Tynemouth Medical Practice

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at 20 January and 3 February 2015. Overall the practice is rated as requires improvement.

Specifically, we found the practice to be good for providing effective, caring and responsive services. It required improvement for providing safe and well-led services. Because the practice is rated as requires improvement in the key questions of safe and well-led, these ratings apply to everyone using the practice, including the six population groups - older people, people with long-term conditions, families, children and young people, working age people (including those recently retired and students), people living in vulnerable circumstances and people experiencing poor mental health (including people with dementia).

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

- Patients' needs were assessed and care was planned and delivered in line with best practice current guidance.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- The practice responded well to complaints, comments and suggestions made by patients and monitored quality and performance, introducing appropriate changes where needed.
- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Information about services and how to complain was available and easy to understand.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

The areas where the provider must make improvements are

- Ensure that Disclosure and Barring Service checks are carried out relating to non-clinical staff performing chaperoning duties, or carry out appropriate risk assessments in relation to the role.
- Review and update staff records to include evidence of pre-employment checks, appropriate on-going training being provided and annual appraisals being done.
- Put in place a system to ensure the proper and safe management of medicine, to include monitoring supplies of medicines, maintaining complete records of fridge temperature monitoring and for logging prescription pads in accordance with national security guidelines.
- Ensure that all its governance policies are reviewed and updated regularly.
- Ensure that staff receive appropriate training in infection control and that regular infection control audits are carried out.
- Ensure that staff are provided with appropriate fire safety training. Undertake a fire risk assessment, or make evidence available for inspection if one has been carried out.

In addition the provider should

- Obtain and have available for inspection documentation to confirm suitable arrangements are in place for identifying, recording and managing risks relating to the premises or the service.

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 requiring improvement for providing safe services as there are areas where it should make improvements.

Patients' needs were assessed and care was planned and delivered in line with best practice current guidance. Staff understood their responsibilities to raise concerns, and to report incidents and near misses. The practice used a range of information to identify risks and improve patient safety. The practice acted in accordance with National Patient Safety Alerts it received.

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.

The practice could not provide evidence that appropriate pre-employment and on-going checks, including Disclosure and Barring Service (DBS) checks had been carried out in relation to non-clinical staff.

Policies relating to the management and prescribing of medicines had not been regularly reviewed or updated. There was no procedure for monitoring the supplies of medicines other than emergency drugs. There were gaps in the records of monitoring the vaccine fridge temperatures. Prescription pads were not logged in accordance with national security guidelines.

There were no cleaning schedules in place. There was no evidence of staff receiving appropriate infection control training, or of any infection control audits being carried out. The practice could not provide evidence of an appropriate policy for the management, testing and investigation of legionella.

There were arrangements to deal with emergencies and major incidents. However, the practice could not provide evidence of staff receiving appropriate fire safety training, or that a suitable fire risk assessment had been carried out.

Are services effective?

Good

The practice is rated as good for providing effective services.

Data showed patient outcomes were at or above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff worked with multidisciplinary teams.

Summary of findings

Are services caring?

Good

The practice is rated as good for providing caring services.

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

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

It reviewed the needs of its local population and had an active Patient Participation Group (PPG) to secure improvements to services where these were identified. The practice monitored patients' comments left on the NHS Choices website and patients were encouraged to make suggestions.

Information about how to complain was available and easy to understand. Evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff The practice had reviewed and made changes to the appointment process in response to patients' concerns and was actively recruiting more GPs to improve the services. Urgent appointments were available the same day.

Are services well-led?

Requires improvement

The practice is rated as requiring improvement for being well-led as there are areas where it should make improvements.

The practice proactively sought feedback from patients and had an active patient participation group (PPG). All staff had received inductions, but not all staff had received regular performance appraisals or attended staff meetings and events.

There was a documented leadership structure and staff felt supported by management. There was a limited written vision and strategy to deliver quality care, but staff were not aware of this.

The practice had various policies and procedures to govern activity, but a number of these were overdue a review.

We could not establish that there were suitable arrangements in place for identifying, recording and managing risks.

Staff records did not evidence that suitable on-going refresher training in mandatory subject areas was being provided.

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 in the key questions of safe and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group, older people.

The practice offered proactive, personalised care to meet the needs of the older people. It offered a range of services including palliative and end of life care, to improve outcomes for patients. It was responsive to the needs of older people. Care was taken to allocate older patients to their usual GP, or locums with whom they are familiar. It offered home visits for those patients who were not able to attend the surgery, liaising appropriately with any carers involved. The practice had monthly meetings with the district nursing team and community matron to discuss patients' needs.

People with long term conditions

Requires improvement

The practice is rated as requires improvement in the key questions of safe and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group, people with long-term conditions.

The practice kept a register to monitor the health of patients with known long-term health conditions. Patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medication needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Requires improvement

The practice is rated as requires improvement in the key questions of safe and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group, families, children and young people.

All new mothers were invited in for post-natal screening. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E

Summary of findings

attendances, children who had frequently missed appointments and those with identified health conditions such as asthma. There were monthly meeting with the health visitor to discuss issues of concern.

The practice was on course to meet its annual targets relating to childhood immunisations. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals. Appointments were available outside of school hours and the premises were suitable for children and babies.

Working age people (including those recently retired and students)

Requires improvement

The practice is rated as requires improvement in the key questions of safe and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group, working-age people (including those recently retired and students).

The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and to offer continuity of care. For example telephone consultations were available and extended hours offered a wider choice of appointment times. Patients could book their appointments on line, which many had found very useful. Repeat prescriptions could be ordered on line.

People whose circumstances may make them vulnerable

Requires improvement

The practice is rated as requires improvement in the key questions of safe and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group, people whose circumstances may make them vulnerable.

The practice maintained registers of patients living in vulnerable circumstances, such as those with learning disabilities, and a register of carers so that patients' healthcare needs could be monitored and reviewed. The practice had carried out annual health checks for a number of patients on the learning disability and it offered longer appointments for people with a learning disability.

There was a system to highlight vulnerable patients on the practice's electronic records. This included information to inform staff of any relevant issues when patients attended appointments, for example patients with limited capacity.

Summary of findings

Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations.

People experiencing poor mental health (including people with dementia)

Requires improvement

The practice is rated as requires improvement in the key questions of safe and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group, people experiencing poor mental health (including people with dementia).

The practice ensured that regular reviews and appropriate blood tests are carried out to monitor patients' medication. The practice liaised with relatives and carers appropriately. The practice regularly worked with multi-disciplinary teams in the case management of people in this population group. The electronic record system would flag up if vulnerable patients were attending for an appointment so that staff members were aware of any relevant issues.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health.

Summary of findings

What people who use the service say

We spoke with 20 patients during the course of our inspection. We reviewed five completed Care Quality Commission (CQC) comment cards where patients and members of the public had shared their views and experiences of the service. We looked at information published on the NHS Choices website, the results of the practice's most recent patient experience survey and the 2014 National Patient Survey results, being the latest available at the date of the inspection.

The evidence from all these sources showed that patients were generally happy with the service provided in terms of the practice being caring. They said they were treated with dignity and respect, that the practice involved and supported them in decision making.

A number of patients had recorded their concerns over the practice's appointments system and problems getting through by phone. However, patients recognised that the practice had been responsive to their comments and complaints and it had sought to improve the service Some patients told us that they had noted positive changes in how appointments were managed, particularly since online booking had been introduced.

Areas for improvement

Action the service MUST take to improve

- Ensure that Disclosure and Barring Service checks are carried out relating to non-clinical staff performing chaperoning duties, or carry out appropriate risk assessments in relation to the role.
- Review and update staff records to include evidence of pre-employment checks, appropriate on-going training being provided and annual appraisals being done.
- Put in place a system to ensure the proper and safe management of medicine, to include monitoring supplies of medicines, maintaining complete records of fridge temperature monitoring and for logging prescription pads in accordance with national security guidelines.
- Ensure that all its governance policies are reviewed and updated regularly.
- Ensure that staff receive appropriate training in infection control and that regular infection control audits are carried out.
- Ensure that staff are provided with appropriate fire safety training. Undertake a fire risk assessment, or make evidence available for inspection if one has been carried out.

Action the service SHOULD take to improve

- Obtain and have available for inspection documentation to confirm suitable arrangements are in place for identifying, recording and managing risks relating to the premises or the service.

Tynemouth Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Inspector. It included a GP, a practice manager and an expert-by-experience. An expert by experience is a person who has personal experiences of using or caring for someone who uses this type of service. They were all granted the same authority to enter Tynemouth Medical Practice as the Care Quality Commission (CQC) inspectors.

Background to Tynemouth Medical Practice

Tynemouth Medical Practice operates from Tynemouth Road, Tottenham, London N15 4RH. The practice provides NHS primary medical services through a Personal Medical Services (PMS) contract to approximately 9,500 patients in Haringey, north London. The practice is part of the NHS Haringey Clinical Commissioning Group (CCG) which is made up of 51 general practices.

The practice is registered with the CQC to provide the regulated activities Diagnostic and screening procedures, Family planning, Maternity and midwifery services, Surgical procedures, Treatment of disease, disorder or injury. The practice is registered as a partnership with three partners. The clinical staff comprised seven doctors, (five female and two male) and three practice nurses. There were two health care assistants. It is a teaching practice and there were three trainee doctors working there at the time of the inspection.

The practice serves a wide, multi-ethnic population group. Approximately 43% of patients do not have English as their first language.

The practice opening hours were 8.00am to 7.30pm on Monday to Thursday. After 6.30pm only pre-booked patients were seen. On Fridays the practice closed at 6.30pm. The practice had opted out of providing out-of-hours (OOH) services to patients and referred callers to the local OOH service provider.

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. 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?

Detailed findings

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 living in vulnerable circumstances

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

Before visiting, we reviewed a range of information we hold about the practice including information published on the NHS Choices website and the National Patient Survey and asked other organisations such as Healthwatch, NHS England and the NHS Haringey Clinical Commissioning Group (CCG) to share what they knew about the service. We carried out announced visits on 20 January and 3 February 2015.

During our visit we spoke with a range of staff including GPs, nurses and non-clinical staff. We spoke with 20 patients who used the service. We reviewed five completed Care Quality Commission (CQC) comment cards where patients and members of the public shared their views and experiences of the service.

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.

Requires improvement

Are services safe?

Our findings

Safe track record

The practice used a range of information to identify risks and improve patient safety. For example, reported incidents and national patient safety alerts as well as comments and complaints received from patients.

The staff we spoke with were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses.

We reviewed safety records and incident reports for the previous 12 months. We tracked the five incident reports and saw that matters were discussed at practice meetings. Minutes confirmed that staff were told where records could be accessed on the shared computer drive. This showed the practice had managed these over time and so could show evidence of a safe track record.

Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events, incidents, accidents and complaints. We looked at the summary record of the five significant events over the previous 12 months, together with some detailed records of events. We saw that incidents were appropriately addressed. For example, the practice's child protection lead amended the Child Protection protocol, following a delay in passing on information received at the practice by email. The summary record included a note of the learning outcome, but it was not always clear how this could be achieved. We looked at a detailed significant event analysis form, which set out what went well, what did not, and what might have been done differently. The lead partner was responsible for monitoring significant events, which we saw were discussed at clinical meetings. Records of significant events were stored on the practice's shared computer drive, accessible by all staff.

The summary record of complaints over the past year had a note of the action taken by the practice and how learning was to be implemented, for example by providing additional training and supervision where appropriate. Where patients had been affected by something that had gone wrong, in line with practice policy, they were given an apology and informed of the actions taken.

Staff, including receptionists, administrators and nursing staff, knew how to raise an issue for consideration at the practice meetings they attended and they felt encouraged to do so. Each staff group had its own meeting schedule.

National patient safety alerts were disseminated by the practice manager and clinicians by email to practice staff. Staff we spoke with were able to give examples of recent alerts that were relevant to the care they were responsible for. We saw how a recent alert regarding Domperidone had been passed on. They also told us alerts were discussed at practice meetings to ensure all staff were aware of any that were relevant to the practice and where they needed to take action.

Reliable safety systems and processes including safeguarding

The practice had systems to manage and review risks to vulnerable children, young people and adults. We looked at training records which showed that the safeguarding lead had appropriate and up to date level 3 training in child protection and the other clinicians currently working had been trained to appropriate levels. We asked members of medical, nursing and administrative staff about their understanding of safeguarding issues. Staff knew how to recognise signs of abuse in older people, vulnerable adults and children. They were also aware of their responsibilities and knew how to share information, properly record documentation of safeguarding concerns and how to contact the relevant agencies in working hours and out of normal hours. Contact details were easily accessible.

There was a system to highlight vulnerable patients on the practice's electronic records. This included information received relating to newly-registered patients to make staff aware of any relevant issues when patients attended appointments. We saw an example of the records system flagging a patient over whom there was a child protection concern and whose case was appropriately reviewed. Issues relating to safeguarding, including concerns regarding particular patients, were an agenda item on weekly clinical meetings.

We saw the practice's chaperone policy, under which clinicians acted as chaperones when requested. A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure. Although all staff had been suitably trained, the practice manager told us that if no

clinician was available, examinations would usually be deferred. However, we saw evidence that a number of non-clinical staff had been called upon to act as chaperones. We asked for evidence that the non-clinical staff involved had been subject to Disclosure and Barring Service (DBS) checks or if a suitable risk assessment of their undertaking chaperone duties had been carried out. The practice was not able to provide it. 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 had a system for monitoring patients' unplanned hospital admissions, and used the data appropriately to follow up with the patients concerned and review their care and needs. In the event that children do not attend for vaccinations or if vulnerable patients miss appointments, the practice contacted them by telephone.

Medicines management

We saw that the practice had policies relating to the management of medicines and emergency drugs. However, there was no evidence to confirm that the policies had been regularly reviewed and updated. For example, the policy covering the management of emergency drugs was dated March 2012 and named as the responsible person a clinician who had since left the practice. We checked medicines stored in the treatment rooms and medicine refrigerators. We found that some rooms and fridges were locked, whilst others were not, possibly leaving medicines accessible to unauthorised persons. We found that the daily record of temperature monitoring for the fridge used for storing vaccines was incomplete, with no records entered for some dates. This potentially affected the integrity of the medicines stored in it, although there was no indication that the required storage temperature range had been exceeded.

There was no system for routinely monitoring supplies of medicines other than emergency medicines. We saw that the emergency medicine supply was appropriately monitored and securely stored. All medicines were within their expiry dates. The practice did not keep controlled drugs on the premises.

We saw records of practice meetings that noted the actions taken in response to reviews of prescribing data. For example, Candesartan and Losartan were proposed as alternative medication for patients currently being prescribed Valsartan.

The health care assistants (HCAs) administered flu vaccines and had received appropriate training to do so. However, there were no patient specific directions in place relating to flu vaccines. We raised this with the lead GP, who later in the day formally observed the two HCAs administering vaccines and completed the direction forms.

The practice's prescribing procedure was dated March 2008 and there was no evidence of it having been reviewed since then. Prescription pads were not logged as a security measure, in accordance with national guidelines. We found two prescription pads in an unlocked drawer in one of the reception rooms.

Cleanliness and infection control

The premises were generally clean and tidy. Patients we spoke with told us they found the practice clean and had no concerns about cleanliness or infection control. Staff told us that cleaning was done by contractors, engaged by the premises landlord, outside the control of the practice. There were no cleaning schedules in place. There was no record of a formal cleaning audit being carried out. The practice manager told us when concerns were noted they were frequently being brought to the landlord's attention and discussions over cleaning problems were on-going. We saw records to confirm this.

One of the practice nurses was the lead for infection control and had undertaken further training to enable them to provide advice on the practice infection control policy and carry out staff training. However, they were on long term absence at the time of our inspection and one of the other nurses had recently been given responsibility for infection control. There was no evidence of other staff members having appropriate infection control training, nor of any infection control audits having been carried out. When we asked staff about various infection control scenarios, they were able to answer appropriately.

There was an adequate supply of personal protective equipment including disposable gloves, aprons and coverings available for staff to use and staff were able to describe how they made appropriate use of the equipment.

Requires improvement

Are services safe?

Notices about hand hygiene techniques were displayed in staff and patient toilets. The hand soap dispenser in the staff toilet was empty, but replenished after we had mentioned this to the practice. Hand washing sinks with hand soap, hand gel and hand towel dispensers were available in treatment rooms.

The practice was unable to confirm that there was an appropriate policy for the management, testing and investigation of legionella (a germ found in the environment which can contaminate water systems in buildings). Management of the premises was controlled by the landlord and documentary evidence of building checks and testing was held offsite, not available for us to inspect. The practice manager told us that this was the subject of on-going discussions with the landlord.

Equipment

Staff we spoke with told us they had equipment to enable them to carry out diagnostic examinations, assessments and treatments. We saw equipment maintenance logs and other records confirming that all equipment had been tested in April 2014. All portable electrical equipment was routinely tested and displayed stickers indicating the last testing date. A schedule of testing was in place. We saw evidence of calibration of relevant equipment; for example weighing scales, fridge thermometers blood pressure monitors and spirometers (equipment used for basic pulmonary function tests). A few items of equipment that had not passed testing had been taken out of use. We found a several items of medical equipment in a store cupboard that had passed their use by dates. These included IUD removal kits, sterile forceps and body fluid spill kits. They were removed after we had pointed them out to the practice.

Staffing and recruitment

The practice had experienced difficulties with staffing over the past two and a half years. One partner had retired, another had been on long term sick leave and one of the salaried doctors had moved to another practice. However, steps had been taken to rectify these and the number of GPs practice sessions had been doubled. A further GP recruitment drive was underway.

The practice had a recruitment policy and we looked at records relating to individual staff. We saw that clinical staff had the appropriate professional registrations, but the records were inconsistent and not well-kept, making it difficult for us to assess. We were not able to establish that appropriate pre-employment checks, for example proof of identification, references, qualifications, and criminal records checks through the Disclosure and Barring Service (DBS) had been carried out on non-clinical staff. The records showed that staff had received suitable induction training, but the practice was not able to provide evidence that on-going refresher training was provided.

We saw that there were appropriate arrangements in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. The practice manager showed us records to demonstrate that actual staffing levels and skill mix were in line with planned staffing requirements. We saw there was a rota system in place for all the different staffing groups to ensure that enough members of staff were on duty. There was also an arrangement in place for members of staff, including nursing and administrative staff, to cover each other's annual leave. Staff told us there were usually enough reception staff to deal with patients attending the practice and contacting it by telephone, although there were occasionally problems. They said there was always enough staff on duty to keep patients safe.

Monitoring safety and responding to risk

Health and safety risks to staff, patients and visitors to the practice were managed by the premises landlord. These included annual and monthly checks of the building, the environment, staffing, dealing with emergencies and equipment. However, copies of relevant premises management documentation had not passed on to the practice. The practice also had a health and safety policy. Health and safety information was displayed for staff to see and there was an identified health and safety lead.

Staff showed us how they were able to identify and respond to changing risks to patients. We saw that ad hoc searches relating to high risk population groups could be run of the computer records system. For example, we saw the results of such a search identifying children and young people with a high number of Accident and Emergency attendances. We saw that children on the child protection register were appropriately flagged on the practice's record system to alert clinicians. We saw minutes of monthly multi-disciplinary team meetings, where cases of concern were discussed, reviewed and monitored.

Requires improvement

Are services safe?

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to manage emergencies. We saw records confirming that staff had up to date training in basic life support. Emergency equipment was available, including access to oxygen and an automated external defibrillator (used to attempt to restart a person's heart in an emergency). Staff members were able to tell us where the equipment was located, but we noted it was not all stored in the same place. The defibrillator was kept in the reception area and the oxygen cylinder in another room. Emergency medicines were kept locked in one of the consulting rooms and all staff knew of their location. There was an appropriate system in place for monitoring the supply of emergency medicines. We found none that were out of date.

We were told that a fire risk assessment had been carried out by the premises landlord, but evidence of it was not available for us to see. Staff had not been given annual fire safety training. The landlord carried out a weekly test of the fire alarm, which was done on the day of our visit. Fire fighting equipment was available throughout the premises with appropriate signage. The equipment had been checked and certified in April 2014.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GPs and nursing staff we spoke with could clearly outline the rationale for their approaches to treatment. The practice had a policy for reviewing guidelines issued by the National Institute for Health and Care Excellence (NICE). Staff we spoke with were familiar with current best practice guidance and accessed the NICE guidelines and those from local commissioners and the General Medical Council. Staff told us that NICE guidelines were emailed to all members of the clinical team and discussed at referral meetings. We saw that national and local guidelines were discussed at practice meetings. The staff we spoke with and the evidence we reviewed confirmed that these actions were designed to ensure that each patient received support to achieve the best health outcome for them. Staff demonstrated how guidelines were distributed and saved on the shared computer system and how updates were added. We found from our discussions with the GPs and nurses that staff completed thorough assessments of patients' needs in line with NICE guidelines, and these were reviewed when appropriate.

The practice computer system was used to identify patients with complex needs, who had multidisciplinary care plans documented in their case notes. The practice used a high risk stratification tool to identify risks and improve patient care and safety. The top 2% of patients identified as being vulnerable or at risk had care plans in place and these were reviewed quarterly. GPs told us that they reviewed the care of patients with diabetes when the opportunity presented itself. We saw how other "at risk" patient groups could be identified and monitored using the practice's records system. We saw minutes from clinical meetings where regular reviews of patient care were made, and that improvements to practice were shared with all clinical staff.

The GPs told us they lead in specialist clinical areas, such as respiratory medicine, and for issues such as safeguarding. Clinical staff we spoke with were very open about asking for and providing colleagues with advice and support.

We saw no evidence of discrimination when making care and treatment decisions. Interviews with staff showed that the culture in the practice was that patients were referred on need and that age, sex and race was not taken into account in this decision-making. Staff told us how they would raise any concerns they had regarding discrimination.

Management, monitoring and improving outcomes for people

We saw that the practice had carried out various clinical audits and reviews during the previous year. These included a number of prescribing audits, such as Domperidone, corticosteroids and Tramadol, the use of Glucostix for blood glucose testing, an audit of re-admission of patients with heart failure, and a multifactorial audit looking at time taken between patients' presentation and diagnosis of cancer. We saw that results of the audits were discussed at practice meetings, but we noted that only two audits had been repeated, so that improvements could be identified and monitored. The audit relating to Domperidone prescribing had highlighted that out of 23 patients, six had been prescribed more that current guidelines recommended. When the re-audit was carried out five months later the results confirmed that prescribing practice had been changed to meet the guidelines, resulting in better patient outcomes.

Staff told us that the practice's Quality and Outcomes Framework (QOF) results were monitored to help review performance and we saw evidence of QOF results and performance indicators being discussed at practice meetings. QOF is a national performance measurement tool, which is used to remunerate general practices for providing good quality care to their patients. The QOF covers four domains; clinical, organisational, patient experience and additional services. The practice had scored positively in their Quality and Outcomes Framework (QOF) performance in the year ending April 2014, achieving 100% in Patient Experience (equal to the Haringey CCG average) and Quality and Productivity results (being 5.1% above the CCG average). It also achieved 100% in relation to Public Health results, (6.1% above the CCG average). For Clinical results the practice scored 93.2%, which was 4.2% above the CCG average.

We had seen data that indicated the practice had a comparatively low detection rate of new patients with Chronic Obstructive Pulmonary Disease and discussed this

Good

Are services effective?

(for example, treatment is effective)

with the GP respiratory lead. The lead was aware of the issue and informed us of plans that had been established to address it. We saw that these were to be discussed at a forthcoming practice meeting.

We saw that the practice monitored patients' comments left on the NHS Choices website. Until a few months prior to our inspection, comments were responded to by the practice. However, due to the practice manager's extended absence, a number of comments by patients in the run up to the inspection had not been answered.

A children's immunisation/vaccination service was available and national guidelines were followed. Child immunisations were offered at the required one, two and five year intervals. The practice provided a service to monitor children's health and development. Data showed that the practice had scored 4.1% above the CCG QOF average for child health surveillance in the previous year, achieving 100% results.

Clinical staff told us that they worked closely, routinely sought colleagues' opinions and advice and peer reviewed each other's work. Trainee doctors were mentored by partners. We saw minutes of clinical meetings which confirmed practice staff raised and discussed cases and issues of interest, to allow group learning.

We were told that the practice reviewed and updated its policies and procedure notes annually. We saw evidence confirming that the practice's protocols on heart failure / atrial fibrillation and diabetes were to be reviewed at clinical meetings in the near future. However, when we looked at a number of policies and protocols, most did not contain evidence of a recent review, such as documents being re-dated, being marked as reviewed or recording a date when next reviews were due. For example, we noted that the Identification of Carers and Cervical Screening policies were dated March 2013. The Emergency Drugs policy was dated March 2012, and referred to a staff member who had left the practice as being the responsible person. Staff members told us that they were informed at practice meetings when reviews were done and instructed to acquaint themselves with revised policies, but we were not shown any minutes to this. We saw that the staff handbook had been reviewed and updated in July 2014.

The practice had a protocol for repeat prescribing, which was in line with national guidance. We saw that staff regularly checked that patients receiving repeat prescriptions had been reviewed by the GP. They also checked that all routine health checks were completed for long-term conditions such as diabetes and that the latest prescribing guidance was being used. The IT system flagged up relevant medicines alerts when the GP was prescribing medicines.

The practice had a palliative care register and had regular internal, as well as monthly multidisciplinary, meetings to discuss the care and support needs of patients and their families. We saw minutes of meetings that confirmed these discussions.

The practice referred patients to secondary care and other community care services appropriately. The practice monitored the referrals. Urgent referrals for secondary care, such as suspected cancer, were monitored by each GP. Other referrals were monitored by a member of the administrative staff. GPs showed us the procedure for dealing with hospital discharge letters received. These were reviewed initially by the duty GP and then passed to patients' normal doctors to follow up.

We saw that there were a number of information leaflets offering advice on health promotion and prevention available in the various waiting areas. A guide for patients relating to GP services was available on the practice website, as was general guidance on long term conditions such as asthma, cancer, coronary heart disease and diabetes. The practice participated in the Haringey CCG's minor ailments scheme, allowing patients to consult local pharmacists for treatment and advice without first seeing their GP.

Effective staffing

The practice staff was comprised four GP partners and three salaried GPs, of whom five were female doctors and two male. At the time of the inspection, there were three trainee doctors working at the practice. There were three practice nurses and two health care assistants. The practice manager had been absent for some time in the run up to our inspection, as had other senior administrative staff.

From information we had reviewed prior to the inspection, it was clear that there had been staffing problems over the past few years. For instance, we had seen that patients had complained about a lack of appointments being available and there had been adverse local press publicity. This was acknowledged by the practice staff in their discussions with us. They told us that a partner had retired, a salaried doctor

Good

Are services effective?

(for example, treatment is effective)

had left, another had been on long term sick leave and one had been on maternity leave. The practice had experienced great difficulty in recruiting and had to employ many locums. However, the absent GPs had now returned and an advertisement to fill vacant posts was imminent.

We reviewed a number of staff files including both clinical and non-clinical staff. The files were not well-maintained, which made it difficult for us to assess. The practice manager told us that in their absence, responsibility for managing the files had been delegated to a colleague, who had subsequently been off work. We were told that plans were in place to review and update the staff files. 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. The nurses were registered with the Nursing and Midwifery Council (NMC). We were able to see that staff undertook induction training, which covered topics such as health and safety, equality and diversity, basic life support, child protection, safeguarding adults, infection control, information governance and computer training. With the exception of the GPs' files, there was an absence of proper records of recent refresher training for staff, other than basic life support training provided at the beginning of January 2015.

Staff told us they normally received annual appraisals, but these had not been done in the last 18 months because of the staffing shortages and we found no records on staff files of recent appraisals having been carried out. However, the practice manager told us that a number of staff had had appraisal meetings, although the records had not yet been transcribed due to senior administrative staff being absent. We saw some handwritten notes of recent meetings, which were awaiting transcription. We were told that the appraisal cycle included objectives for staff to achieve within a specific timeframe. Staff told us they felt able to raise issues with their managers, but they thought they were not always listened to. They told us there was a mutual respect between the clinical and administrative teams.

Working with colleagues and other services

The practice worked with other service providers to meet people's needs and manage complex cases. It received blood test results, X-ray results, and letters from local hospitals, including discharge summaries, from the out-of-hours service provider, both electronically and by post. Incoming communications were passed initially to the duty GP to review and action as appropriate. All staff we spoke with understood their roles. We saw that the policy for dealing with hospital discharge communications was working well in this respect. Hospital discharge letters were received and processed by administrative staff and passed to the duty GP. If no immediate action was needed, the letters were passed to the patient's named GP to follow up as appropriate.

The practice held multidisciplinary team meetings monthly to discuss patients with complex needs, for example those with end of life care needs or children on the at risk register. These meetings were attended by the community matron, district nurses, health visitors and palliative care nurses and decisions about care planning were documented in a shared care record. Staff felt this system worked well.

Information sharing

The practice used electronic systems to communicate both between colleagues and with other providers. Special patient notes were shared with the out-of-hours service provider. Special patient notes are information recorded about patients with complex health and social care needs and who may be at risk to themselves or others. When patients were referred by the practice to A&E summary notes were provided.

The practice had systems in place to provide staff with the information they needed. An electronic patient record was used by all staff to coordinate, document and manage patients' care. This software enabled scanned paper communications, such as those from hospital, to be saved in the system for future reference. Staff had received appropriate training to use the system effectively.

Consent to care and treatment

We saw that the practice had a policy regarding obtaining patients' consent to treatment. However, there was no evidence to confirm it had been reviewed or updated since 2012. It contained guidance on the Gillick competencies, used to obtain consent from children under 16 years old to

Good

Are services effective?

(for example, treatment is effective)

their own medical treatment without the need for parental permission or knowledge. Staff we spoke with were familiar with the guidance. We were shown how consent was appropriately recorded in patients' notes.

There was guidance on the Mental Capacity Act 2005 and assessing patients' capacity to consent. There was an identified member of the clinical staff leading on issues relating to the Mental Capacity Act. Patients with learning difficulties or dementia were supported to make decisions regarding their healthcare. Decisions were recorded in their care plans, which were reviewed annually. We found that members of staff were aware of the Mental Capacity Act 2005, for example when recording requests around Do Not Attempt Resuscitation (DNAR) and we saw that the issue had been discussed at a clinical meeting, when further guidance was recorded and issued to staff using the meeting minutes.

Health promotion and prevention

The practice provided a range of health promotion services including anticoagulant monitoring and dosing, an asthma clinic, baby clinic, child health and development, child immunisations, Chronic Obstructive Pulmonary Disease (COPD) clinic with spirometry, dressings clinic, long-acting reversible contraception, phlebotomy, smoking cessation, travel health and young persons' clinic. The practice website had a link to the NHS Choices Live Well guidance pages.

The practice offered influenza vaccinations to all patients identified at particular risk, with the take up of the vaccinations being equivalent with the CCG average. Child immunisations were offered at the required one, two and five year intervals. The practice was on course to meet its annual targets.

The practice had a register of 14 patients with a learning disability. Only two patients had so far received their annual physical health checks, but we were shown evidence that a number had been booked and plans for the remainder to have their checks done before the end of April 2015.

The health care assistants carried out all new patient and annual NHS health checks and they were able to show us the information the practice had available regarding health promotion. We saw that the practice had information leaflets available in the waiting area to help patients make informed decisions about their care and treatment. The practice website contained links allowing people for whom English is an additional language to access information regarding healthcare services.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the national patient survey and a survey of patients undertaken by the practice relating specifically to appointments. The evidence from all these sources showed patients were generally satisfied with how they were treated and that this was with compassion, dignity and respect. For example, data from the national patient survey showed that 63% of patients described their overall experience of the surgery as good. 70% of patients rated the GPs as good in treating them with care and concern and 88% had confidence and trust in the GPs.

The practice scored well in other areas of the patients' survey. For example 90% of patients responding said the last appointment they got was convenient, compared with the Haringey CCG average of 88%. In addition, 82% of respondents said the last GP they saw or spoke to was good at explaining tests and treatments, and 92% of respondents had confidence and trust in the last GP they saw or spoke to, both equivalent with the CCG average.

Patients completed CQC comment cards to tell us what they thought about the practice. We received five completed cards. Four of the comments cards were positive, with patients saying they felt the practice offered a very good service and staff were efficient, helpful and caring. They said staff treated them with dignity and respect. One comment card was less positive, referring to the difficulty in obtaining appointments. We also spoke with 20 patients on the day of our inspection. All told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. Curtains were provided in consulting rooms and treatment rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

We saw that staff were careful to follow the practice's confidentiality policy when discussing patients' treatments so that confidential information was kept private. The practice switchboard was located away from the reception desk which helped keep patient information private.

Staff told us that if they had any concerns or observed any instances of discriminatory behaviour or where patients' privacy and dignity was not being respected, they would raise these with the practice manager. The practice manager told us they would investigate these and any learning identified would be shared with staff.

We observed staff interactions with patients, treating them in a sensitive manner. We saw that staff had received training in customer care on how to deal sympathetically with all groups of people.

Care planning and involvement in decisions about care and treatment

The patient survey information we reviewed showed patients responded relatively positively to questions about their involvement in planning and making decisions about their care and treatment and generally rated the practice well in these areas. For example, data from the national patient survey showed 82% of patients said the GP involved them in care decisions and 77% felt the GP was good at explaining treatment and results. Both these results were in line with national averages.

Most of the patients we spoke to on the day of our inspection told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment they wished to receive. Patient feedback on the comment cards we received also reflected this.

A telephone translation service was available for patients who did not have English as a first language. A signing service was also available for patients' consultations. We looked at a number of patient records and saw that care plans had been prepared and agreed with the patients concerned. Patients could make use of the Choose and Book referral system, allowing them some choice of secondary healthcare appointments.

Good

Are services caring?

Patient/carer support to cope emotionally with care and treatment

The survey information we reviewed showed patients were positive about the emotional support provided by the practice and rated it well in this area. Some of the patients we spoke to on the day of our inspection confirmed they received help to access support services to help them manage their treatment and care when it had been needed. For example, they highlighted that staff responded compassionately when they needed help and provided support when required.

Notices in the waiting areas, and practice website told patients how to access a number of support groups and organisations. The practice's computer system alerted GPs if a patient was also a carer. We were shown the written information available for carers to ensure they understood the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. We spoke with no patients who had been bereaved, but we saw from meeting minutes that the practice provided continued support to the bereaved relatives of a patient.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The needs of the practice population were understood and systems were in place to address identified needs in the way services were delivered. The practice considered information provided by the Joint Strategic Needs Assessment (JSNA) relating to the local population. The JSNA pulls together information about the health and social care needs of the population in the local area. This information was used to help focus services offered by the practice.

The practice was responding to people's needs and was implementing systems to maintain the level of service provided. We had seen that many patients were unhappy with their experience of getting appointments. This was due initially to difficulties in contacting the practice by phone, compounded by shortages of clinical staff. The practice had made use of locums, leading patients to complain that they rarely saw the same GPs. The patients' survey results showed that only 39% of respondents described their experience of making an appointment as good, compared with the CCG average of 68%. Only 30% of patients found it easy to get through to this surgery by phone, compared with the CCG average of 70%, and 50% of patients were able to get an appointment to see or speak to someone the last time they tried, with the CCG average being 80%.

To address the telephone problems, the practice had started using online booking, allowing 80% of appointments to be made that way. This had been discussed and agreed with the practice's Patient Participation Group. Several of the patients we spoke with had booked their appointments online and said it had much improved the service they received. The practice was shortly to take part in a pilot scheme, instigated by Haringey CCG, for a centralised telephone contact service, shared with a number of local practices. In addition, an emergency telephone triage system had been introduced.

Another concern mentioned by patients we spoke with was time spent waiting for their appointments. One patient said they had waited 30 or 40 minutes in the past. We discussed this with staff, who knew there was sometimes a problem with appointments running late. We were shown minutes of a meeting when the issue had been discussed and a suggestion for 15-minute slots, instead of 10-minutes had been made. This would allow the practice to better manage the appointment timetable, giving patients sufficient time with the GPs and reduce waiting times for patients following them. The suggestion was still being considered at the time of our inspection.

We saw minutes of meetings where responding to patients' needs was discussed and actions were agreed to implement service improvements and manage delivery challenges to its population. This included the introduction of a system allowing patients who were attending in emergencies to be triaged appropriately.

The practice had also implemented suggestions for improvements and made changes to the way it delivered services in response to feedback from the Patient Participation Group (PPG). These included arranging customer care training for the reception staff, making more use of regularly-employed locums to promote continuity of care and increasing the number of appointments bookable online. PPG meetings alternated between evenings and midday so that patients from all groups could be involved.

Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its services. Of the patients on its list, 43% had English as a second language, having multi-cultural and multi-racial backgrounds. The practice had access to a telephone translation service and signing interpreters could be booked to attend appointments with patients. When they were used double-length appointments were made. The practice provided equality and diversity training as part of staff induction. Staff we spoke with confirmed that equality and diversity was regularly discussed at staff appraisals and team meetings.

The practice had moved into the purpose-built premises in 1995. It shared the premises with other local healthcare services. The practice was situated on the ground floor and had 10 consulting rooms. The premises had wide corridors for patients with wheelchairs and patients with children in prams. This made movement around the practice easier and helped to maintain patients' independence. We saw that the waiting area was large enough to accommodate patients with wheelchairs and prams and allowed for easy access to the consultation rooms. Accessible toilet facilities were available for all patients attending the practice, including baby changing facilities.

Good

Are services responsive to people's needs?

(for example, to feedback?)

The practice maintained a register of people in vulnerable circumstances and used the computer record to flag relevant issues appropriately. These included whether patients may have learning, reading, hearing or sight difficulties, allowing clinical staff to meet patients in the waiting area and escort them to the consultation rooms. Information was available regarding the practice's registration process, which included guidance for temporary registration.

Access to the service

The practice operated from 8.00am until 7.30pm from Monday to Thursday and until 6.30pm on Fridays. On Tuesday it was closed between 12.30 and 1.45pm for training and staff meetings. No emergency patients were seen after 6.30pm. When the practice was closed patients were referred to the local out-of-hours provider.

Comprehensive information was available to patients about appointments on the practice website. This included how to arrange urgent appointments and home visits and how to book appointments through the website. There were also arrangements to ensure patients received urgent medical assistance when the practice was closed. If patients called the practice when it was closed, an answerphone message gave the telephone number they should ring depending on the circumstances. This included information on the out-of-hours provider and the NHS111 service.

Longer appointments were also available for people who needed them and for those with long-term conditions. Appointments could be made with a named GP or nurse. Home visits were available, together with telephone consultations, for patients who were unable to attend the practice.

Although most of the patients we spoke with and whose comments we saw had never had a problem, the process of obtaining appointments had led to some patient dissatisfaction. A number of clinical staff had left the practice or been absent on extended leave, either due to illness or maternity. The practice had found it difficult to recruit GPs and had needed to make much use of locums. The practice was taking steps to address the problem, by releasing 24-hour and 48-hour appointments in batches and by introducing the online booking facility and a further attempt at recruiting staff was underway. Patients we spoke with said they had noted improvements, particularly since the online booking system had been introduced, and they had found it easier to obtain appointments. We looked at the appointment schedule for the week beginning the 5 January, which showed that 628 appointments had been offered. This compared with the weekly national average of 677. We discussed this with staff, who conceded that more work remained to be done and that the latest recruitment drive, if successful, should result in more appointments being available.

The practice's extended opening hours were particularly useful to patients with work commitments and those with children of school age. This was confirmed by feedback we received from patients during the inspection.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice. We saw that information was provided to help patients understand the complaints system, with leaflets being available at the practice and guidance in its website. Some of the patients we spoke with were aware of the process to follow if they wished to make a complaint. None of the patients we spoke with said they had made a complaint.

We looked at a summary of the 52 complaints received in the last 12 months and a number of complete complaint records. We found that the complaints had been satisfactorily handled and dealt with in a timely way. Around a third of the complaints related to the practice's appointments system. The practice reviewed complaints to detect themes or trends. We saw that complaints were discussed at practice meetings and that lessons learned from complaints had been acted on. For example, the practice's registration and appointments procedures had been made agenda items to be discussed at all administrative meetings and the prescription administration procedure had been amended as a consequence of a complaint received.

In addition to the formal complaints procedure, the practice invited general comments and suggestions from patients, with comments forms being available on the

Good

Are services responsive to people's needs?

(for example, to feedback?)

premises and the website. These were regularly reviewed at practice meetings. The practice also monitored comments left by patients on the NHS Choices website, to which the practice manager responded.

Are services well-led?

Requires improvement

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

Our findings

Vision and strategy

The practice had only a limited vision and strategy to deliver quality care and promote good outcomes for patients. The practice vision and values was included in its brief statement of purpose, with the stated aim "to provide, equitable, holistic and evidenced based care to all our patients". Staff we spoke with were not aware of the vision and values.

Governance arrangements

The practice had a number of policies and protocols in place to govern activity and these were available to staff on the desktop on any computer within the practice. We looked at a number of these policies and protocols, but there was a lack of evidence that they had been recently reviewed or updated. We saw a plan for forthcoming clinical meetings over the first quarter of the year, which stated an intention to review a number of protocols. Staff told us they were informed at practice meetings when procedures were reviewed and instructed to read them, but we saw no minutes to confirm this.

The practice had had staffing problems over the last few years, finding it difficult to recruit GPs. One partner had retired and a salaried doctor had left. Another GP had been on long term sick leave and one had been on maternity leave. However, the absent GPs had now returned and vacant posts were to be advertised shortly. The practice had a leadership structure with named members of staff in lead roles. We spoke with 10 members of staff and they were all clear about their own roles and responsibilities. They all told us they felt valued, well supported and knew who to go to in the practice with any concerns.

The practice used the Quality and Outcomes Framework (QOF) to measure its performance. The QOF data for the practice showed it was performing above the Haringey CCG average. We saw that QOF data was regularly discussed at monthly team meetings and action plans were produced to maintain or improve outcomes.

Staff told us they worked closely and sought advice from colleagues whenever necessary. Some staff told us that due to absences, they had not been appraised for over a year. The practice manager showed us a number of handwritten appraisal notes from recent meetings, which were to be typed up shortly. Staff told us they were able to raise concerns at staff meetings, but some said they did not always feel listened to.

The practice carried out frequent clinical audits, some of which were done as part of the registrars' training, that were used to monitor quality and systems to identify where action should be taken. These included various prescribing audits, an audit of re-admission of patients with heart failure, and a multifactorial audit looking at time taken between patients' presentation and diagnosis of cancer. The results of the audits were discussed at practice meetings, but we noted that only two had been repeated in the last year, limiting the assessment, monitoring and possible improvement that would normally follow such audits.

The landlord was responsible for health and safety risks relating to the premises. The practice had not been provided with all the documentation relating to premises management. We could not establish that there were suitable arrangements in place for identifying, recording and managing risks relating to the premises or the service provided. There was no risk log maintained and no risk assessments were available for us to inspect. However, we saw that the practice frequently ran computer searches to identify and monitor high risk patients, such as children and young people with a high number of Accident and Emergency attendances.

The practice held monthly governance meetings. We looked at minutes various practice meetings and saw that performance and quality had been discussed.

Leadership, openness and transparency

We saw the minutes of numerous regular practice meetings. These included weekly clinical meetings, doctors and nurses meetings, management meetings, business meetings and administrative team meetings. Staff told us that there was an open culture within the practice and they had the opportunity and were happy to raise issues at team meetings.

We reviewed a number of human resources policies and procedures, including induction, training and equal opportunities policies which were in place to support staff. We were shown the staff handbook that was available to all

Are services well-led?

Requires improvement

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

staff, which included sections on equality and harassment and bullying at work, and had been reviewed and updated in July 2014. Staff we spoke with knew where to find these policies if required.

Seeking and acting on feedback from patients, public and staff

The practice had gathered feedback from patients by annual surveys, comments and suggestions forms, from complaints and from the Patient Participation Group (PPG). We looked at the last annual report of PPG activity. It contained the result of a survey of patients, which had highlighted three areas of concern – customer service from the receptionists, problems getting an appointments and continuity of care. We saw that the practice had acted on this feedback by providing customer care training to reception staff, by introducing a second release of appointments and it had taken steps to recruit an additional partner, in addition to employing regular locums in the interim. Information regarding the PPG was available on the practice website, as were the annual report and survey results.

The practice had gathered feedback from staff generally through staff meetings, appraisals and leavers' interviews.

Staff told us they did not hesitate to give feedback and discuss any concerns or issues with colleagues and management. The practice had a whistleblowing policy which was available to all staff in the staff handbook and electronically on any computer within the practice.

Management lead through learning and improvement

Staff told us that the practice supported them to maintain their clinical professional development through training and mentoring. The practice was a GP training practice, with three trainee doctors currently working there, each being mentored by one of the partners.

The staff files were not in good order and did not evidence that suitable on-going refresher training in mandatory areas was being provided.

The practice had completed reviews of significant events and other incidents. We looked at a brief summary of five significant events over the past year and as well as several detailed records. We saw that the practice shared information with staff at meetings to ensure the practice improved outcomes for patients. In specific cases, the need for more training was identified and implemented and another had led to the revision of a practice protocol.

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 19 HSCA (RA) Regulations 2014 Fit and proper persons employed We found that the provider had not protected people against the risk associated with staff not being subject to appropriate pre-employment checks, including Disclosure and Barring Service checks. Further, the provider had not protected people against the risk associated with a failure to have available the information specified in Schedule 3, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. These were in breach of regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Regulation 19 (1) (a) and 19 (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 provider had not protected people against the risk associated with a failure to regularly review and update governance policies and procedures. This was in breach of regulation 20 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. Regulation 17 (1) and 17 (2) (d) (ii)

Regulated activity	Regulation

This section is primarily information for the provider

Requirement notices

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 provider had not protected people against the risk associated with staff not receiving suitable training in infection control and by failing to carry out regular infection control audits.

The provider had not protected people against the risk associated with a failure to ensure the proper and safe management of medicines.

Further, the provider had not protected people against the risk associated with a failure to carry out a suitable fire risk assessment of the premises and of staff not receiving appropriate fire safety training.

These were in breach of regulations 12, 13 and 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which correspond to regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulation 12 (1), 12 (2) (a), 12 (2) (c), 12 (2) (d), 12 (2) (g) and 12 (2) (h).