

New Inn Surgery

Quality Report

New Inn Surgery
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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?

Good



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 New Inn Surgery on 21 October 2014. Overall the practice is rated as inadequate.

Specifically, we found the practice inadequate for providing safe services and being well led. It was also inadequate for providing services for all the population groups. Improvements were also required for providing effective and responsive services. We found the practice was good for providing caring services.

The areas where the provider must make improvements are:

- Improve staff awareness of protecting patients from abuse and who to report concerns to.
- Improve the management of medicines in relation to the safe storage and administration of vaccinations and immunisations.
- Take action to address identified concerns with infection prevention and control practice.

- Ensure recruitment arrangements include all necessary employment checks for all staff.
- Develop a system to ensure all staff receive the appropriate mandatory and other training appropriate to their role. For example: Mental Capacity Act 2005, chaperoning and infection control.
- Provide suitable support for all staff, including appropriate supervision and professional development.
- Ensure there are formal governance arrangements in place including systems for assessing and monitoring risks and the quality of the service provision.
- Ensure staff have appropriate policies and guidance to carry out their roles.
- Manage complaints, comments and compliments from patients and staff, acting on feedback to improve services.

The areas where the provider should make improvement are:

- Clarify the leadership structure and ensure there is leadership capacity to deliver all improvements.

Summary of findings

- Identify the population needs of the practice and improve services for all patients.
- Ensure emergency equipment is available for use and is in good working order.

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

- Patients were at risk of harm because systems and processes were not in place to keep them safe. For example, appropriate recruitment checks on staff had not been undertaken prior to their employment and actions identified to address concerns with infection control practice had not been taken. Safeguarding systems were not robust and staff were unsure of how to identify potential abuse and who to report this to.
- Medicines management systems did not protect patients from the unsafe use of medicines.
- Staff were not clear about reporting incidents, near misses and concerns and there was no evidence of learning and communication with staff.
- Patients were positive about their interactions with staff and said they were treated with compassion and dignity.
- The practice achievement for the management and monitoring of patient outcomes demonstrated they were an outlier and poorer performer when compared to clinical commissioning group and national data.
- Urgent appointments were usually available on the day they were requested.
- The practice had no clear leadership structure, insufficient leadership capacity and limited formal governance arrangements.

On the basis of the ratings given to this practice at this inspection, I am placing the provider into special measures. This will be for a period of six months. We will inspect the practice again in six months to consider whether sufficient improvements have been made. If we find that the provider is still providing inadequate care, we will take steps to cancel its registration with CQC.

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 and improvements must be made. Staff were not clear about reporting incidents, near misses and concerns. Although the practice reviewed when things went wrong, lessons learned were not considered or communicated and so safety was not improved. Patients were at risk of harm because systems and processes were not in place to keep them safe. For example, there was a lack of process and awareness for safeguarding children and adults. Recruitment procedures, comprehensive training and supervision arrangements were not in place. The practice lacked procedures and processes to ensure the risks associated with infection control, medicines management and dealing with emergencies were reduced.

Inadequate



Are services effective?

The practice is rated as requires improvement for providing effective services, as there are areas where improvements should be made. Data showed patient outcomes were at or below average for the locality. There were audits undertaken, however, these were not always completed audit cycles and there was no programme of audits planned. We saw some evidence that audit was driving improvement in performance to improve patient outcomes. Multidisciplinary working was taking place but was generally informal and record keeping was limited or absent.

Requires improvement



Are services caring?

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 to help patients understand the services available was easy to understand. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as requires improvement for providing responsive services. Although the practice had reviewed the needs of its local population, it had not secured improvements for some of the areas identified. Patients had to travel to other services for some care and treatment. Feedback from patients reported that access to a named GP and continuity of care was always available and urgent appointments were usually available the same day. The practice

Requires improvement



Summary of findings

was equipped to treat patients and meet their needs. Information relating to how patients could make a complaint was not clearly advertised. Patients were not encouraged to make complaints. The number of complaints was very low and there was no evidence that learning from complaints had been shared with staff.

Are services well-led?

The practice is rated as inadequate for being well-led. It did not have a clear vision and strategy. There was no clear leadership structure. The practice had a number of policies and procedures to govern activity, but these were over five years old and had not been reviewed since. The practice did not hold regular governance meetings. GPs in the practice met weekly. The practice had not proactively sought feedback from staff or patients and did not have a patient participation group (PPG). Staff told us they had not received regular performance reviews and did not have clear objectives.

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. Surrey has a higher proportion of older people compared with England. The 2010 census data showed that Waverley has the highest percentage of over 85s in Surrey and second highest percentage of over 65s. Surrey's population is projected to rise over the coming decade, with notable increases in the number of older people particularly in Waverley. This will have a major impact on service planning, as older people are more likely to experience disability and long-term conditions. It is estimated that there are 12760 carers in Guildford and 11720 in Waverley. A large number of carers are over the age of 65. In Guildford an estimated 910 people over 65 provide care for more than 20 hours a week. In Waverley the estimate is 890. In 2010/11 Guildford and Waverley both had higher hip fractures in over 65s than England's average (although not statistically significant).

Nationally reported data showed that outcomes for patients were not always good for conditions commonly found in older people. The practice offered personalised care to meet the needs of the older people in its population with complex needs. The practice had a range of enhanced services, for example, in dementia and end of life care. It was responsive to the needs of older people, and offered home visits and longer appointments for those with enhanced needs. Flu vaccinations were offered to patients and the uptake among those aged over 65 was above the national average.

The provider was rated inadequate for the domains of safety and well-led, good for caring and requires improvement for responsive and effective. The concerns which led to these ratings apply to everyone using the practice, including this population group, which has led to the inadequate rating for older people.

Inadequate



People with long term conditions

The practice is rated as inadequate for the care of people with long-term conditions. Longer appointments and home visits were available when needed. Patients were offered periodic reviews of their conditions and health in line with national guidance. The management of long term conditions involved some monitoring of the practice's performance. National data showed the practice was underperforming in managing some chronic conditions. For example, patients with mental health issues or those with hypertension.

Inadequate



Summary of findings

The provider was rated inadequate for the domains of safety and well-led, good for caring and requires improvement for responsive and effective. The concerns which led to these ratings apply to everyone using the practice, including this population group, which has led to the inadequate rating for people with long term conditions.

Families, children and young people

The practice is rated as inadequate for the care of families, children and young people. There were minimal systems in place to identify patients who were at risk. For example, children and young people who had a high number of A&E attendances. Immunisation rates were above average for all standard childhood immunisations. Appointments were available outside of school hours. The premises were suitable for children and babies and had suitable access for buggies and prams. Safeguarding children training was provided for some staff but not all were aware of how to identify abuse or who to report potential abuse to. Children at risk of abuse were flagged on the record system to alert staff. However, the practice nurse was unaware of how this system worked.

The provider was rated inadequate for the domains of safety and well-led, good for caring and requires improvement for responsive and effective. The concerns which led to these ratings apply to everyone using the practice, including this population group, which has led to the inadequate rating for families, children and young people.

Inadequate



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 needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. Health promotion and screening was provided to this group. A comprehensive health check was offered to all new patients. Some patients who worked reported good access to appointments in the early mornings. Patients generally reported a positive experience when making an appointment.

Patient feedback was not collected and used to identify improvements to the practice.

The provider was rated inadequate for the domains of safety and well-led, good for caring and requires improvement for responsive

Inadequate



Summary of findings

and effective. The concerns which led to these ratings apply to everyone using the practice, including this population group, which has led to the inadequate rating for working age people (including those recently retired and students).

People whose circumstances may make them vulnerable

The practice is rated as inadequate for the care of people whose circumstances may make them vulnerable. Access for disabled patients was adequate to access the practice independently, when considering the limitations of the practice building. Staff were not fully aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies. Significant events and incidents which may have identified improvements to the service, specifically for patients with conditions which may require additional support, were not identified, reported or investigated appropriately.

The provider was rated inadequate for the domains of safety and well-led, good for caring and requires improvement for responsive and effective. The concerns which led to these ratings apply to everyone using the practice, including this population group, which has led to the inadequate rating for people whose circumstances may make them vulnerable.

Inadequate



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 practice provided health checks and had care plans for some patients with mental health concerns. The practice provided access to talking therapies and other mental health support services. Outcomes for patients with mental health conditions and depression were below the CCG and national average.

The provider was rated inadequate for the domains of safety and well-led, good for caring and requires improvement for responsive and effective. The concerns which led to these ratings apply to everyone using the practice, including this population group, which has led to the inadequate rating for people experiencing poor mental health (including people with dementia).

Inadequate



Summary of findings

What people who use the service say

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the national patient survey. The evidence showed patients were satisfied with how they were treated and that this was with compassion, dignity and respect. For example, data from the national patient survey showed the practice received positive feedback for treating patients with care and concern. The practice satisfaction scores on consultations showed 89% of practice respondents said GPs were good at listening to them and 68% said the nurses were good at listening to them. These results were in line with the local average.

The survey also showed 86% said the last GP they saw and 72% said the last nurse they saw was good at giving them enough time. These results were also slightly better than the local average. The practice received positive feedback regarding how GPs and nurses treated patients with care and concern and this was in line with the CCG average.

The overall experience of the practice showed 88% of patients said this was good or very good, which was slightly higher than the national average. 79% of the patients who responded would recommend the practice to a family member or friend.

Areas for improvement

Action the service **MUST** take to improve

- Improve staff awareness of protecting patients from abuse and who to report concerns to.
- Improve the management of medicines in relation to the safe storage and administration of vaccinations and immunisations.
- Take action to address identified concerns with infection prevention and control practice.
- Ensure recruitment arrangements include all necessary employment checks for all staff.
- Develop a system to ensure all staff receive the appropriate mandatory and other training appropriate to their role. For example: Mental Capacity Act 2005, chaperoning and infection control.
- Provide suitable support for all staff, including appropriate supervision and professional development.

- Ensure there are formal governance arrangements in place including systems for assessing and monitoring risks and the quality of the service provision.
- Ensure staff have appropriate policies and guidance to carry out their roles.
- Manage complaints, comments and compliments from patients and staff, acting on feedback to improve services.

Action the service **SHOULD** take to improve

- Clarify the leadership structure and ensure there is leadership capacity to deliver all improvements.
- Identify the population needs of the practice and improve services for all patients.
- Ensure emergency equipment is available for use and is in good working order.

New Inn Surgery

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 second CQC inspector, a GP and practice manager specialist advisor.

Background to New Inn Surgery

New Inn Surgery is a small practice. Approximately 2,300 patients are registered with the practice. A range of services including management of long term conditions, childhood immunisations and health screening programmes are offered. The practice is located in a part of Surrey with the lowest levels of income deprivation in the area and much lower than the England average. In Guildford and Waverley CCG area the percentage of children living in low income families is below the south east average, the actual number (23,330) is a concern as these children are more likely to experience poorer outcomes, including developmental problems, mental illness, substance misuse and poor educational attainment. In Guildford there are 2620 and in Waverley there are 1925 children living in poverty.

The practice had gone through a period of change with practice staff. At the time of inspection there was no practice manager and a practice nurse had recently been appointed. The practice is currently staffed by three GP partners. There are one female and two male GPs. One practice nurse works at the practice. The GPs and nurse are supported by a team of four reception and administration staff.

New Inn surgery was inter quartile for; the number of emergency admissions for 19 Ambulatory Care Sensitive

Conditions per 1,000 population, the ratio of expected to reported prevalence of Coronary Heart Disease (CHD), and the percentage of Cephalosporins and Quinolones items as a proportion of antibiotic items prescribed. The practice was upper quartile for the number of antibacterial prescription items prescribed per specific therapeutic group age-sex related prescribing unit (STAR PU). The practice was inter-quartile for; emergency cancer admissions per 100 patients on the disease register, the ratio of reported versus expected prevalence for Chronic Obstructive Pulmonary Disease (COPD), the percentage of patients aged over six months to under 65 years in the defined influenza clinical risk groups that received the seasonal influenza vaccination, the percentage of patients aged 65 and older who have received a seasonal flu vaccination. The practice was inter-quartile for; number of Ibuprofen and Naproxen items as a percentage of all non-steroidal anti-inflammatory drugs items prescribed and dementia diagnosis rate adjusted by the number of patients in residential care homes. The practice was lower quartile for; the percentage of patients with schizophrenia, bi-polar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months. The practice was upper quartile for; the average daily quantity of Hypnotics prescribed per specific therapeutic group age-sex related prescribing unit (STAR PU). The practice was inter-quartile for; the percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months, the percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less, and the percentage of patients with schizophrenia, bi-polar affective disorder and other psychoses who had a record of alcohol consumption in the preceding 12 months. The practice was lower quartile for; the percentage of patients with diabetes, on the register, with a record of a foot examination and risk

Detailed findings

classification 1-4 within the preceding 12 months. The practice was inter-quartile for; the percentage of patients with atrial fibrillation, measured within the last 12 months who are currently treated with anti-coagulation drug therapy or an anti-platelet therapy and the percentage of patients with physical and/or mental health conditions whose notes record smoking status in the preceding 12 months. The practice was lower quartile for; the percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding nine months is 150/90mmHg or less. The practice was upper quartile for the percentage of women aged 25 or over and who have not attained the age of 65 whose notes record that a cervical screening test has been performed in the preceding five years. There was no data for the percentage of patients aged 75 or over with a fragility fracture on or after 1 April 2012, who are currently treated with an appropriate bone-sparing agent. The practice was upper quartile for; the percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months. The practice was lower quartile for; the percentage of patients with diabetes, on the register, who had a record of an albumin:creatinine ratio test in the preceding 12 months. The practice was inter-quartile for; the percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5mmol/l or less. The practice was upper quartile for; the percentage of patients with diabetes, on the register, who had an influenza immunisation in the preceding 1 September to 31 March. The practice had regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed, the practice had established and maintained a register of patients aged 18 or over with learning disabilities, and the practice had established and maintained a register of all patients in need of palliative care/support irrespective of age. The practice had regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register were discussed.

The practice was inter-quartile for; the proportion of respondents to the GP patient survey who had stated that in the reception area other patients could not over-hear, the proportion of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at involving them in decisions about their care, the proportion of respondents to the GP

patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at treating them with care and concern, and the proportion of respondents to the GP patient survey who stated that the last time they saw or spoke to nurse, the nurse was good or very good at involving them in decisions about their care. The practice was inter-quartile for; the proportion of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at treating them with care and concern, the proportion of respondents to the GP patient survey who described the overall experience of their GP surgery as fairly good or very good, and the proportion of respondents to the GP patient survey who stated that they always or almost always saw or spoke to the GP they preferred. The practice was inter-quartile for; the percentage of patients who gave a positive answer to 'Generally, how easy is it to get through to someone at your GP surgery on the phone?' and the percentage of patients who were 'very satisfied' or 'fairly satisfied' with their GP practice opening hours.

This was a planned comprehensive inspection and the practice had not been inspected previously.

Services are provided from:

New Inn Surgery
202 London Road
Burpham
Guildford
GU4 7JS

The practice has opted out of providing out of hours services to their patients. There are arrangements in place for out of hours services to be provided by an alternative provider when the surgery is closed. These are displayed at the practice, in the practice information leaflet and on the website.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme. We carried out a comprehensive inspection of this service on 21 October 2014 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions.

Detailed findings

This inspection was planned to check whether the practice is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

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

How we carried out this inspection

Before visiting New Inn Surgery we reviewed a range of information we hold. We also received information from local organisations such as NHS England, Healthwatch and the Guildford and Waverley Clinical Commissioning Group (CCG). We carried out an announced inspection visit on 21 October 2014. During our inspection we spoke with patients and a range of staff, including GPs, a practice nurse and reception and administration staff.

In addition we reviewed 42 comment cards that had been completed by patients in the two weeks prior to our inspection. We looked at the outcomes from investigations into significant events and audits to determine how the practice monitored and improved its performance. We checked to see if complaints were acted on and responded to. We looked at the premises to check the practice was a safe and accessible environment. We looked at documentation including relevant monitoring tools for training, recruitment, maintenance and cleaning of the premises.

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 patient's needs?
- Is it well-led?

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

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

The practice is situated in an area of Guildford which has much lower than average deprivation levels. The practice served a population with more patients under the age of 50 compared to England averages for other practices.

Are services safe?

Our findings

Safe track record

The practice used a limited range of information to identify risks and improve patient safety. Significant events, incidents and national patient safety alerts were not always recorded, shared and learned from. Comments and complaints received from patients were limited in the previous 12 months. The staff we spoke with were aware of their responsibilities to raise concerns, but unsure of what constitutes a significant event and who to report these to.

We reviewed safety records, incident reports and minutes of meetings where these were discussed for the last 12 months. This showed the practice had recorded some events and learning was identified and action taken. However, there were too few recorded to demonstrate how these were managed consistently over time and therefore were unable to evidence how the practice maintained a safe track record over the long term.

Learning and improvement from safety incidents

The practice did not have a robust system in place for reporting, recording and monitoring significant events, incidents and accidents. There were records of three significant events that had occurred during the last 18 months and we were able to review these. The records demonstrated what happened and the solution at the time of the event. However, there was no learning recorded from the events. The GPs told us that significant events were discussed at practice meetings. There was no evidence to demonstrate how the practice had learned from these and that the findings were shared with relevant staff.

We reviewed two incidents and saw records were completed to record what happened and the action taken at the time of the event. We saw evidence of action taken after the event had occurred. Where patients had been affected by something that had gone wrong, they were given an explanation and informed of the actions taken. There were no changes made following the two events we reviewed.

We spoke with a GP about significant events. They told us the practice dealt with the situations on the day they arose and this was normally by the duty doctor. They were unable to confirm the process used to reflect on significant events and identify any learning.

National patient safety alerts were disseminated to GPs. However, these were not recorded and actions taken could not be evidenced. Staff we spoke with were unable to give examples of any recent alerts that were relevant to the care they were responsible for.

Reliable safety systems and processes including safeguarding

The practice did not have a robust system to manage and review risks to vulnerable children, young people and adults. There were no training records which showed that all staff had received relevant role specific training on safeguarding. We asked members of medical, nursing and administrative staff about their most recent training. The GPs told us they had received level three training in child safeguarding and the required level of adult safeguarding. One GP advised that other staff had undertaken on line safeguarding training. However, only one of the administration and reception staff we spoke with told us that they had received safeguarding training.

The practice nurse confirmed they had undertaken level two training in child safeguarding. The non-clinical staff we spoke with had a limited knowledge about recognising signs of abuse in older people, vulnerable adults and children. They were also unaware of who they could share information with, how to properly record documentation of safeguarding concerns and how to contact the relevant agencies in working hours and out of normal hours. Contact details were not easily accessible as there was no practice policy for safeguarding adults and children. Not all staff were able to explain how at risk patients were identified from the practice computer system.

The practice had appointed dedicated GPs as leads in safeguarding vulnerable adults and children. They could demonstrate they had the necessary training to enable them to fulfil this role. Two of the GPs we spoke with were able to discuss cases where they had suspected the risk of abuse, how it was reported and the outcomes. They also shared examples of child safety alerts and the action taken.

There was no chaperone policy (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). Reception staff told us that they had acted as a chaperone. However, they told us that they had not undertaken training and were unsure of their responsibilities when acting as chaperones, including

Are services safe?

where to stand to be able to observe the examination. One staff member also told us they had undertaken chaperone duties without having a Disclosure and Barring service check.

Medicines management

We checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely and were only accessible to authorised staff. There was a process ensuring that medicines were kept at the required temperatures. Daily records were kept of the fridge temperatures. However, we noted 12 occasions in July and August 2014 where the minimum temperature was below the minimum temperature range. No comments were recorded or action taken to determine whether the medicines stored in the fridges at those times were still fit for use.

Processes were in place to check medicines were within their expiry date and suitable for use. Expired and unwanted medicines were disposed of in line with waste regulations.

The nurses administered vaccines using directions that had been produced in line with legal requirements and national guidance. We saw copies of patient group directions (PGDs), which were dated 2011. This was contrary to PGD guidance and regulations which describe how each direction should have a review date which does not exceed three years from the date the PGD was authorised. One member of administration staff advised that they were undertaking flu immunisations without the appropriate directions being completed.

All prescriptions were reviewed and signed by a GP before they were given to the patient. Blank prescription forms were handled in accordance with national guidance as these were tracked through the practice and kept securely at all times.

We checked the emergency medicines and found them to all be within their expiry dates. However, we noted that the checks for ensuring these medicines were fit for use commenced in October 2014.

Cleanliness and infection control

The practice had a cleaning and disinfectant policy. We noted there were no cleaning schedules in place and cleaning records were not kept. The cleaning equipment and materials were not in line with the recommended

infection control guidance. Staff we spoke with advised us that a cleaner came in once a week. We checked the cleanliness of all areas of the practice and noted they were visibly clean. Patients we spoke with told us they always found the practice clean and had no concerns about cleanliness or infection control.

The practice nurse was the lead for infection control. They told us that they had undertaken infection control training with their last employer and no further training had been provided by the New Inn Surgery. Other staff had not received infection control training specific to their role or annual updates. We saw no evidence of an infection control audit being undertaken which would have identified the shortfalls in the practices infection control processes.

An infection control policy was not in place which meant staff were not able to identify and implement measures to control infection. For example, a needle stick injury and staff were unaware of the procedure to follow in the event of an injury. Or in the event of a spillage, there were no guidelines or equipment for staff to refer to or use.

Personal protective equipment was available for staff to use. Notices about hand hygiene techniques were displayed in staff and patient toilets. Hand washing sinks with hand soap, hand gel and hand towel dispensers were available in treatment rooms.

The practice did not have a policy for the management, testing and investigation of legionella (a bacterium that can grow in contaminated water and can be potentially fatal). However, we saw records that confirmed the practice was carrying out regular checks to reduce the risk of infection to staff and patients.

Equipment

Staff we spoke with told us they had equipment to enable them to carry out diagnostic examinations, assessments and treatments. We noted that most of the equipment in the practice had not been tested and maintained regularly. Portable electrical equipment testing was not routinely undertaken. We saw no evidence of calibration of relevant equipment; for example weighing scales, spirometers, blood pressure measuring devices and the fridge thermometer.

Are services safe?

We noted that nebulisers (used in the treatment of acute asthma) were not regularly checked to ensure they were in full working order.

Staffing and recruitment

Records we looked at did not contain evidence that appropriate recruitment checks had been undertaken prior to employment. A review of staff recruitment records identified that some proof of identification, references, qualifications, registration with the appropriate professional body and criminal records checks through the Disclosure and Barring Service (DBS) were not recorded. The practice had a recruitment policy that set out the standards it followed when recruiting clinical and non-clinical staff. However, it did not describe the documents and checks required before an employee could start work.

The practice had not undertaken a risk assessment to determine which staff roles required a DBS check. We found the nurse and a member of reception staff had not undergone a DBS check. Therefore the practice was at risk of employing staff who may not be suitable to work with vulnerable adults and children.

Staff told us there were usually enough staff to maintain the smooth running of the practice and there were always enough staff on duty to keep patients safe. However, since the practice nurse had left the GPs had undertaken some of the nurse's duties. There was a lack of operational management since the practice manager had left the practice earlier in 2014. The GPs were also undertaking some of the operational management tasks. Reception staff described how they were also completing some of the practice manager duties. At the time of the inspection one receptionist described how they had resolved a problem with the delivery of the flu vaccines for the clinics due to be held soon. In another example a member of staff had been asked to assist in responding to a complaint letter by the GP. Both of these tasks were outside of their current roles and responsibilities.

Monitoring safety and responding to risk

Identified risks were not routinely identified and managed. We were unable to see evidence of these being discussed at GP

meetings. The practice did not have systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. There was a health and safety policy which was out of date and last reviewed in December 2000. There was a lack of annual and monthly health and safety checks of the building, the environment, infection control, medicines management, staffing, dealing with emergencies and equipment.

We saw that staff were able to identify and respond to changing risks for some patients including deteriorating health and well-being or medical emergencies. There were processes in place for patients with long-term conditions. Staff gave us examples of referrals made for patients whose health deteriorated suddenly. Unplanned admissions were also reviewed to improve a patient's care plan introduce a treatment plan which reduced the risk of further admissions.

Arrangements to deal with emergencies and major incidents

The practice had some arrangements in place to manage emergencies. Records showed that all staff had received training in basic life support. On the day of inspection some emergency equipment was not available. There was no access to oxygen and the practice automated external defibrillator (used to attempt to restart a person's heart in an emergency) had a fault with the battery. The equipment for emergencies had only been checked in October 2014 according to the records we reviewed.

Emergency medicines were available in a secure area of the practice and all staff knew of their location. These included those for the treatment of cardiac arrest, epilepsy, an allergic reaction, asthma and pain management. Processes were also in place to check whether emergency medicines were within their expiry date and suitable for use. All the medicines we checked were in date and fit for use in October 2014.

A business continuity plan was in place to deal with a range of emergencies that may impact on the daily operation of the practice.

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. They were familiar with current best practice guidance, and accessed guidelines from the National Institute for Health and Care Excellence (NICE) and from local commissioners. We found from our discussions with the GPs and nurses that staff completed thorough assessments of patients' needs in line with NICE guidelines, and that these were reviewed when appropriate.

The practice used computerised tools to identify patients with complex needs who had multidisciplinary care plans documented in their case notes. The practice used proactive anticipatory care plan documentation (PACE) for patients with complex health care needs.

National data showed that the practice was in line with referral rates to secondary and other community care services for all conditions. With exception for referrals to dermatology where the practice was significantly higher than the national and clinical commissioning group average in 2012/13. The practice referral rates for general surgery were lower than the national and CCG average in 2012/13. All GPs we spoke with used national standards for the referrals for cancer. Cases of referrals for lung, breast and skin cancers were in line with national and CCG achievement in 2012/13.

Management, monitoring and improving outcomes for people

The practice showed us five clinical audits that had been undertaken in the last 18 months. Four of these were audits where the practice was able to demonstrate the small changes resulting since the initial audit. For example, the practice ran an audit to determine the prevalence of atrial fibrillation (AF), heart failure and chronic obstructive pulmonary disease. The practice has used the audit to confirm that all the patients with a diagnosis of AF had the correct treatment and medications. This audit was now being reviewed under a locally enhanced service. Other examples included audits to confirm that the clinicians who undertook cervical screening procedures were doing so in line with guidance.

The GPs told us clinical audits were often linked to medicines management information or as a result of information from the quality and outcomes framework (QOF). (QOF is a voluntary incentive scheme for GP practices in the UK. The scheme financially rewards practices for managing some of the most common long-term conditions and for the implementation of preventative measures).

The practice also used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. For example, 59% of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was five mmol/l or less. One hundred percent of patients with heart failure were treated with ACE inhibitor medication. Both of which were higher than the national average.

In Surrey, an estimated 15,100 people have dementia with 14,830 (one in 15) people aged over 65 and 294 under 65 with early onset dementia. Fewer than half of them have been diagnosed. Dementia was reviewed in the last 12 months for 90.9% of patients with this diagnosis. This was higher than the CCG (78.4%) and national average. (78.9%)

New Inn Surgery was an outlier for a number of QOF (or other national) clinical targets. For example, lower achievement was recorded in disease areas such as Hypertension, Mental Health, Depression, Asthma, Smoking cessation and COPD. With hypertension four of the QOF indicators were significantly different from the CCG and national average. In the last (9 months) a blood pressure of $\leq 140/90$ mmHg (age <80) was recorded in 40.7% of patients. Compared to 67.1% and 70.4% for the CCG and national average recorded. For patients with depression only 15.8% of patients with depression had received a review 10-35 days after diagnosis. Compared with 64.9% and 54.8% for the CCG and national average.

There was a protocol for repeat prescribing which was in line with national guidance. In line with this, staff checked that patients receiving repeat prescriptions had been reviewed by the GP. They also checked that the latest prescribing guidance was being used. The IT system flagged up relevant medicines alerts when the GP was prescribing medicines. We noted that 64% of patients with a repeat prescription had had an appropriate review. Eighty four percent of patients with four or more medicines had also received a review.

Are services effective?

(for example, treatment is effective)

The practice had achieved and implemented the gold standards framework for end of life care. It had a palliative care register and had regular internal as well as multidisciplinary meetings to discuss the care and support needs of patients and their families. All patients who needed specific care management had a named GP. Eighteen of these patients had a documented care plan to support their health and care needs.

Effective staffing

Practice staffing included medical, nursing and administrative staff. Staff training included basic life support and safeguarding training online for some staff. We were told there were no records of staff training and which mandatory courses had been identified for their roles. Our interviews with staff confirmed that the practice was not proactive in providing training. We spoke with one member of staff who was completing their induction training. They told us that they had shadowed another member of staff and had received some training relating to waste management, policies and procedures, safeguarding and the computer system.

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 nurse reported that they had received some training to support their continued professional development. They told us that they had undertaken training in ear syringing and childhood immunisations. There were currently completing training in cervical smear taking. The GPs were undertaking cervical smears.

The practice had an appraisal policy. Four members of staff, including the practice nurse, had been in employment for less than six months and therefore an appraisal was not due.

Working with colleagues and other services

The practice worked with other service providers to meet patient's needs and manage those of patients with complex needs. It received blood test results, X ray results, and letters from the local hospital including discharge

summaries, out-of-hours GP services and the 111 service both electronically and by post. The practice had a policy outlining the responsibilities of all relevant staff in passing on, reading and acting on any issues arising from communications with other care providers on the day they were received. The GP who saw these documents and results was responsible for the action required. All staff we spoke with understood their roles and felt the system in place worked well.

The practice held multidisciplinary team meetings every two months to discuss the needs of patients with complex health issues, for example those with end of life care needs or children on the at risk register. These meetings were attended by district nurses and palliative care nurses and decisions about care planning were documented in a care record.

Information sharing

The practice used several electronic systems to communicate with other providers. For example, there was a shared system with the local GP out-of-hours provider to enable patient data to be shared in a secure and timely manner. Electronic systems were also in place for making referrals through the Choose and Book system. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital).

The practice had systems to provide staff with the information they needed. Staff used an electronic patient record (EMIS) to coordinate, document and manage patients' care. All staff were fully trained on the system. This software enabled scanned paper communications, such as those from hospital, to be saved in the system for future reference.

Consent to care and treatment

Patients with a learning disability and those with dementia were supported to make decisions, which they were involved in agreeing. Of the seven patients with a learning disability, only one had a documented care plan which stated the patient's preferences for treatment and decisions.

There were limited consent and mental capacity policies and procedures seen within the practice.

One of the GPs, the nurse and staff of the practice were all unfamiliar with the Mental Capacity Act 2005. We spoke

Are services effective?

(for example, treatment is effective)

with one member of clinical staff and asked them what they would do if they felt a patient lacked capacity to make a decision. They explained they would involve the patient in the treatment or care choice and ask the relatives for support. However, they also confirmed that they were unsure of how to make a proper assessment of patients' capacity to make a decision.

One GP explained how the computer system had alerts added to patient records when they lacked capacity to make a decision. However, not all staff were aware of how this worked.

Health promotion and prevention

New patient health checks were offered to all new patients registering with the practice.

The practice had numerous ways of identifying patients who needed additional support, and it was pro-active in offering additional help. For example, the practice kept a register of all patients with a learning disability and three out of seven had received an annual physical health check. Practice records showed they had received a check up in the last 12 months.

Almost one in four adults in Surrey smoke which is lower than the England average. However, smoking remains the single most important cause of premature death and ill health in Surrey. In Guildford 14.4% adults smoke and

Waverley its 13.1% (England average is 20.1). The practice had identified the smoking status of 50% of patients over the age of 16 and actively offered nurse-led smoking cessation clinics to these patients. From the 40 patients on a chronic disease register, 22 (55%) had been offered smoking cessation advice.

The practice's performance for cervical smear uptake was 90%, which was better than others in the CCG area and the national average. There was also a named nurse responsible for following up patients who did not attend screening. The practice performance for national bowel cancer screening was similar (60%) the average for the CCG (62.8%). Patients screened (75.9%) for breast cancer was slightly higher than the CCG (73.4%) and England average (72.1%). Patients with long term conditions were also screened for dementia. We saw records to demonstrate this took place.

The practice offered a full range of immunisations for children, travel vaccines and flu vaccinations in line with current national guidance. Last year's performance for childhood immunisations was above average for the CCG, and again there was a clear policy for following up non-attenders by the named practice nurse. The practice had 303 patients aged over 65 years of which 56% had received a flu immunisation in 2014/15.

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 (July 2014). One hundred and eight patients responded from 287 invitations. The evidence from all these sources showed patients were satisfied with how they were treated and that this was with compassion, dignity and respect. For example, data from the national patient survey showed the practice was rated 'among the best' for patients (88%) who rated the practice as good or very good. The practice was also good for its satisfaction scores on consultations with doctors and nurses, with 88% of practice respondents saying the GP was good at listening to them and 91% saying the GP gave them enough time.

Patients completed CQC comment cards to tell us what they thought about the practice. We received 42 completed cards and the majority were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were efficient, helpful and caring. They said staff treated them with dignity and respect. Five comments were less positive but there were no common themes to these. Patient survey results showed 88% of patients felt the GP showed care and concern during their appointment. Fifty seven percent of patients felt the nurse showed care and concern.

Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. Disposable 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 / treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

We observed staff treating patients with kindness, dignity and respect. Staff were careful to follow the practice's confidentiality policy when discussing patients' treatments so that confidential information was kept private. However, on the day of inspection we noted that patients in the waiting area could hear confidential information being shared with patients at the reception desk and from staff

holding phone calls with patients behind the reception area. 17% of patients from the patient survey in July 2014 said they were unhappy about the confidentiality of information overheard in the waiting area.

Care planning and involvement in decisions about care and treatment

The patient survey information we reviewed showed patients responded 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 74% of practice respondents said the GP involved them in care decisions and 88% felt the GP was good at explaining treatment and results. Both these results were similar to the national averages. The results from the GP Patient Survey showed that 93% of patients said they had confidence and trust in their GP. Compared to 92% nationally.

Patient feedback on the comment cards 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.

Staff told us that translation services were available for patients who did not have English as a first language. The GPs we spoke with told us they would encourage patients to bring a relative with them if they required support with translation during a consultation. We also noted the practice website could be translated into over 90 different languages.

The practice had arrangements to ensure older people with more complex needs had a care plan in place to support with their care and treatment. Care plans were also in place for some patients with a learning disability, long term condition or mental health issues.

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. For example, 52% of respondents to the national GP patient survey said they had received help to access support services to help them

Are services caring?

manage their treatment and care when it had been needed. The patients comment cards we received were also consistent with this survey information. For example, these highlighted that staff responded compassionately when they needed help and provided support when required.

Notices in the patient waiting room and patient website also 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. The practice system recorded when patients were carers so they could be offered additional support at during contact with the practice or consultations. A carer's pack had been produced to give to patients who cared for others. This included information about the practice and the support available from the GPs and other local services

Staff told us that if families had suffered a bereavement, their usual GP contacted them to offer support. The practice website also contained information to support patients following bereavement. This included information about who to contact when someone died and how to obtain a death certificate.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We found the practice was responsive to patients' needs and had systems in place to maintain the level of service provided. The needs of the practice population were understood and systems were in place to address identified needs in the way services were delivered.

The NHS England area team and Clinical Commissioning Group (CCG) told us that the practice engaged regularly with them to discuss local needs and service improvements that needed to be prioritised. One GP we spoke with, told us about the changes they were planning to provide all warfarin services, 24 hour ambulatory blood pressure monitoring for diagnosis of hypertension, adult health check and spirometry for patients with chronic obstructive pulmonary disease. The practice also provided travel vaccinations and was a registered yellow fever vaccination centre.

We noted that the practice had not responded fully to patient suggestions and feedback. They had limited systems in place to capture patient feedback and respond or make changes to improve the service. At the time of inspection the practice had a suggestion box in the reception area. However, we were advised that this was used to facilitate feedback for GP validation records and action was not always taken.

There was no patient participation group to represent patients collect their views or listen to their needs. We noted the practice had not reviewed or responded to the feedback on NHS Choices. However, patients could send feedback, comments or concerns through the practice website.

Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its services. The practice actively supported patients who had been on long-term sick leave to return to work by providing sickness certificates of fitness to work notes. These were developed to help patients return to work sooner by providing more information about the effects of their illness or injury to the employer.

The practice was situated in an old residential building with services for patients on the ground floor. The practice was

able to accept registrations from patients who used wheelchairs or mobility aids as it had ensured the practice was accessible to all patients who attended. The premises and services had been adapted within the limitations of an old building to meet the needs of patient with disabilities. This made movement around the practice easier and helped to maintain patients' independence.

Access to the service

The practice was open from 8:30am to 6:30pm Monday to Wednesday and Friday. On Thursdays the practice was open from 8:30am to 1:30pm. Appointments were available from 9:30am to 11:30am Monday to Friday. From 16:00 to 17:30 Monday, Wednesday and Friday and from 4:30pm to 6pm on Tuesdays. The practice also had extended hours' appointments with the nurse from 7am on a Monday and 7:15am on a Wednesday. At the time of inspection the practice had made arrangements to provide further extended hours appointments with the nurse on a Monday and Wednesday evening. This would take effect from February 2015. The extended hours appointments were particularly useful to patients with work commitments.

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. Information on the out-of-hours service was provided to patients. The GP patient survey identified that only 39% of respondents knew how to access the out of hours service.

Longer appointments were also available for patients who needed them and those with long-term conditions. This also included appointments with a named GP or nurse. Home visits were made to those patients who needed one from Monday to Friday.

Patients were generally satisfied with the appointments system. They confirmed that they could mostly see a doctor on the same day if they needed to. They also said they could see another doctor if there was a wait to see the doctor of their choice. Comments received from patients showed that patients in urgent need of treatment had often been able to make appointments on the same day of

Are services responsive to people's needs?

(for example, to feedback?)

contacting the practice. For example, one patient we spoke with told us how they had needed a number of urgent appointments for their child and they were always given one on the day of calling. From the GP patient survey in July 2014 49% of patients were seen on the same day or the day after they called for an appointment. However, 49% of patients had to wait a few days. This was higher than the national average of 32%. The overall experience of making an appointment saw 95% of patients saying this was good or very good. Compared with 75% nationally.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. We saw that information was available to help patients understand the complaints system. The information displayed in the reception area and on the practice website advised how patients could make a complaint to the practice manager. However, the practice did not currently have a practice manager in post.

There was no information to advise how long a patient would wait for a response or who to refer the complaint to if they were not satisfied with the outcome.

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 had ever needed to make a complaint about the practice.

We were told by staff that GPs handled all complaints in the practice. However, reception staff confirmed that the GPs asked them to write the responses to patients.

We looked at the only complaint received in the last 12 months and found the practice had responded to the patient with an apology. The patient was not happy with the outcome and they referred their complaint to a professional body.

The practice was unable to review complaints annually to detect themes or trends due to the low numbers. We saw no evidence of how complaints learning took place and actions taken to improve the service or the complaint being discussed at team meetings or training provided for administration and reception staff.

Are services well-led?

Inadequate 

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

Our findings

Vision and strategy

The practice had a patient charter which described how they wished to deliver patient care to a high standard. Details of the practice's patient charter were advertised on the practice website. This outlined how patients should expect confidentiality, a health check appointment after registration, medical treatment for an urgent matter within 24 hours, appointments to start on time or to be kept informed of any delays, repeat medications to available within 48 working hours of a written request and for staff to be polite, helpful and efficient.

There was no evidence of succession planning or a strategic direction or vision from the leadership team.

Governance arrangements

The practice had a limited number of policies and procedures in place to govern activity and these were available to staff on the desktop on any computer within the practice and in hard copy in the reception area. We looked at these policies and procedures and found many were out of date. Some of these had been written and not reviewed since 2011. We noted that other policies, such as an alcohol misuse policy, stress management and a disaster recovery plan had not been reviewed since 2000, 2005 and 2009 respectively. The confidentiality policy had been reviewed in 2014. When we asked staff about a safeguarding, whistleblowing, mental capacity act or chaperone policy they were unaware of whether the practice had one. We noted a whistle blowing policy, but this had no date of review and there was a waste management policy.

There was no clear leadership structure, however, there were some named members of staff in lead roles. For example, there was a lead nurse for infection control and two partners were the leads for safeguarding adults and children. However, we spoke with members of staff and they were unclear of who the leads were. They were also unclear about their own roles and responsibilities.

The practice used the Quality and Outcomes Framework (QOF) to measure its performance. The QOF data for this practice showed it was not performing in line with national standards or with other practices in the CCG for a number

of outcomes. We were told that QOF data was discussed at monthly team meetings and action plans were produced to maintain or improve outcomes. However, we were unable to see evidence to corroborate this.

New Inn surgery was inter quartile for; the number of emergency Admissions for 19 Ambulatory Care Sensitive Conditions per 1,000 population, the ratio of expected to reported prevalence of Coronary Heart Disease (CHD), and the percentage of Cephalosporins and Quinolones items as a proportion of antibiotic items prescribed. The practice was upper quartile for the number of antibacterial prescription items prescribed per specific therapeutic group age-sex related prescribing unit (STAR PU). The practice was inter-quartile for; emergency cancer admissions per 100 patients on the disease register, the ratio of reported versus expected prevalence for Chronic Obstructive Pulmonary Disease (COPD), the percentage of patients aged over six months to under 65 years in the defined influenza clinical risk groups that received the seasonal influenza vaccination. The percentage of patients aged 65 and older who had received a seasonal flu vaccination. The practice was inter-quartile for; number of Ibuprofen and Naproxen items as a percentage of all non-steroidal anti-inflammatory drugs items prescribed and dementia diagnosis rate adjusted by the number of patients in residential care homes. The practice was lower quartile for; the percentage of patients with schizophrenia, bi-polar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months. The practice was upper quartile for; the average daily quantity of Hypnotics prescribed per specific therapeutic group age-sex related prescribing unit (STAR PU). The practice was inter-quartile for; the percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months, the percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less, and the percentage of patients with schizophrenia, bi-polar affective disorder and other psychoses who have a record of alcohol consumption in the preceding 12 months. The practice was lower quartile for; the percentage of patients with diabetes, on the register, with a record of a foot examination and risk classification 1-4 within the preceding 12 months. The practice was inter-quartile for; the percentage of patients with atrial fibrillation, measured within the last 12 months

Are services well-led?

Inadequate 

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

who were currently treated with anti-coagulation drug therapy or an anti-platelet therapy and the percentage of patients with physical and/or mental health conditions whose notes recorded smoking status in the preceding 12 months. The practice was lower quartile for; the percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding nine months was 150/90mmHg or less. The practice was upper quartile for the percentage of women aged 25 or over and who had not attained the age of 65 whose notes record that a cervical screening test had been performed in the preceding five years. There was no data for the percentage of patients aged 75 or over with a fragility fracture on or after 1 April 2012, who were currently treated with an appropriate bone-sparing agent. The practice was upper quartile for; the percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months. The practice was lower quartile for; the percentage of patients with diabetes, on the register, who had a record of an albumin:creatinine ratio test in the preceding 12 months. The practice was inter-quartile for; the percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was 5mmol/l or less. The practice was upper quartile for; the percentage of patients with diabetes, on the register, who had an influenza immunisation in the preceding 1 September to 31 March. The practice had regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register were discussed. The practice had established and maintained a register of patients aged 18 or over with learning disabilities, and the practice had established and maintained a register of all patients in need of palliative care/support irrespective of age. The practice had regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register were discussed. The practice was inter-quartile for; the proportion of respondents to the GP patient survey who had stated that in the reception area other patients could not over-hear, the proportion of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at involving them in decisions about their care, the proportion of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at treating them with care and concern, and the proportion of respondents to the GP patient survey who stated that the last time they saw or

spoke to nurse, the nurse was good or very good at involving them in decisions about their care. The practice was inter-quartile for; the proportion of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at treating them with care and concern, the proportion of respondents to the GP patient survey who described the overall experience of their GP surgery as fairly good or very good, and the proportion of respondents to the GP patient survey who stated that they always or almost always saw or spoke to the GP they preferred. The practice was inter-quartile for; the percentage of patients who gave a positive answer to 'Generally, how easy is it to get through to someone at your GP surgery on the phone?' and the percentage of patients who were 'very satisfied' or 'fairly satisfied' with their GP practice opening hours. The practice had undertaken a number of clinical audits which it used to monitor quality and systems to identify where action should be taken. For example an audit of read coding diagnosis against medication prescribing and an audit of patients with atrial fibrillation and the medications they had been prescribed and treatment was appropriate. The practice received praise for the data quality audit of read-coding from the CCG.

The practice did not have appropriate arrangements for identifying, recording and managing risks. Risk assessments had not been carried out for staff requiring DBS checks, infection control risks, fire risks and the lack of cleaning and maintenance of equipment.

Building health and safety risks had also not been assessed. For example, we saw no building maintenance assessments which would have identified worn carpets, torn chairs and a lack of assessment for the control of substances hazardous to health. One GP told us that they would like improvements to be made to the waiting area, which included new chairs and redecoration. They also wanted ramps, even floors and repairs to the plumbing system. These areas of risk and improvements were not included on a risk assessment or maintenance plan.

Leadership, openness and transparency

The practice held weekly GP meetings. We asked for the minutes of these meetings and we were told that no minutes were recorded. Limited meetings occurred

Are services well-led?

Inadequate 

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

between the nurse and GPs and administration and reception staff reported they had never been invited to a meeting for their team. This demonstrated a real lack of communication between the staff at the practice.

Staff told us that there was an open culture within the practice and they had the opportunity to raise issues through the communication book in the reception area. These were the only records of communication between staff and they were not electronically recorded.

The practice manager had been responsible for human resource policies and procedures. We reviewed a number of policies which were in place to support staff. However, these were not comprehensive and were out of date. Staff we spoke with explained that some policies were in paper copy in the reception area and on the shared computer drive.

Seeking and acting on feedback from patients, public and staff

The practice had gathered feedback from patients through a comments box at reception. However, we were told by staff that these were used for GP revalidation purposes. Some of the feedback on the comments cards we received included the condition of the building and furniture. One GP told us that they would like improvements to be made to the waiting area, which included new chairs and redecoration.

The practice did not have an active patient participation group (PPG). The GPs told us they had tried to develop a group in the past but this was not successful due to the lack of patients coming forward.

The practice did not routinely request feedback from staff. Staff told us they did not have the opportunity to give feedback and discuss any concerns or issues with colleagues and management.

Management lead through learning and improvement

Nursing staff and the GPs told us they were supported to maintain their clinical professional development through training and mentoring. Reception and administration staff told us that the practice had provided some training but this was limited. We looked at staff files and found that regular appraisals had not taken place. Staff we spoke with confirmed this.

The practice did not completed reviews of significant events and other incidents to identify trends or make improvements. We were unable to see evidence of events and incidents being discussed at team meetings because no minutes were available for us to review.

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
<p>Diagnostic and screening procedures</p> <p>Family planning services</p> <p>Maternity and midwifery services</p> <p>Surgical procedures</p> <p>Treatment of disease, disorder or injury</p>	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>We found that the registered person had not protected service users, and others who may be at risk if inappropriate or unsafe care and treatment, by means of an effective operation of systems designed to-</p> <ul style="list-style-type: none"> Regularly assess and monitor the quality of services provided in carrying on the regulated activity, and Identify, assess and manage risks relating to the health, welfare and safety of service users and others. <p>The registered person had also failed to-</p> <ul style="list-style-type: none"> have regard to the complaints and comments made, and views expressed by service users. <p>And where necessary, make changes to the treatment or care provided to reflect information relating to-</p> <ul style="list-style-type: none"> the analysis of incidents that resulted in or had the potential to result in harm. <p>Regularly seek the views of service users, persons acting on their behalf and persons who are employed for the purposes of regulated activity.</p> <p>This was in breach of regulation 10 (1) (a) and (b) (2) (b)(i), (c)(i) and (e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 (1) (2) (a) (b) (e) (f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
<p>Diagnostic and screening procedures</p> <p>Family planning services</p> <p>Maternity and midwifery services</p> <p>Surgical procedures</p>	<p>Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment</p>

This section is primarily information for the provider

Requirement notices

Treatment of disease, disorder or injury

We found that the registered person had not made suitable arrangements to ensure that service users were safeguarded against the risk of abuse by means of-

- taking reasonable steps to identify the possibility of abuse and prevent it before it occurs, and
- respond appropriately to any allegation of abuse.

This was in breach of regulation 11 (1)(a) and (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 13 (1) (2) (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Diagnostic and screening procedures

Family planning services

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

We found that the registered person had not protected service users against the risks associated with the unsafe use and management of medicines, by means of the making of appropriate arrangements for the safe keeping, storage and safe administration of medicines.

This was in breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to 12 (1) (2) (f) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Diagnostic and screening procedures

Family planning services

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

We found that the registered person had not, so far as reasonably practicable, ensured that service users and others who may be at risk of acquiring a health care associated infection were protected against identifiable risks by the means of-

- the effective operation of systems designed to assess the risk of to prevent, detect and control the spread of infection.

This section is primarily information for the provider

Requirement notices

The registered person had also not maintained appropriate standards of cleanliness and hygiene in relation to

- premises occupied for the purpose of regulated activity.
- Equipment and reusable medical devices used of the purpose of regulated activity.

This was in breach of regulation 12 (1) and (2)(a) (c)(i)(ii) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12 (1) (2) (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

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

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

We found that the registered person had not operated effective recruitment procedures in order to ensure that no person was employed for the purposes of carrying out a regulated activity unless that person is of good character, has the qualifications, skills and experience which are necessary for the work to be performed and is physically and mentally fit for that work.

To ensure that information specified in Schedule 3 was available in respect of a person employed for the purposes of carrying on a regulated activity.

This was in breach of regulation 21 (a) and (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 19 (1) (2) (3) (4) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

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

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

We found that the registered person did not have suitable arrangements in place in order to ensure that persons employed for the purposes of carrying on the regulated activity were supported in relation to their responsibilities by means of-

This section is primarily information for the provider

Requirement notices

- Receiving appropriate training, professional development, supervision and appraisal.

This was in breach of regulation 23 (1) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 18 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.