Haverhill Family Practice

Quality Report

Camps Road, Haverhill, Suffolk CB9 8HF
Tel: 01440 702010
Website: www.haverhillfamilypractice.co.uk

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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?	Inadequate
Are services caring?	Requires improvement
Are services responsive to people's needs?	Requires improvement
Are services well-led?	Inadequate

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Haverhill Family Practice on 17 January 2017. Overall the practice is rated as inadequate.

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

- There was a clear management structure, however we found there was an overall lack of clinical leadership at the practice. The clinicians lacked awareness around, and had not reviewed, their exception reporting in relation to the Quality and Outcomes Framework (QOF) which was high in some areas. Data management was overseen by administrative staff.
- Governance systems in place were insufficient to ensure that patients and staff were kept safe from harm. The practice had not carried out fire risk assessments or health and safety risk assessments and had not completed annual infection control audits.
- There was a system in place for reporting and recording significant events, but this needed to be improved. On the day of the inspection we reviewed several entries that had not been discussed at meetings and where no learning outcomes or action plans had been recorded.
- The system in place for managing patient safety and medicine alerts was not effective. Improvements were needed to ensure that patients taking high risk medicines were regularly monitored.
- There was a lack of clinical audits carried out to ensure that quality improvements were made and monitored.
- Information about services and how to complain was available on the practice website, but there were no complaints leaflets or information available to give to patients attending the surgery.
- Role specific training was undertaken for new administrative staff, but there was no formal induction process. Competency was assessed at three and six monthly intervals.

Summary of findings

- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Practice staff felt supported by management and the GPs. The practice proactively sought feedback from staff and used the PPG survey for feedback from patients.
- The provider was aware of and complied with the requirements of the duty of candour.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice did not pro-actively identify patients who were carers to ensure they received appropriate support.

We saw an area of outstanding practice

- The practice employed two emergency care practitioners (ECPs) and utilised their experience and knowledge to deal with emergencies. If for any reason the duty doctor was not able to respond immediately to an emergency call in the practice or at the patient's home, the ECPs were skilled and equipped to deliver emergency care. This ensured that patients had access to immediate care and in some cases saved an ambulance from being called. In addition they provided training to practice staff and patients, giving them the skills and confidence to deal with an emergency.
- The practice offered six weekly, one hour education sessions to patients which included anaphylaxis, cardiopulmonary resuscitation (CPR) and choking. These sessions were undertaken by the ECPs and a GP was present at each session. The practice advertised these sessions in the waiting rooms and on their website. Eight patients were allowed to attend each session which were interactive, with patients taking part in CPR. The ECPs ran through possible scenarios, gave a demonstration, handouts and information leaflets and answered questions once the demonstration had finished. Patient feedback sheets were completed at the end of each session.

The areas where the provider must make improvement are:

- Ensure the practice is able to provide evidence of actions taken in response to relevant alerts and updates issued from the Medicines and Healthcare products Agency (MHRA) and through the Central Alerting System (CAS).
- Ensure fire risk assessments and health and safety risk assessments are undertaken for both practice sites and ensure any improvement areas identified are actioned and recorded.
- Ensure there is an effective process in place to monitor the prescribing of high risk medicines.
- Implement effective governance systems at the practice to ensure that a high quality and safe service is being provided to patients.
- Ensure that the practice maintains complete records of complaints with learning outcomes and action plans identified and that information on how to complain is made available to patients at both sites.
- Ensure the practice acts on the feedback from the national patient survey to improve the quality of the services at the practice.
- Ensure significant events are recorded and discussed at practice meetings, and learning outcomes and actions plans undertaken and recorded.
- Implement an ongoing clinical improvement programme to drive improvements in patient outcomes.

The areas where the provider should make improvement are:

- Proactively identify patients who are carers to ensure they receive appropriate support.
- Ensure the practice undertakes infection control audits at both sites.
- Undertake a clinical review of exception reporting of patients from Quality Outcomes Framework (QOF) data sets in order to ensure that this is done reasonably and appropriately.

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?

Inadequate

The practice is rated as inadequate for providing safe services.

- There was a system in place for recording and reporting significant events. We reviewed several events where there was no evidence of discussions taking place or learning outcomes and action plans produced. Reviews of all significant events had not taken place and trends were not identified. Where the practice had reviewed significant events they had made changes.
- Improvements were needed to ensure that patients taking high risk medicines were regularly monitored.
- Improvements were needed to ensure that patient safety and medicine alerts were managed and actions taken to keep patients safe.
- When things went wrong patients received reasonable support, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were not assessed and well managed. For example the practice had failed to undertake fire risk assessments and health and safety risk assessments at both practice sites.
- Infection control audits had not been carried out although regular weekly and monthly environment checks were undertaken and cleaning schedules signed and dated.

Are services effective?

Inadequate

The practice is rated as inadequate for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes for 2015-2016 were in line with the local and national averages. The practice exception reporting rate was 18%, this was 8% above the CCG and national average. The clinicians were not aware of the high exception reporting.
- Some clinical audits had been carried out which included improvements in the correct coding of medical conditions in patients records. On the day of the inspection we saw that the practice used searches to encourage improvements, but these had not been translated into audits to ensure that quality improvements were made and monitored.

Summary of findings

- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

Requires improvement

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

- Data from the national GP patient survey showed patients rated the practice lower than others for several aspects of care. The practice was not aware of the results of the national patient survey. However they had undertaken their own surveys and had made changes as a result of patient feedback.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality. We saw that staff handled difficult and emotional situations with professionalism and empathy.
- GPs visited or telephoned patients who had suffered a bereavement to offer support and advice.
- Regular nursing home visits were made by the GPs who spent time with patients building a rapport and producing and updating care plans and medication reviews.
- Patients experiencing long stays in hospital were visited by their GP.
- Room availability had been made available to various organisations in order to provide support for patients.
- The practice did not have a system to proactively identify patients who were carers to ensure they receive appropriate support.

Are services responsive to people's needs?

Requires improvement

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

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and clinical commissioning group to secure improvements to services where these were identified. The practice hosted various organisations in order to provide additional services to patients.

Summary of findings

- Patients said they found it easy to make an appointment with a named GP and there was continuity of care.
- Patient survey results were below the national and CCG averages, however the practice had subsequently employed two emergency care practitioners in order to meet demand and offered emergency clinics and same day appointments.
- Telephone consultations were available and could be booked on the day or in advance if requested.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was only available on the practice website and not available within the practice. However evidence showed that the practice responded quickly to issues raised.
- The practice offered room availability to various organisations including advice and support services.

Are services well-led?

Inadequate

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

- The practice had recently merged with another local practice and this had led to changes in the management structure of the practices.
- There was a lack of clinical leadership and oversight to ensure that patients were appropriately managed and improvements would be made. For example, the practice was unaware of the national patient survey results and high exception reporting in the Quality and Outcome Framework (QOF).
- The governance framework which supported the delivery of the strategy and safe, good quality care was not sufficient to ensure that patients and staff would be kept safe from harm.
- The practice had not identified and acted on some risks to patients including medicines management, health and safety, fire and the learning from significant events.
- The practice had taken the opportunity to use a clinical skill mix to the benefit of the patients. They recently employed two emergency care practitioners to provide appointments and home visits for on the day requests.
- Practice staff were aware of whom to go to if they needed advice or had concerns and said they felt supported and valued by the management team and the GPs.
- The practice had a number of policies and procedures to govern activity.
- The practice undertook their own surveys and proactively sought feedback from staff, which it acted on.

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

Inadequate

The practice is rated as inadequate for safe, effective and well-led services, and requires improvement for responsive and caring services. The concerns which led to these ratings apply to everyone using the practice including this group.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. The practice was involved in the caring of residents at four care homes. Each home had a designated doctor who visited on a weekly basis.
- Flu vaccines were offered to all patients included in the at risk group.
- Annual medication reviews were provided to patients on long term mediation.
- Pneumonia vaccines were offered to patients one month after their 65th birthday.
- Patients over the age of 75 years and with a chronic condition were invited for an annual review.
- Patients were collected from the waiting area by the clinicians in order to assist those that needed help.
- The practice used the services of the Suffolk early intervention team to support elderly and frail patients.

People with long term conditions

Inadequate

The practice is rated as inadequate for safe, effective and well-led services, and requires improvement for responsive and caring services. The concerns which led to these ratings apply to everyone using the practice including this group.

- Nursing staff had lead roles in chronic disease management including asthma, diabetes, and cancer.
- Performance for diabetes related indicators was 92% which was comparable to the CCG and national average. Exception reporting for these indicators was 13% which was 7% above the CCG and national average.
- Longer appointments and home visits were available when needed.
- Patents with long term conditions had a named GP and a structured annual review to check their health and medicines

Summary of findings

needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Inadequate

The practice is rated inadequate for safe, effective and well-led services, and requires improvement for responsive and caring services. The concerns which led to these ratings apply to everyone using the practice including this group.

- Children requiring treatment were offered same day appointments.
- Bi-monthly meetings took place with school nurses and health visitors to discuss children considered to be at risk and those on an action plan.
- 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 attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Data available showed that the number of patients that had attended cervical screening was 74% this was in line with the CCG and national average.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- Information on the practice website included contraception, minor injuries, children's tummy bugs, meningitis and having a baby.

Working age people (including those recently retired and students)

Inadequate

The practice has been rated as inadequate for safe, effective and well-led services, and requires improvement for responsive, and caring services. The concerns which led to these ratings apply to everyone using the practice including this group.

- The needs of the working age population, those recently retired, students had been identified, and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The surgery operated a Saturday morning appointment system for both doctor and nurse appointments.

Summary of findings

- Phlebotomy services were available for working adults who found it difficult to take time off work during the week. Appointments for this service could be booked on-line.
- Text messaging was available for patients.
- Health checks for patients over the age of 40 were offered every five years.
- The practice offered online services for appointments
- The practice website contained a range of information including sexual health, chlamydia screening, flu vaccines, stress, stopping smoking and self-help.
- A service operated by the GP Federation in Suffolk, existed and practice staff were able to book appointments for patients at another location when the surgery was closed.

People whose circumstances may make them vulnerable

Inadequate

The practice is rated inadequate for safe, effective and well-led services, and requires improvement for responsive and caring services. The concerns which led to these ratings apply to everyone using the practice including this group.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers, and those with a learning disability.
- The practice provided room availability for a number of services including a community support service specialising in helping the homeless and patients with addiction problems.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations. An advice service attended the practice and patients were able to access this service.
- 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.
- Bi-monthly multi-disciplinary meetings took place where patients on the palliative care register were reviewed.

Summary of findings

People experiencing poor mental health (including people with dementia)

Inadequate

The practice is rated inadequate for safe, effective and well-led services, and requires improvement for responsive, and caring services. The concerns which led to these ratings apply to everyone using the practice including this group.

- 79% of patients diagnosed with dementia that had had their care reviewed in a face to face meeting in the last 12 months, which was 5% below the CCG average and 4% below the national average. Exception reporting was 8% which was 2% above the CCG average and 1% above the national average.
- The percentage of patients with mental health related indicators who had a care plan documented in their record in the last 12 months was 91% which was 2% above the CCG average and 2% above the national average. Exception reporting was 28% which was 12% above the CCG average and 16% above the national average. The practice were not aware of the high exception reporting, but told us Haverhill was one of the more deprived communities in Suffolk and had been ranked amongst the 20% most deprived wards in the county, with poor health levels around respiratory illness, and mental health.
- The practice regularly worked with multi-disciplinary teams in the case management vulnerable patients and palliative care patients and those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients who attended the surgery with poor mental health, how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia. Two primary mental health link workers offered appointments at both the main and branch surgery and the local mental health team ran clinics at the neighbouring practice.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing below the local and national averages. 240 survey forms were distributed and 110 were returned. This represented a 46% response rate.

- 47% of patients found it easy to get through to this practice by phone compared to the CCG average of 81% and the national average of 73%. As a result of patients' complaints and concerns regarding telephone access, the practice had re-programmed the telephone system so that callers were made aware of where they were in the queue, and that the longest wait would be answered first.
- 76% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 87% and the national average of 85%.
- 74% of patients described the overall experience of this GP practice as good compared to the CCG average of 89% and the national average of 85%.
- 62% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average 83% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received one comment card which was positive about the standard of care received. The practice was able to evidence a folder containing a large number of compliment cards and letters received from patients.

We spoke with eight patients during the inspection. All eight patients said they were satisfied with the care they received and thought staff were approachable, committed, and caring. Eight patients said they felt involved in their care and two patients commented that it was difficult to get an appointment but that things had improved recently. Patients commented that they did not feel rushed during their consultations and that the GPs were excellent.

Areas for improvement

Action the service MUST take to improve

- Ensure the practice is able to provide evidence of actions taken in response to relevant alerts and updates issued from the Medicines and Healthcare products Agency (MHRA) and through the Central Alerting System (CAS).
- Ensure fire risk assessments and health and safety risk assessments are undertaken for both practice sites and ensure any improvement areas identified are actioned and recorded.
- Ensure there is an effective process in place to monitor the prescribing of high risk medicines.
- Implement effective governance systems at the practice to ensure that a high quality and safe service is being provided to patients.
- Ensure that the practice maintains complete records of complaints with learning outcomes and action plans identified and that information on how to complain is made available to patients at both sites.
- Ensure the practice acts on the feedback from the national patient survey to improve the quality of the services at the practice.
- Ensure significant events are recorded and discussed at practice meetings, and learning outcomes and actions plans undertaken and recorded.
- Implement an ongoing clinical improvement programme to drive improvements in patient outcomes.

Action the service SHOULD take to improve

- Proactively identify patients who are carers to ensure they receive appropriate support.
- Ensure the practice undertakes infection control audits at both sites.
- Undertake a clinical review of exception reporting of patients from Quality Outcomes Framework (QOF) data sets in order to ensure that this is done reasonably and appropriately.

Summary of findings

Outstanding practice

- The practice employed two emergency care practitioners (ECPs) and utilised their experience and knowledge to deal with emergencies. If for any reason the duty doctor was not able to respond immediately to an emergency call in the practice or at the patient's home, the ECPs were skilled and equipped to deliver emergency care. This ensured that patients had access to immediate care and in some cases saved an ambulance from being called. In addition they provided training to practice staff and patients, giving them the skills and confidence to deal with an emergency.
- The practice offered six weekly, one hour education sessions to patients which included anaphylaxis, cardiopulmonary resuscitation (CPR) and choking. These sessions were undertaken by the ECPs and a GP was present at each session. The practice advertised these sessions in the waiting rooms and on their website. Eight patients were allowed to attend each session which were interactive, with patients taking part in CPR. The ECPs ran through possible scenarios, gave a demonstration, handouts and information leaflets and answered questions once the demonstration had finished. Patient feedback sheets were completed at the end of each session.

Haverhill Family Practice

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Haverhill Family Practice

The Haverhill Family Practice is located at Camps Road, Haverhill, Suffolk CB9 8HF. There is a branch surgery at Stourview Surgery, Crown Passage, Haverhill, Suffolk.

The practice is on the Essex/Suffolk/Cambridgeshire border and is approximately thirty minutes from the nearest A & E centre at Addenbrookes Hospital. The closest main line station is Audley End with links to Stansted airport and London Liverpool Street.

The practice comprises of six GP partners (three male and three female), two health care assistants, three practice nurses, one nurse practitioner, one senior practice nurse, a human resources manager and business manager and twenty three support staff including secretaries, receptionists, an audit manager, and administrators. In addition the practice employs two emergency care practitioners. The practice told us they maximise this by utilising their skills when assessing emergencies.

Haverhill Family Practice is open between 8am to 6.30pm Monday to Friday. Appointments are from 8.30am to 12.30am and 1.30pm to 6pm. Extended hours appointments are offered between 8.30am and 11.30am every Saturday.

Stourview branch surgery is open Monday from 8am to 6pm and Tuesday to Friday from 8am to 1pm. Out of hours services are provided by Care UK.

The practice offers health care services to approximately 15,000 patients. The practice age demographics are similar to the national averages. Haverhill is one of the more deprived communities in Suffolk and has been ranked amongst the 20% most deprived wards in the county, with poor health levels around respiratory illness, and mental health.

The practice holds a Personal Medical Services (PMS) contract, a locally agreed contract with NHS England. In addition, a range of enhanced services are offered, commissioned by the local clinical commissioning group (CCG).

The practice recently merged with another local practice and this had led to changes in the management structure of the practices.

Why we carried out this inspection

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

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 17 January 2017. During our visit we:

- Spoke with a range of staff including receptionists, nurses, emergency care practitioners and the management team. We also spoke with patients who used the service.
- Observed how patients were being cared for.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Inadequate

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events. Staff told us they would inform the practice manager of any incidents and there was a recording form available in hard copy and on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour (the duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).

- We reviewed minutes of meetings where significant events were discussed and found that not all events had been discussed at clinical meetings. Lessons learnt and action plans were not documented. However the practice was able to demonstrate that changes had been made as a result of significant events For example a new recording log had been implemented to identify the location of the practice defibrillator which was shared with the adjoining practice and the log was checked twice daily.
- We reviewed the process for responding to patient safety alerts including those from the MHRA (a government agency which approves and licenses medicines, allowing them to be prescribed in the UK). We looked at the process for the distribution of the alerts when received by the management team, but we were unable to evidence that the alerts were actioned, logged or reviewed to ensure that any necessary changes were made. For example we found that the practice had not taken action following an alert received relating to increased risks with pregnancy and patients taking a certain medicine.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. Staff advised that they had identified vulnerable adults and had passed the relevant information to the safeguarding lead GP. GPs were trained to child protection or child safeguarding level three. Nurses were trained to safeguarding level two and administrative staff were trained to safeguarding level one.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. Annual infection control audits had not been undertaken for either practice. However, we evidenced weekly environmental checks, cleaning schedules in all areas of the practice and deep cleaning of rooms was carried out on a fortnightly basis. The practice employed a caretaker who ensured cleaning had been undertaken and recorded appropriately.
- Records were kept of the immunisation status of clinical staff. There was sharps' injury policy and procedure available. Clinical waste was stored and disposed of in line with guidance.
- The practice systems and processes to ensure that patients who were taking high risk medicines received appropriate blood tests and follow up needed to be improved. For example, there had been a protracted delay in the practice contacting patients who were overdue their blood monitoring. In November 2016, the practice identified eight patients who were taking a medicine called methotrexate; the practice did not send letters to the patients to attend for blood tests until 10 January 2017.

Inadequate

Are services safe?

We asked for further information relating to the monitoring of high risk medicines and safety alerts to be sent to us immediately following the inspection and we reviewed this information. Not all patients had been reviewed following safety alerts relating to medicines.

We found that patients on a variety of high risk medicines had received their medicines without having their bloods monitored regularly and this put patients at risk of harm.

Effective processes were in place for handling repeat prescriptions. Blank prescriptions were kept in a locked cupboard and were recorded when received and distributed within the practice.

- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were not assessed and well managed.

- Procedures were not in place for monitoring and managing risks to patient and staff safety. The practice had not carried out an up to date fire risk assessment or health and safety risk assessment for both practice sites. Health and Safety posters were displayed at both sites which identified local health and safety representatives. Staff had undergone fire training and a recent fire drill at the main site had been carried out but they had not undertaken a drill at the branch site. Fire extinguishers were checked in 2016. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- The practice had a risk assessment in place to monitor legionella (legionella is a term for a particular bacterium which can contaminate water systems in buildings).The building was used by two separate practices and Haverhill Family Practice were not sure which areas of the legionella results related to their premises, and which related to the adjoining practice. They were in the process of contacting the organisation who carried out the risk assessment to clarify this.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty and there was good organisation of the reception area.

Arrangements to deal with emergencies and major incidents

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

- The practice employed two emergency care practitioners who still on occasions worked for the local ambulance trust. The practice told us they maximised this by utilising their skills when assessing an emergency, as they were able to offer first respond to any emergency if the duty doctor was unavailable at the time.
- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator on site, which was shared with another practice, and oxygen with adult and children's masks. A first aid kit and accident book was available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for the GPs and management team.

Inadequate

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice held weekly lunch time learning sessions which included training and monitoring of guidelines. Hospital consultants attended some of the meetings to provide training in their areas of speciality.
- Monthly meetings were attended with the clinical commissioning group which included the CCG prescribing team. The practice had been 17% overspend on their prescribing budget but had managed to reduce this to 7% over a five month period.

Management, monitoring and improving outcomes for people

- The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results reflected that the practice had achieved 99% of the total number of points available. The practice exception reporting rate was 18%, this was 8% above the CCG and national average. The clinicians were not aware of their high exception reporting.

Data from 2015/2016 showed:

- Performance for diabetes related indicators was comparable to the CCG and national average, with the practice achieving 92% across the diabetes indicators. This was 1% percentage points below the CCG average and in-line with the national average. However the rate of exception reporting for diabetes indicators was above both local and national averages with the practice overall exception reporting of 13% for diabetes indicators, this was 7% above both the local and national averages.
- Performance for mental health related indicators was comparable to the CCG average with the practice achieving 91%. This was 2% above the CCG average and national average. Exception reporting was higher than the CCG and national average in respect of mental health indicators. The overall exception reporting for these indicators was 28%. This was 12% above the CCG average and 16% above the national average. The clinicians were not aware of the high exception reporting but advised us that patients in this category were recalled three times a year for a review before being exempted from QOF. The recalls were then moved on three months to begin the cycle again.

The practice provided a summary of audits undertaken, however we were unable to evidence that quality improvements had been made.

- An audit had been carried out on the clinical coding of patients with HIV (human immunodeficiency virus). The coding used by the practice identified that a test had been undertaken but a diagnosis had not been recorded. The practice checked all patients identified as having had a test, to ensure a diagnosis had been made and coded correctly. A second audit was undertaken to ensure that the correct code had been recorded.

Effective staffing

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

- The practice did not have a written induction programme for all newly appointed staff, however staff were trained by shadowing existing staff in their duties. All new staff were given a staff comprehensive handbook which included telephone numbers, protocols, handling samples, home visits, and handling urgent blood test results. New staff were also given a new person pack giving information about the practice policies and procedures. We checked three personnel files all of which included contracts of employment, job descriptions, new person packs, registration details, references and identification.
- The practice could demonstrate how they ensured role-specific training and updating for all relevant staff. For example, for those reviewing patients with long-term conditions. The practice nurses had undertaken a range

of training including diabetes, respiratory updates, cervical cytology, ECG (electrocardiogram is the process of recording the electrical activity of the heart), and immunisations.

- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. The nursing staff held regular meetings to share learning, discuss updates and any changes to procedures of policies.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. All staff had received an appraisal within the last 12 months and all had personal development plans which included details of training undertaken. New members of staff were performance reviewed after three and six months to access competency.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and infection control. Staff were encouraged to undertake role specific training and members of the practice told us of additional training that had been arranged for the current year.

Coordinating patient care and information sharing

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

- This included care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. The practice computer system enabled staff and GPs to transmit information to other health care organisations including. hospitals, out of hours service, physiotherapy and hospices to ensure continuity of care.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital.

Meetings took place with other health care professionals including district nurses, health visitors, and school nurse and care home staff on a regular basis. when care plans were routinely reviewed and updated for patients with complex needs,

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance and were able to explain the various forms of consent and how it was obtained.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance. The practice had an icon on the computer system which indicated that they had Gillick competency. (These are guidelines used to determine children's rights and wishes).
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The practice provided minor surgery and clinical notes were clear and maintained with written consent being obtained from the patient prior to the procedure. Histology results were recorded and actioned appropriately.

Supporting patients to live healthier lives

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

- Data from Public Health England showed the practice's uptake for the cervical screening programme was 74% which was comparable to the CCG average of 72% and the national average of 75%. There was a policy to offer reminders for patients who did not attend for their cervical screening test by way of a letter sent from the practice. Regular audits were undertaken to ascertain how many of the original non-responders had attended for a smear test in response to the third invitation. Alerts were entered into the patients' medical records in order that the clinicians could discuss the reason for not attending. If patients wished to be removed from the cervical screening programme, the clinician asked them to sign a disclaimer form.

Inadequate

Are services effective?

(for example, treatment is effective)

- The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. 2014/15 data indicated that the breast cancer screening rate for the past 36 months was 75% of the target population, which was in line with the CCG average of 78% and slightly above the national average of 72%. Furthermore, the bowel cancer screening rate for the past 30 months was 56% of the target population, which was below the CCG average of 63% and national average of 58%.
- There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.
- Childhood immunisation rates for the vaccines given were comparable to CCG/national averages. For example, the practice met the 90% target for immunisation rates for vaccines given to children up to the age of two years and 90% for children up to the age of five years.
- Patients had access to appropriate health assessments and checks. These included health checks for `patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.
- The practice participated in a Haverhill Health Open day in conjunction with NHS West Suffolk Clinical Commissioning Group in October 2016. The aim of the day was to provide residents of Haverhill and the surrounding villages with information on health and social care related organisations and services available.

Requires improvement

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- We were advised by the practice that one GP visited long-standing patients in hospital and another GP had assisted a vulnerable patient in planning a family holiday.
- Regular visits were made to patients in care homes and the care home managers told us that medicine reviews and care plans were updated appropriately. Staff at the care homes said that communication between the home and the practice was very good and that the GPs treated the patients with dignity and respect, built a rapport with them and often stayed and had tea with the residents.
- A local citiziens advice service had access to a room at the practice and patients in need of advice and assistance were able to use this service.

We only received one patient Care Quality Commission comment card and this was was positive about the service experienced. We evidenced a folder of comments and compliments of letters and cards where patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with three members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. The group met on a bi-monthly basis and all meetings were minuted. The PPG undertook annual surveys, the results of which were published on the practice website.

The results from the national GP patient survey were published in July 2016. The practice was below the CCG and national averages for its satisfaction scores on consultations with GPs. For example:

- 80% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 76% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%.
- 92% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 74% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and national average of 85%.
- 93% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and the national average of 91%.
- 69% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

When asked, the practice told us they were unaware of the national patient survey data and had been using their PPG surveys to assess the performance of the practice. The practice had sent out 300 survey forms and 290 had been returned. This was an excellent response to the PPG survey. The survey focussed on the appointment system and the length of time patients had to wait for a routine appointment. The survey also asked whether a follow-up appointment was available if requested, and if patients were satisfied with the outcome of their consultation.

- 126 patients said they waited for up to two weeks for an appointment.
- 65 patients said they waited over two weeks for an appointment.
- 56 patients did not answer this question.
- 133 patients said they were able to re-book for another appointment.
- 29 patients said they were unable to re-book.
- 128 patients did not answer this question.
- 260 patients said they were satisfied with the outcome of the consultation.
- 8 patients said they were not satisfied with the outcome.
- 22 patients did not answer this question.

Requires improvement

Are services caring?

The PPG survey did not cover the same range of questions as the national GP patient survey however the practice were pro-active in responding, by employing two emergency care practitioners to offer same day and urgent access. Staff training on how to deal with an emergency had also been undertaken by the ECPs.

Care planning and involvement in decisions about care and treatment

Three patients out of the five we interviewed told us that they did not feel involved in decision making about the care and treatment they received. Patients informed us that they felt listened to and supported by staff. We only received one comment card and this was positive above the care received. Five patients interviewed said they had sufficient time during their consultation.

Results from the national GP patient survey showed patients responded to questions about their involvement in planning and making decisions about their care and treatment. Results were lower than the local and national averages. For example:

- 76% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 65% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 82%.
- 85% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 89% and the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language.
- Information leaflets were available in easy read format.
- Patient education sessions were undertaken by the emergency care practitioners.
- A chaperone service was offered to patients and notices were evidenced in the waiting area and in the clinical and consultation rooms.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website including stopping smoking, chlamydia screening, low mood, depression, stress and self-help.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 105 patients as carers this was under 1% of the practice population. The practice offered flu vaccines to carers and information had been made available in the patient's waiting room signposting carers to local organisations.

Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Carers were offered flu vaccines and a member of a carer's organisation attended the practice on a regular basis. Patients were signposted to the relevant service including advice services and a range of information had been made available in the waiting areas of both the branch and main surgery. Patients were able to self-refer to a wellbeing service and information was available on how they could do this.

Staff told us that if families had suffered bereavement, their usual GP visited them or contacted them by telephone in order to give advice and how to find a support service. An alert had been put onto the practice medical system advising that recent bereavement had taken place, and that open access to be given in order that patients could be seen the same day.

The practice took part in charitable events and organised annual raffles, the proceeds from which were donated to various charities.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and clinical commissioning group (CCG) to secure improvements to services where these were identified. Regular meetings took place between the practice and the CCG which included the medicines management team.

The practice used the services of the NHS West Suffolk CCG early intervention team in an effort to prevent unnecessary emergency admissions to hospital. The team worked in the community to support patients identified as having a health or social crisis that did not require medical treatment in hospital, and comprised of occupational therapists, physiotherapists, community nurses and social workers.

- The practice offered extended hours on a Saturday morning for those patients who could not attend during normal opening hours.
- Telephone consultations were available and were pre-bookable and on-the day.
- There were longer appointments available for patients with a learning disability.
- All patients were able to request a double appointment and longer appointments were available for patients with more complex needs.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation. Two emergency clinics were available daily and the practice employed emergency care practitioners to run on-the-day appointments.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- There were facilities for the disabled and translation services available.

Access to the service

Haverhill Family Practice open times were between 8am to 6.30pm Monday to Friday. Appointments were from 8.30am to 11.30am and 3pm to 6pm daily. Extended hours appointments were offered at the following times on Saturdays from 8.30am to11.30am.

Stourview branch surgery open times were Monday 8am to 6pm and Tuesday to Friday 9am to 1pm.

Nurse surgeries were 8am to 12.30pm and 1.30pm to 5.30pm Monday to Friday. Extended hours appointments were offered at the following times on Saturdays from 8.30 to11.30am. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was lower than the local and national averages.

- 61% of patients were satisfied with the practice's opening hours compared to the CCG and national average of 76%.

47% of patients said they could get through easily to the practice by phone compared to the CCG average of 81% and the national average of 73%. Since the survey was carried out the practice had re-programmed its telephone system, in order that patients were aware of their place in the queue and that the longest call would be answered first.

People told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system in place to assess:

- Whether a home visit was clinically necessary. The reception staff upon the request for a home visit, gathered information and entered the patient details onto the practice computer system. The GPs monitored this list throughout the day and the duty doctor allocated the house calls at the end of the morning surgery. House call requests received once the surgeries had finished were given to the duty GP.
- The practice employed two emergency care practitioners who had direct access to the GPs should they identify areas of concern or needed additional supervision. (ECP's generally come from a background in paramedicine with enhanced skills in medical assessment). Patient group directives had been written by the ECP's and agreed by the GPs. (patient group directives are written instructions which include the

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

clinical criteria under which a person shall be eligible for treatment: whether there are circumstances in which further advice should be sought from a doctor: and the arrangements for referral for medical advice.)

- The practice offered six weekly, one hour patient education sessions which included anaphylaxis, cardiopulmonary resuscitation (CPR) and choking. These sessions were undertaken by the emergency care practitioners and a GP was present at each session. The practice advertised these sessions in the waiting rooms and on their website. Eight patients were allowed to each session which were interactive with patients taking part in CPR training. The emergency care practitioners ran through possible scenarios, gave a demonstration, gave handouts and information leaflets and answered questions once the demonstration had finished. Patient feedback sheets were completed at the end of each session.
- Monthly clinical learning sessions were arranged at the practice where a consultant or guest speaker attended the surgery to provide training sessions on their specialist subjects. These included urology, orthopaedics and plastic surgery. Neighbouring practices attended these sessions and where appropriate health visitors, physiotherapists and midwives were invited.

Listening and learning from concerns and complaints

The practice website gave information on how to make a complaint but there was no information available to patients within the practice. The practice had a system in place for handling complaints and concerns, all of which were handled by the management team.

We looked at six of the complaints received in the last 12 months and found that they had been handled in a satisfactory and timely way. However there were no minutes of meetings where complaints had been discussed and the management team informed us that complaints were discussed with the individuals concerned and not by the clinicians jointly**.** The practice was able to evidence that complaints were dealt with appropriately and that changes had been made as a result of complaints. Several complaints had related to the practice telephone system. In response, the practice arranged for the system to be re-programmed in order that all phones rang when calls were being received, and patients advised of where they were in the queue.

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 mission statement to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the reception areas, secretarial office, manager's offices and waiting rooms. Each member of staff also received a copy and the practice had recently updated this on their website and in new patient's registration packs. The practice philosophy was to provide an excellent standard of care in a helpful and friendly environment and with care, courtesy, compassion and competence.

Governance arrangements

We found that there was a lack of clinical and managerial governance which supported the delivery of the strategy and good quality care for example**:**

- The practice did not have a comprehensive understanding of the performance of the practice which was evidenced by the lack of knowledge of the National GP Patient Survey and the practices performance in relation to exception reporting in QOF. We found that the practice had high exception reporting in some areas.
- The arrangements for identifying, recording and managing risks were inadequate.
- There was insufficient monitoring of MHRA alerts and the systems to monitor high risk medicines needed to be improved.
- The practice had failed to undertake formal fire risk assessments and fire drills on both practice sites.
- Information on how to make a complaint was available on the practice website only. Learning outcomes were not shared with the whole practice team.
- Significant event learning was not being routinely shared with staff .

We evidenced that there was a clear staffing structure and that staff were aware of their own roles and responsibilities. There were practice specific policies available to all staff both in hard copy and on the practice computer system.

Leadership and culture

Managerial oversight was lacking from the partners at the practice. A new management structure had recently been put into place and guidance on implementing and embedding effective systems and process was needed. Staff told us the partners were approachable and always took the time to listen to all members of staff.

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

- The practice gave affected people reasonable support, and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence. The branch surgery did not record verbal complaints.

There was a leadership structure in place but this was not always effective. Practice staff told us they felt supported by management.

- Staff told us the practice held regular team meetings. Not all meetings were minuted with details of shared learnings and actions taken to encourage improvement
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported by the partners and the management team in the practice.

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

Whilst the practice undertook its own surveys to capture patient feedback it did not use the available national patient survey feedback to monitor and improve quality of patient care.

The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met bi-monthly and the group included elderly patients, working age and parents. Posters were displayed in the surgery and on the practice website. The group were members of the National Association for Patient Participation and received

Are services well-led?

Inadequate

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

newsletters and updates which were disseminated to all members. Regular surveys were carried out and the results discussed with the management team and published on the practice website.

- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.
- The practice ran an employee of the quarter scheme. Staff were able to nominate another staff member who they felt had done that little bit extra to help someone or done something out of the ordinary. The management team advised us that this had boosted morale at the practice.

Continuous improvement

There was no formal clinical governance system in place, and no evidence of quality improvement processes in the practice to improve the quality of patient care.

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 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints The practice had not maintained complete records of complaints with learning outcomes and action plans identified. Information on how to complain was not easily available to patients. This was in breach of regulation 16 (1) & (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Enforcement actions

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 17 HSCA (RA) Regulations 2014 Good governance **The practice did not assess, monitor, and improve the quality and safety of the service provided in the carrying out of the regulated activity.** • There was a lack of clinical leadership to implement and monitor governance systems and process to keep patients safe. • The practice had not undertaken fire risk assessments and health and safety risk assessments for both practice sites. • The practice did not use the national patient survey data to drive improvement. • The practice did not undertake an onoing programme of clinical and management audit to deliver improved outcomes for patients and ensure quality of record keeping. • The practice did not have an effective system in place to monitor the prescribing of high risk medicines. • The practice did not provide evidence of actions taken in response to relevant alerts and updates issued from the Medicines and Healthcare products Agency (MHRA) and through the Central Alerting System (CAS). **This was in breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**