85%.
- We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- The reception area did not promote confidentiality. We saw patients crowding into the small space at the reception and conversations between patient and receptionist could be easily overheard by waiting patients. However, staff told us that patients could be offered a room at the practice to have a private conversation if this was their preference.
- There was insufficient information available to help patients understand the services available to them. For example, the practice website, practice leaflet and notice of practice opening hours outside the building were incorrect.
- Patient advice leaflets in the practice were old (such as those printed from the internet dated 1999) and had not been reviewed to determine if advice reflected current guidance.
- There was no information about carers support services on the practice website (which was being updated). Carers were asked to make an appointment at the surgery for a carers check.
- We saw that patient care plans were personalised, for example for the 2% of patients at most risk of hospital admission.

Are services responsive to people's needs?

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 not always available, although urgent appointments were usually available the same day.
- There was no information displayed in the waiting room advising patient of how to complain about the practice. Information was available on the practice website. Patients we spoke with told us they did not know how to complain.
- The practice told us there had been three complaints received in the last 12 months. We were provided with details of one complaint. This was investigated thoroughly and to the patients' satisfaction. Learning was shared with the staff team.
- There was evidence that patient referrals to secondary care were not completed in a timely way.

Requires improvement



Summary of findings

- The inside of the building was accessible, with good level access facilities for people with limited mobility. However, the outside facilities had not been formally assessed, such as in consideration of providing a designated car parking space close to the front door for patients with disabilities.
- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example in providing a Saturday morning clinics from 10am to 12pm to meet patient demand for weekend appointments.

Are services well-led?

The practice is rated as inadequate for being well-led.

- The practice had a number of policies and procedures to govern activity, but some of these were overdue a review.
- Risks to patients were assessed but several assessments were overdue a review.
- Staff told us the partners were approachable and took the time to listen to all members of staff but that the practice was disorganised.
- The practice had a patient participation group but they met infrequently.
- The practice had gathered feedback from staff through staff meetings, appraisals and informal discussion. Staff told us that meetings were not held regularly, which meant many staff felt they did not feel involved and engaged to improve how the practice was run. However, staff said that the small size of the practice meant the partners were readily on hand to answer questions.
- Patient paper records were not held securely.
- It was not clear how patient survey results and any areas for improvement were communicated to patients. There was no information in the patient waiting area informing them of survey results.
- The practice had an inconsistent and therefore ineffective system in place for handling complaints and concerns.
- There was insufficient protected managerial time to ensure leadership to deliver all improvements or routine practice oversight.

Inadequate



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 the care of older people. The provider was rated as inadequate for safe and well-led and requires improvement for effective, caring and responsive services. The issues identified as inadequate and requires improvement overall affected all patients including this population group. However, there were examples of good practice.

- The practice ran complex care team meetings once a month, with the input of GPs, practice nurses, administrative staff, district nurses, physiotherapists and social workers.
- The practice participated in the admission avoidance enhanced service and reviewed patient cases on regular intervals.
- There were recalls and QOF activity for conditions associated with older age, such as for chest conditions and heart failure.
- The practice offered personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- There were weekly GP visits in the local care home.
- The practice retained GP beds and the GPs carried out reviews of their registered patients who were in-patients at the local hospital in Holsworthy.
- Podiatry (feet and ankle) clinics were run at the practice.

Inadequate



People with long term conditions

The practice is rated as inadequate for the care of people with long-term conditions. The provider was rated as inadequate for safe and well-led and requires improvement for effective, caring and responsive services. The issues identified as inadequate and requires improvement overall affected all patients including this population group. However, there were examples of good practice.

- There were limited appointments available for nurse led chronic disease management clinics. Nursing staff had lead roles in chronic disease management. One nurse was new to the practice and was unable to perform chronic disease management clinics because they had not yet received this training.
- Performance for diabetes related indicators was 95% of the total points available, which was 5% above both the CCG and national averages.

Inadequate



Summary of findings

- Longer appointments and home visits were available when needed.
- The practice participated in the admission avoidance enhanced service and reviewed patient cases on regular intervals.
- There were recalls and QOF activity for conditions associated with older age and those patients with long term conditions, such as for chest conditions and heart failure.
- Patients on repeat medicines or with chronic conditions had their records checked on a monthly basis to identify if they needed an invitation to have their health needs reviewed.
- For those patients with the most complex needs, the GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Podiatry (feet and ankle) clinics were run at the practice.
- Weekly physiotherapy clinics were held at the practice.

Families, children and young people

The practice is rated as inadequate for the care of families, children and young people. The provider was rated as inadequate for safe and well-led and requires improvement for effective, caring and responsive services. The issues identified as inadequate and requires improvement overall affected all patients including this population group. However, there were examples of good practice.

- The practice's uptake for the cervical screening programme achieved 100% of the total QOF points available, which was 2% above the CCG and the national averages.
- The practice offered travelling health advice for young families.
- Contraception advice was offered.
- The practice ran an open surgery in the market in Hatherleigh once a year where any person, including patients not on the practice registered list, could come and have blood pressure, glucose and any health queries checked. A report was provided for people to take to their own surgery.
- There were Saturday Clinics, 10am to 12pm, as a drop in clinic, with no pre-booked conditions.
- Email and telephone advice was available.
- The practice informed us that immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Inadequate



Summary of findings

Working age people (including those recently retired and students)

The practice is rated as inadequate for the care of working-age people (including those recently retired and students). The provider was rated as inadequate for safe and well-led and requires improvement for effective, caring and responsive services. The issues identified as inadequate and requires improvement overall affected all patients including this population group. However, there were examples of good practice.

- Risks to patients were assessed. Management of risk was compromised by limited managerial time available as the providers covered gaps in clinical staff availability.
- Health promotion advice was offered verbally but printed accessible health promotion material available through the practice was old and had not been reviewed to check the current clinical relevance or whether organisation contact details were up to date.
- There were Saturday Clinics, 10am to 12pm, as a drop in clinic, with no pre-booked conditions.
- Email and telephone advice was available.
- DVLA (driver and vehicle licensing agency) assessments were available.

Inadequate



People whose circumstances may make them vulnerable

The practice is rated as inadequate for the care of people whose circumstances may make them vulnerable. The provider was rated as inadequate for safe and well-led and requires improvement for effective, caring and responsive services. The issues identified as inadequate and requires improvement overall affected all patients including this population group. However, there were examples of good practice.

- Health promotion advice was offered verbally but printed accessible health promotion material available through the practice was old and had not been reviewed to check the current clinical relevance or whether organisation contact details were up to date.
- The practice held a register of patients living in vulnerable circumstances including travellers and those with a learning disability.
- The practice told us there were no homeless people living in the area.
- The practice offered longer appointments for patients with a learning disability.

Inadequate



Summary of findings

- The practice regularly worked with other health care professionals in the case management of vulnerable patients, such as with the community matron.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Most staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours. However, information about safeguarding contacts was missing from the locum GP pack.

People experiencing poor mental health (including people with dementia)

The practice is rated as inadequate for the care of people experiencing poor mental health (including people with dementia). The provider was rated as inadequate for safe and well-led and requires improvement for effective, caring and responsive services. The issues identified as inadequate and requires improvement overall affected all patients including this population group. However, there were examples of good practice.

- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations, such as local dependency and addition clinics.
- Staff had received training on how to care for people with mental health needs.
- Performance for mental health related indicators was 100% of the total points available, which was 7% above the CCG and national averages. Where there were exception ratings the practice had systems for ensuring patients were referred to support services appropriately.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia. Feedback from a local nursing home for people with dementia was very positive regarding the knowledge and compassion of the GPs.
- There was no information about carers support services on the practice website (which was being updated). Carers were asked to make an appointment at the surgery for a carers check.

Inadequate



Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 January 2016. The results showed the practice was performing in line with local and national averages. 225 survey forms were distributed and 118 were returned. This represented 5.4% of the practice's patient list. Results from the survey showed;

- 99% of patients found it easy to get through to this practice by phone compared to the CCG average of 84% and the national average of 73%.
- 87% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 91% and the national average of 85%.
- 88% of patients described the overall experience of this GP practice as good compared to the CCG average of 90% and the national average of 85%.
- 79% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 85% and the national average of 79%.

Prior to the inspection we informed the partners that we had sent comment cards by post to the practice for patients to complete to tell us about their experiences at the practice. On the day of the inspection the partners told us the comment cards had not arrived by post. Therefore we were unable to hear the views of patients who were not attending the practice on the day of the inspection. We spoke with 23 patients during the inspection. Comments from patients were mixed. We were told that it was easy to make an appointment when the reception was open during weekdays but that there was no telephone access for evening sessions or for Saturday morning sessions. Patients said this meant they were unable to inform the practice at these times if they

were unable to keep their booked appointment. Not all patients were aware of Saturday morning sessions; these sessions were not advertised on the practice website, nor on notice boards at the practice or in the new patient information pack. Patients told us that the reception staff were approachable and friendly.

Patients valued the convenience of the 'open' drop in clinic sessions; although there were comments that these could involve a long wait to be seen. On the day of our inspection the afternoon drop in session was cancelled without warning; patients who had arrived at the practice were told to re-book or attend the next open session. The partners cited the CQC inspection as the reason for the cancellation. After speaking with the partners it was arranged to re-instate the session. However, two patients had left the practice having been told the session was not taking place. Patients also told us that on other occasions GP clinic start times were delayed and staffing issues meant that continuity of appointments with clinical staff was problematic. Patients commented on the absence of any female GP employed at the practice should they prefer to see one.

Patients told us that when seen clinical staff (GPs, nurses and health care assistants) listened to their concerns and acted to ensure they received appropriate treatment.

There was no information displayed in the waiting room advising patient of how to complain about the practice. Patients we spoke with told us they did not know how to complain, however, no patients said they had a complaint to raise with the practice. Following the inspection a patient contacted us to complain about the practice, telling us they had initially asked to complain at the practice. They told us they were advised at the practice to raise their complaint to the CQC in the first instance.

Areas for improvement

Action the service MUST take to improve

- Ensure recruitment arrangements include all necessary employment checks for all staff.
- Ensure patients are provided with up to date information about services.
- Ensure staff induction training covers all required mandatory training.

Summary of findings

- Ensure the locum pack for temporary GPs covers all necessary information, including details of local child protection or vulnerable adult contacts or procedures and chaperone guidance.
- Ensure patients know how to complain about the practice and maintain full records of all complaints received, following the practice complaint's policy.
- Ensure secure storage of patient paper records and electronic backup tapes.
- Ensure an agreed list of what medicines should be within the GP visit bag and maintain a robust system for monitoring the expiry dates of medicines contained within the bag.
- Ensure clear patient specific prescription or directions (PSD) for use by Health Care Assistants trained to administer vaccines and medicine.
- Review the availability of practice policies for staff use to ensure that both electronic and paper policies supplied for staff are the current version.
- Review premises risk assessments in relation to the control of substances hazardous to health and fire.
- Review patient information leaflets in the patient waiting room to ensure advice reflects current best clinical practice and contact addresses.
- Assess the outside facilities, including the patient car park, with regard to the Equality Act.
- Review all staff awareness of and additional training needs in relation to the IT emergency panic call system.
- Review dispensary standard operating procedures.
- Carry out regular patient participation group meetings.

Action the service SHOULD take to improve

- Address the national patient survey results and develop an improvement plan where results are below local CGG and national averages.

Hatherleigh Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a second CQC inspector, a practice manager specialist adviser and a CQC pharmacy inspector.

Background to Hatherleigh Medical Centre

Hatherleigh Medical Practice provides primary medical services to people living in Hatherleigh and the surrounding areas. The practice provides services to a primarily older population and is situated in a rural location where many patient families are involved in farming. The village of Hatherleigh also serves a number of commuters, who work in the large towns with major hospitals approximately 30 miles from the practice. At the time of our inspection there were 2,180 patients registered at the practice.

The practice is owned by two partners, the main GP and a practice nurse, who also manages the practice. They took over Hatherleigh Medical practice as the registered providers in October 2015. The partners also have a GP practice registered separately with CQC approximately 10 miles from the Hatherleigh practice, with a patient list size of approximately 1600. They work as a GP and nurse at the practice, and also manage this second GP practice. In addition they own and manage a separately CQC registered care home for 12 people. The partners hold managerial and financial responsibility for running the business.

There is one partner GP and a salaried GP. We were told the practice is in the process of employing a second salaried

GP who is due to commence employment at the end of April 2016. All GPs are male. There are two part-time practice nurses and one health care assistant and one phlebotomist at the practice. In addition there are dispensary staff. Receptionists and secretarial staff are employed at the practice, many of whom have had additional training in clinical skills, such as chaperoning, dispensing or phlebotomy (blood taking).

Hatherleigh Medical Centre is open between Monday and Friday: 8.00am until 6.30pm. Appointments were available from 8.30am until 6.30pm. Outside of these hours a service is provided by another health care provider who is accessed by patients dialling the national NHS111 service. On a Wednesday the practice closes at 1pm due to staff training and meetings. On a Friday the practice closes at 4pm. If patients wished to see a nurse or GP after 1pm on a Wednesday or after 4pm on a Friday, they could visit a neighbouring practice which had an agreement with Hatherleigh Medical Practice for this purpose.

Between 9am and 10.30am and between 4pm and 5pm the practice runs an open surgery whereby patients are able to walk in and wait to see a nurse or GP without a pre booked appointment. The practice has been offering Saturday morning appointments since January 2016.

Routine appointments are available daily and are bookable up to three months in advance or further into the future according to the patient's wishes. Urgent appointments are made available on the day and telephone consultations also take place.

The practice has a general practice contract and runs specialist clinics for children and pregnant women, diabetes and asthma clinics.

Hatherleigh Medical Centre offers an on-site dispensing service for patients living outside of a one mile radius of Hatherleigh.

Detailed findings

The partnership and ownership of Hatherleigh Medical Centre was registered with CQC on 21 October 2015. This is the first inspection of the practice under the current registration. Prior to the inspection visit we received concerns about the practice from NHS England regarding the robustness of clinical efficacy, dispensing and governance at the practice.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 14 April 2016. During our visit we:

- Spoke with a range of staff, including the providers who manage the practice and who are a GP and nurse at the practice. We also spoke with an additional locum GP, a practice nurse and dispensary/ reception staff.
- Spoke with 23 patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.

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?

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

Patients are unsafe or at high risk of avoidable harm or abuse. Safety was not a sufficient priority and there was limited monitoring of safety.

Safe track record and learning

There was a system in place for reporting and recording significant events; however improvements were needed.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence of two significant events recorded since October 2015 relating to medicine prescriptions, raised by the dispensary staff. Learning was shared with the staff team. However, the practice had not set up a system to provide an overview of significant events in the practice to help identify trends; or a follow up system for monitoring that significant events had not reoccurred.
- Patient safety alerts from health organisations were received at the practice. Staff told us that they were circulated within the team to check if the alerts were relevant at the practice. Staff said action was taken in response to any relevant alerts received, although staff could not recall any recent relevant alerts.

Overview of safety systems and processes

The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse, but the organisation and overview of these systems and processes across a number of areas put patients at risk:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. The policies outlined who to contact for further guidance if staff had concerns about a patient's welfare. However, the specific information for locum GPs lacked this information and locum GPs would need to seek out this information. There was a lead member of staff for safeguarding.

- Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three.
- A notice in the reception area advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice manager/lead practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken. The last audit was undertaken in October 2015. We saw evidence that action was taken to address any improvements identified as a result, for example, replacement of carpets in patient waiting areas, replacement of disposable curtains in clinical rooms and the ceasing of minor surgery at the practice.
- We reviewed six personnel files. The practice manager explained that staff files were a 'work in progress.' The practice had policies for staff recruitment that had been reviewed in April 2016. Staff files lacked organisation, for example for a GP who was due to commence work at the practice within a few weeks the recruitment file could not be located. Other staff files were not completed fully. For example, one file had references but these were not dated or signed. Two additional staff files appeared to indicate no references had been received and none could be provided. We found other appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Arrangements for managing medicines, including emergency medicines and vaccines

Are services safe?

There were aspects of the arrangements for managing medicines, including obtaining, prescribing, recording, handling, storing, security and disposal in the practice did not keep patients safe.

- We found that the systems for monitoring the expiry dates of medicines contained within the GP visit bag was not robust, as we found two products within the bag that were date expired and one opened liquid medicine that had no record of when it had been opened and, therefore, when it should be disposed of. We also found that there was no agreed list of what medicines should be found within the bag, so it was not possible to identify if all the expected medicines were present.
- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription (PSD) or direction from a prescriber. However, we found that the records for the PSDs were unclear as to which people had been identified by the prescriber to receive the particular medicine and which had not.
- There was a named GP responsible for the dispensary and a qualified dispensary manager. They supervised additional supporting members of staff involved in dispensing. Not all the supporting staff had received appropriate training or been enrolled on appropriate training courses. The more experienced dispensary staff had opportunities for continuing learning and development. Any medicines incidents or 'near misses' were recorded for learning and the practice had a system in place to monitor the quality of the dispensing process.
- Dispensary staff showed us standard operating procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines). We found that not all of these were up to date and there were discrepancies

between the printed copies and those held on the practice's computer system. We also found that not all staff had read and signed to say that they understood these and would work to the arrangements set out within them.

- The practice had a system for reviewing patients' repeat medicines with a GP on a six monthly basis.
- Where patients had known allergies to medicines, this information was clearly highlighted within patient electronic notes, to alert GPs when prescribing medicines.
- One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role.

Monitoring risks to patients

Risks to patients were assessed but several assessments were overdue a review. Management of risk was compromised by poor governance due to the limited managerial time available.

- The practice fire risk assessment was overdue review. This had been due in September 2015 and had not been completed.
- The practice had risk assessments in place to monitor safety of the premises such as control of substances hazardous to health (COSHH) and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The policies and accompanying product risk assessments for COSHH had not been reviewed annually as stated in the policy.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. However, some staff worked across two locations which patients and staff said often resulted in times when they due in one location but were still busy in the other location resulting in delays in patient appointments. There was a rota system in place for all the different staffing groups. The practice had experienced staffing resignations over the last year, which had impacted upon services, for example in the number of available clinics. The principle GP and main practice nurse were working excessive hours to cover clinics. This impacted negatively upon the time available they had to oversee and manage the practice and assess risk.

Are services safe?

- There was a health and safety policy available with a poster in the staff area which identified local health and safety representatives.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- The practice had a risk assessment of the premises. This was last reviewed in 2012.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. Three staff we spoke with were unaware of this system.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was a register of checks available which started from 1 April 2016.
- A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through audits and random sample checks of patient records.
- We spoke at length to the principle GP who was able to demonstrate awareness of current NICE guidance.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were for 2014/2015 and were available via the Health and Social Care Information Centre website. The Quality and Outcomes Framework results for the practice indicated 92.4% of the total number of points available.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed:

- Performance for diabetes related indicators was 95% of the total points available, which was 5% above both the CCG and national averages.
- Performance for mental health related indicators was 100% of the total points available, which was 7% above the CCG and national averages.

The good QOF score results were achieved despite low staffing levels as a result of the resignation of a full time practice nurse in the preceding 12 months and a GP who worked three days a week being absent for a long period of time. The overall exceptions from QOF scores were 7.9%, which was in line with local averages. However, there were overall higher exception rates for some mental health indicators. We looked into these and found that the

practice managed the health needs of patients with mental health needs effectively through good electronic communication with community based mental health nurses. The provider also carried out a fortnightly clinic for mental health conditions at the provider's other GP practice; patients registered at either practice could attend these clinics.

There was evidence of quality improvement, including clinical audit.

- We were provided with evidence of two formal clinical audits completed in the last two years (one for minor procedures treatment and one for specific medicine prescribing). Both were completed audits over a two year cycle. However, recommendation made year on year did not vary and there was no evidence recorded whether the recommendations from the audits were effective.
- GPs carried out informal clinical audits from patient notes on a monthly basis, for example in regard to the monitoring of repeat medicines, overview of patient with long term conditions and the auditing of patient records to ensure current information was up to date and correct.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered a training session on health and safety but did not cover mandatory training such as safeguarding or infection prevention.
- There was a locum pack for temporary GPs covering sessions. We spoke with one locum GP who was aware of the pack and had read the content when they first covered sessions some years ago. For the benefit of any new locum GPs we noticed the pack had not been updated since 2009. The locum pack also did not have details of local child protection or vulnerable adult contacts or procedures. The locum pack also lacked chaperone guidance.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence.

Are services effective?

(for example, treatment is effective)

- We saw that GPs had undergone relevant revalidation processes with their professional regulatory body the General Medical Council (GMC).
- All staff had received an appraisal within the last 12 months; however one of the partners who had completed the staff appraisals told us that not all appraisals completed in the last month had been written down yet.
- 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. We asked for an overview of the whole staff training. We received this information after the inspection. We saw that most annual staff training had been recorded as having taken place in April 2016.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services, 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, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

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

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

We contacted a large local nursing home for patients with dementia as most patients there had registered with the practice. We were told that GPs were responsive to requests for visits, listened to patients and staff and acted compassionately. We were told that the GPs carried out monthly medicines reviews at the nursing home and regularly reviewed patient care plans, taking into consideration mental capacity abilities.

Supporting patients to live healthier lives

There were concerns regarding how effective clinical systems were. Reception staff told us that task reminders had to be followed up with GPs to ensure actions were taken, such as completing patient referral letters in a timely way. For example, we were provided with a recent example of a referral letter being written 20 days after the patient had initially been seen at the practice. This information was corroborated by a patient contacting CQC directly regarding a second example of a delay in being referred to secondary care services. The pathways for clinical referrals therefore would benefit from review.

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation were signposted to the relevant service.
- A podiatry service (for feet and ankle care) was available on the premises and smoking cessation advice was available from a local support group, to which patients were directed.

The practice's uptake for the cervical screening programme achieved 100% of the total QOF points available, which was 2% above the CCG and the national averages. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. A female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were systems in

Are services effective? (for example, treatment is effective)

place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

We did not have access to current childhood immunisation data for the vaccines given. The providers told us that uptakes for childhood immunisations at the practice were high.

Patients told us they 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. These were identified through an effective computer software system that identified all patients with a pending due health check or medication review.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- The reception area did not promote confidentiality for waiting patients. We saw patients crowding into the small space at the reception and conversations between patient and receptionist could be easily overheard by waiting patients. We raised this with the partners who said they were aware of these issues and that patients could be offered a room at the practice to have a private conversation if this was their preference.
- When patients telephoned the practice the calls were diverted to a quiet private area. This meant that reception staff did not have to take telephone calls that might be inadvertently overheard by patients waiting in the reception area.

We were unable to speak with members of the patient participation group (PPG) as part of our inspection.

Results from the national GP patient survey published in January 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with nurses and helpfulness of the receptionists. However, satisfaction scores for GP consultations were below national averages and significantly below averages from the CCG. For example:

- 80% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 80% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%.
- 86% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.

- 78% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 90% and the national average of 85%.
- 97% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and the national average of 91%.
- 99% of patients said they found the receptionists at the practice helpful compared to the CCG average of 90% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients we talked with during the inspection told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. We also saw that care plans were personalised, for example plans of care for the 2% of patients at most risk of hospital admission.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results about consultations with nursing staff were above local and national averages. However, results regarding GP consultations were below national averages and significantly below local CCG averages. For example:

- 80% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 90% and the national average of 86%.
- 73% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 82%.
- 95% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 88% and the national average of 85%.

We spoke with the principle GP, who said they were aware of patient survey results, but that they had not reflected fully upon the results due to workload. They also said they

Are services caring?

felt patients were still getting used to them as the new village GP and that their farming family background helped them empathise with the patients, many who also came from farming families.

The practice facilitated patients to be involved in decisions about their care. However information available to patients was absent or old:

- There was insufficient information available to help patients understand the services available to them. For example, the practice website, practice leaflet and notice of practice opening hours outside the building were incorrect.
- Staff told us that translation services were available for patients who did not have English as a first language. We did not see notices in the reception areas informing patients this service was available.
- Information leaflets were available in the practice. However, most were downloaded from the internet over 15 years ago and therefore the information within the leaflets did not necessarily reflect current advice.

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. There was no information about carers support services on the practice website (which was being updated). Carers were asked to make an appointment at the surgery for a carers check.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 3.3% of the practice list as carers. GPs and nurses provided verbal advice for carers and written information to direct carers to the various avenues of support available to them.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice offered daily 'drop in' clinics, where patients could sit and wait to be seen without making a prior appointment.
- Saturday morning clinics were offered.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- Staff told us that most patients spoke English as their first language. For patients speaking English as a second language staff said most patients brought their own interpreter. Staff were aware of translation services via the local district hospital.
- The inside of the building was accessible, with good level access facilities for people with limited mobility. However, the outside facilities had not been formally assessed, such as in consideration of providing a designated car parking space close to the front door for wheelchair users.

Access to the service

The practice was open between Monday and Friday: 8am until 6.30pm. Appointments were available from 8.30am until 6.30pm. On a Wednesday the practice closed at 1pm due to staff training and meetings. On a Friday the practice closed at 4pm. If patients wished to see a nurse or GP after 1pm on a Wednesday or after 4pm on a Friday, they could visit a neighbouring practice which had an agreement with Hatherleigh Medical Practice for this purpose.

Between 9am until 10.30am and between 4pm until 5pm the practice ran an open surgery whereby patients are able to walk in and wait to see a nurse or GP without a pre booked appointment. The practice has been offering Saturday morning appointments since January 2016.

Results from the national GP patient survey published in January 2016 showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 76% of patients were satisfied with the practice's opening hours compared to the CCG average of 78% and the national average of 75%.
- 99% of patients said they could get through easily to the practice by phone compared to the CCG average of 90% and the national average of 73%.

Patients told us on the day of the inspection that they were able to get appointments when they needed them; however, they sometimes had to wait for their appointment as the GP was sometimes late. Results from the national patient survey indicated 58% of patients usually waited 15 minutes or less after their appointment time to be seen. The local CCG average was 70% and the national average was 65%.

The practice had a system in place to assess:

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

This was done by telephoning the patient or carer in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. 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 an ineffective system in place for handling complaints and concerns.

- There was a designated responsible person who handled all complaints in the practice.
- There was no complaints leaflet available in the patient waiting room, or information on how to complain on the practice website. This meant patients had to request this information in person.

Are services responsive to people's needs?

(for example, to feedback?)

- One patient said they had recently asked to complain at the practice but were advised to take their complaint directly to the CQC, thus bypassing the practice complaint's process.

We requested a summary of complaints received in the last 12 months prior to our inspection visit with pre-inspection information. The provider told us the practice 'had probably' received three complaints in the last year, but

could not produce a summary of the overall complaints received. We were shown a copy of one closed complaint and its action plan (a different complaint to the above). The complaint was investigated and the patient received an apology. As a result the practice reviewed all patients' records to prevent a similar occurrence happening again. The learning from the complaint was shared in a whole staff team meeting.

Are services well-led?

Inadequate 

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

Our findings

The delivery of high-quality care is not assured by the leadership, governance or culture in place. There is no effective system for identifying, capturing and managing issues and risks. Significant issues that threaten the delivery of safe and effective care are not identified or adequately managed. The leadership team run two GP practices and a registered care home. It is not clearly identified how the management of the three locations, considering the geography of the locations coupled with the clinical commitments of the partners, works.

Vision and strategy

There was no clear vision or guiding values. Staff were not aware of or do not understand the vision and values. However, the practice had a plan to secure one CCG contract for both of the GP practices owned by the partners and then seek CQC registration for a main and a branch practice. (Currently there is a CQC registration for Hatherleigh Medical Centre and a separate CQC registration for Beech House, Shebbear GP practice which is owned by the same partners). The aim was to have closer working between staff in the two practices and shared IT systems. The partners told us that at Christmas last the two practices had their Christmas meal together as a way of team building.

The partners explained that the Hatherleigh Medical Centre practice website and practice leaflet had not been updated as they wanted completion of this business plan before doing so. This meant that patient information had been incorrect on the current website (for example with regard to current staff and opening times) since October 2015.

Governance arrangements

The practice governance framework outlined the structures and procedures but had significant weaknesses:

- Practice specific policies were available to all staff via the practice IT system. There was not always unification of paper and electronic copies of policies. For example we saw policies displayed in staff areas that had been superseded by newer revised copies on the practice computer system.
- An understanding of the performance of the practice was maintained. For example the partners had recognised that changes over the last 12 months within

the GP and nursing team had left vacant clinical session that they filled whilst recruitment processes took place, to ensure patients received care when they needed it. This had impacted significantly on the amount of time the partners could dedicate to effectively manage and govern the practice.

- Internal audit was used to monitor quality and to make improvements but the number of formal and completed audit cycles was low and improvements limited.
- Patient paper records were stored on open shelves behind the reception desk and could potentially be accessed. There was a staff only key pad to access the reception from the patient corridor and a CCTV monitor of the reception area. However, the CCTV monitoring screen could not always be seen from the vantage point of the dispensary when reception staff were away from reception and in the dispensary. The staff only reception area could be accessed by lifting and unsecured part of the reception desk. We raised this with the partners who told us they would reflect on how to improve the security of patient paper records.
- Additionally, backup systems for electronic patient records were not robust. The system was backed up regularly with information stored on backup tapes. We saw these tapes were stored on open surfaces and not in a fire retardant safe as indicated in the practice's policy. This had the potential for all patient information to be lost if a fire occurred in the practice.
- The practice had an induction programme for all newly appointed staff. This covered a training session on health and safety but did not cover mandatory training such as safeguarding or infection prevention. This meant that staff could wait up to 12 months in their new post before receiving scheduled annual mandatory training.
- Staff recruitment processes were not robust. Not all necessary checks were carried out to ensure staff appointed were suitable, such as references. This put patients at risk.
- There were overdue practice risk assessments, which compromised the safe governance of the practice.
- Medicines were not effectively managed. For example, in the monitoring of GP bag contents and patient specific directions for Health Care Assistants administering vaccines.

Are services well-led?

Inadequate 

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

- The staffing structure at the practice meant that most staff had more than one role, such as practice manager/lead practice nurse, receptionist/phlebotomist. This afforded flexibility in the staff team to cover shifts.

Leadership and culture

The partners told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and took the time to listen to all members of staff but that the practice was disorganised.

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

- However, the practice had an ineffective system in place for handling complaints and concerns.

There was a leadership structure in place but staff did not feel this was effective.

- The practice manager told us that monthly whole team staff meetings were held at the practice. Staff told us the practice held infrequent team meetings. We asked for copies of whole staff team meeting minutes. We were provided with copies of staff meeting minutes from November 2015 and April 2016. There was no record of actions carried forward from one meeting to the next and whether actions agreed at the previous meeting had been implemented and therefore signed off as completed.

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

The practice encouraged feedback from patients, the public and staff. It sought patients' feedback and engaged patients in the delivery of the service, although this was not always effective.

- Because the practice website was not up to date the PPG meeting minutes on the website were dated 5 March 2015. There was no further information provided to CQC about the PPG from the providers. One staff member told us that PPG meeting dates were arranged and organised by the practice. They said a meeting had been arranged for 9 March 2016 but this was cancelled by the practice and had not been re-arranged. They also told us that the minutes from the previous meeting held on 23 October 2015 had not been distributed.
- The practice conducted an annual patient survey. This was last carried out in December 2015 and 50 patients took part over a two week period. Results indicated that patients were satisfied with the practice. It was not clear how these results and any areas for improvement were communicated to patients. There was no information in the patient waiting area informing them of survey results.
- The practice had gathered feedback from staff through staff meetings, appraisals and informal discussion. Staff told us that meetings were not held regularly, which meant many staff felt they did not feel involved and engaged to improve how the practice was run. However, staff said that the small size of the practice meant the partners were readily on hand to answer questions when they were on site.
- The partners said they valued staff feedback and had made changes at the practice following such. We were told one example was by ceasing to accept repeat prescriptions over the phone as a way of promoting patient safety and security.
- All staff had received an appraisal within the last 12 months; however the practice manager told us that not all appraisals had been recorded yet. This meant some staff had not been able to review the record of their appraisal.

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 Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>Staff files lacked organisation, for example for a GP who was due to commence work at the practice within a few weeks the recruitment file could not be located. Two additional staff files appeared to have no references received.</p> <p>This was in breach of regulation 19 (3) (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <ul style="list-style-type: none">• Ensure recruitment arrangements include all necessary employment checks for all staff.
Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>We found that the systems for monitoring the expiry dates of medicines contained within the doctor's visit bag was not robust as we found products within the bag that were date expired. We also found that there was no agreed list of what medicines should be found within the bag, so it was not possible to identify if all the expected medicines were present.</p> <p>Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription (PSD) or direction from a prescriber. However we found that the records for the PSDs were unclear as to which people had been identified by the prescriber to receive the particular medicine and which had not.</p>

Requirement notices

This was in breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Ensure an agreed list of what medicines should be within the GP visit bag and maintain a robust system for monitoring the expiry dates of medicines contained within the bag.
- Ensure clear patient specific prescription or directions (PSD) for use by Health Care Assistants trained to administer vaccines and medicine.

Regulated activity

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The practice had an induction programme for all newly appointed staff. This covered a training session on health and safety but did not cover mandatory training such as safeguarding or infection prevention.

There was a locum pack for temporary GPs covering sessions. We spoke with one locum GP who was aware of the pack and had read the content when they first covered sessions some years ago. For the benefit of any new locum GPs we noticed the pack had not been updated since 2009. The locum pack also did not have details of local child protection or vulnerable adult contacts or procedures. The locum pack also lacked chaperone guidance.

This was in breach of regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Ensure staff induction training covers all required mandatory training.

Requirement notices

- Ensure the locum pack for temporary GPs covers all necessary information, including details of local child protection or vulnerable adult contacts or procedures and chaperone guidance.

Regulated activity

Diagnostic and screening procedures
Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

There was insufficient information available to help patients understand the services available to them. For example, the practice website, practice leaflet and notice of practice opening hours outside the building were incorrect.

Patient paper records were stored on open shelves behind the reception desk and could potentially be accessed. There was a staff only key pad to access the reception from the patient corridor and a CCTV monitor of the reception area. However, the CCTV monitoring screen could not always be seen from the vantage point of the dispensary when reception staff were away from reception and in the dispensary. The staff only reception area could be accessed by lifting and unsecured part of the reception desk. We raised this with the partners who told us they would reflect on how to improve the security of patient paper records.

Additionally, backup systems for electronic patient records were not robust. The system was backed up regularly with information stored on backup tapes. We saw these tapes were stored on open surfaces and not in a fire retardant safe as indicated in the practices policy. This had the potential for all patient information to be lost if a fire occurred in the practice.

This section is primarily information for the provider

Requirement notices

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

- Ensure patients are provided with up to date information about services.
- Ensure secure storage of patient paper records and electronic backup tapes.