Dr N Essa & Dr M Harrold (London Street Surgery)

Quality Report

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Date of inspection visit: 13 April 2016
Date of publication: 16/05/2016

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of Dr N Essa and Dr M Harrold (also known locally as London Street Surgery), on the 13 April 2016. We carried out this inspection to check that the practice was meeting the regulations and to consider whether sufficient improvements had been made.

Our previous inspection in August 2015 found breaches of regulations relating to the safe, effective and responsive delivery of services. There were also concerns and regulatory breaches relating to the management and leadership of the practice, specifically in the well led domain. The overall rating of the practice in August 2015 was inadequate and the practice was placed into special measures for six months. Following the inspection, we received an action plan which set out what actions were to be taken to achieve compliance.

At the inspection in April 2016, we found the practice had made significant improvements since our last inspection in August 2015. Specifically, we found the practice to require improvement for the provision of a safe, caring and well led services. It was good for providing effective and responsive services. However, the practice was required to make further improvements and rated as 'requires improvement' overall.

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

- All the partners and staff worked hard to undertake a complete review of the service since the previous inspection and made sustainable improvements.
- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. The majority of information about safety was recorded. However, lessons learned from significant events and incidents were not always communicated widely enough to support improvement.
- Risks to patients were assessed and well managed in some areas, with the exception of those relating to recruitment checks, safeguarding training and

Summary of findings

management of legionella. For example, Disclosure and Barring Scheme (DBS) checks or risk assessment were not carried out for a non-clinical staff undertaking chaperoning duties.
- We found that completed clinical audits cycles were driving positive outcomes for patients.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Results from the national GP patient survey showed majority of patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment when compared to the local and national averages. The majority of patients we spoke with on the day of inspection confirmed this. However, not all felt cared for, supported and listened to.
- Information about services and how to complain were available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care. Urgent and online appointments were available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management.
- The provider was aware of and complied with the requirements of the Duty of Candour.
- The practice had improved their governance arrangements since previous CQC inspection. However, the practice was required to make further improvements to ensure continuous monitoring and assessment of the quality of the service.

The areas where the provider must make improvements are:

- Review the process for implementing change following incidents and significant events to ensure actions are completed. Improve the recording of discussions and actions during practice meetings.
- Ensure all actions required in response to national safety and medicines alerts are completed and disseminated within the practice.
- Ensure all necessary recruitment checks are in place including systems for assessing and monitoring risks, carrying out Disclosure and Barring Scheme (DBS) checks or risk assessment.
- Review patients feedback and address concerns regarding GPs listening, giving enough time, involving in decisions, explaining tests and treatments, and treating them with care and concern during consultations.
- Further review and monitor the governance arrangements in place to ensure the delivery of safe and effective services. For example, monitoring of non-emergency medicines, accessibility of emergency equipment, management of legionella and awareness of emergency alert system during consultations.

In addition the provider should:

- Ensure Patient Group Directions (PGDs) are renewed before they expire to allow nurses to administer medicines in line with legislation.
- Ensure development areas identified during appraisals are followed up and monitored systematically.
- Review the system in place to promote the benefits of cervical and bowel screening to increase patient uptake. Provide information in appropriate languages and formats.
- Ensure routine health checks are undertaken for patients aged 40 to 74 years old.
- Encourage carers to register as such to enable them to access the support available via the practice and external agencies.
- Develop and implement clear action plans, to improve the outcomes for learning disabilities patients.

I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by this service. We will inspect this service again in future to check the practice has made further improvements.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Requires improvement

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

- Following our previous inspection in August 2015 the practice had made significant improvements in areas relating to medicines management, infection control, fire safety, dealing with emergencies, staffing levels and most staff had received relevant role specific training on safeguarding.
- At the inspection in April 2016, there was an effective system in place for reporting and recording significant events. Staff understood their responsibilities to raise concerns, and to report incidents and near misses.
- However, we noticed in meeting minutes that significant events were not documented in detail and lessons learned from significant events and incidents were not always communicated widely enough to support improvement.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example, a locum GP had not completed safeguarding children and adult training, Disclosure and Barring Scheme (DBS) check or risk assessment was not carried out for an administration staff undertaking chaperoning duties and the practice did not have a system in place to confirm action had been taken in response to national safety alerts relating to medicines.
- Management of legionella, monitoring of non-emergency medicines, accessibility of emergency equipment and how to use an instant messaging emergency alert system during consultations were not implemented well enough to ensure risks were managed appropriately.
- The practice was liaising with Clinical Commissioning Group (CCG) to renew four expired Patient Group Directions (PGDs), which was required to allow nurses to administer medicines in line with legislation. The practice had introduced an interim protocol to enable the nurses to continue to administer the relevant vaccines after these were authorised by a GP until PGDs remained out of date.
- There was an infection control protocol in place and infection control audits were undertaken regularly.

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Are services effective?

Good

The practice is rated as good for providing effective services.

- Following our previous inspection in August 2015 the practice had made significant improvements in areas relating to clinical audit cycles and all staff had received relevant role specific mandatory training.
- At the inspection in April 2016, data from the Quality and Outcomes Framework (QOF) showed patient outcomes were above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for most staff. However, the practice was still in the process of completing staff development plans as part of staff annual appraisals and we saw evidence that all three remaining appraisals meetings were planned with in next two weeks.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patient's needs.

Are services caring?

Requires improvement

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

- Following our previous inspection in August 2015 caring domain was rated good.
- At the inspection in April 2016, data showed that patient outcomes were mixed compared to others in locality for several aspects of care.
- Results from the national GP patient survey we reviewed showed majority of patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- For example, 78% of patients said the GP gave them enough time compared to the CCG average of 84% and national average of 87%.
- We noted information and literature in the waiting and reception area was mostly available in English. However, the practice informed us they had contacted clinical commissioning group (CCG) requesting multi-language leaflets or notices and waiting for further information.
- We noted the practice was offering translation service and staff treated patients with kindness and respect.

Summary of findings

- The practice was planning to install a safety shield at the reception area to enhance staff safety, patients privacy and maintain confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Following our previous inspection in August 2015 the practice had made significant improvements in areas relating to access the service for patients with limited mobility. The practice had installed an automatic door activation system at both doors used to enter the premises and undertaken a repair work to widen the lift to meet the needs of the patients with limited mobility. The practice had designated a parking space for disabled patients in the practice car park and installed a grab rail on the inside of the door in disabled toilet.
- Feedback from patients reported that access to a named GP and continuity of care was available quickly, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Requires improvement

The practice is rated as requires improvement for being well-led.

- Following our previous inspection in August 2015 the practice had made significant improvements in areas relating to weak leadership, poor governance system, strategy and vision. When we visited the practice in August 2015 we found the practice had not reviewed significant events and complaints regularly, and the practice did not demonstrate a culture of continuous learning.
- At the inspection on April 2016, we noted the practice had carried out a complete review of the provision of services, there was a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activities. The practice informed us that

governance arrangements had been regularly discussed during clinical meetings. We saw evidence of regular clinical meetings but we noticed in meeting minutes that governance arrangements discussions were not always documented.

- The practice demonstrated improvements in governance framework. However, monitoring of specific areas required improvement, for example:
- Management of legionella, monitoring of non-emergency medicines, emergency alert system, Disclosure and Barring Scheme (DBS) checks of staff undertaking chaperoning duties, and lessons learned from significant events and incidents were not always communicated widely enough to ensure risks were managed appropriately.
- Monitoring of patients feedback regarding dissatisfaction during consultations with GPs including listening, giving enough time and involving in decisions about their care, and the practices uptake of some national screening programmes was below average compared to the local and national averages.
- The practice was aware of and complied with the requirements of the Duty of Candour.
- The practice proactively sought feedback from staff and patients, which it acted on. There was an active patient participation group.
- There was a focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

Requires improvement

The practice is rated as requires improvement for the care of older patients. The provider was rated as requires improvement for safe, caring and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- It was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The premises were accessible to those with limited mobility. The front doors were automated and the practice provide a low level desk at the front reception.
- There was a register to manage end of life care and unplanned admissions.
- There were good working relationships with external services such as district nurses.

People with long term conditions

Requires improvement

The practice is rated as requires improvement for the care of patients with long-term conditions. The provider was rated as requires improvement for safe, caring and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- There were clinical leads for chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- All patients with long term conditions had a named GP and the practice offered a structured annual review to check that their health and medicines 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. For example, the practice had adopted the 'House of Care' model for patients with diabetes and employed a specialist diabetic nurse to run weekly clinics, supported by a consultant visiting quarterly to run virtual diabetic clinics.

Summary of findings

Families, children and young people

Requires improvement

The practice is rated as requires improvement for the care of families, children and young patients. The provider was rated as requires improvement for safe, caring and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- 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 patients who had a high number of A&E attendances.
- Immunisation rates were comparable for all standard childhood immunisations.
- Patients told us that children and young patients were treated in an age-appropriate way and were recognised as individuals.
- The practice's uptake for the cervical screening programme was 74%, which was below the CCG average of 77% and national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw good examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

Requires improvement

The practice is rated as requires improvement for the care of working-age patients (including those recently retired and students). The provider was rated as requires improvement for safe, caring and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- 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 and flexible.
- The practice offered online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Extended hours appointments (both pre-book and emergency) were available on Thursday evening (every three out of four) from 6:30pm to 8pm . In addition, the practice offered extended hours pre-book appointments on Saturday (every three out of four) from 9am to 12pm at the premises.
- Health promotion advice was offered but there was limited accessible health promotion material available in different languages in the practice.

Summary of findings

People whose circumstances may make them vulnerable

Requires improvement

The practice is rated as requires improvement for the care of patients whose circumstances may make them vulnerable. The provider was rated as requires improvement for safe, caring and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice held a register of patients living in vulnerable circumstances including homeless patients, travellers and those with a learning disability.
- It offered annual health checks for patients with learning disabilities. Health checks were completed for 10 patients out of 22 patients on the learning disability register. Care plans were completed for 46% patients on the learning disability register.
- Longer appointments were offered to patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients.
- It had told vulnerable patients about how to access various support groups and voluntary organisations.
- 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.

People experiencing poor mental health (including people with dementia)

Requires improvement

The practice is rated as requires improvement for the care of patients experiencing poor mental health (including people with dementia). The provider was rated as requires improvement for safe, caring and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- Performance for dementia face to face review was higher than the CCG and national average. The practice had achieved 100% of the total number of points available, compared to 84% locally and 84% nationally.
- 82% of patients experiencing poor mental health were involved in developing their care plan in last 12 months.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice offered in-house talking therapies and had access to a consultant psychiatrist who visited the practice every six months to discuss more complex cases.

Summary of findings

- The practice had told patients experiencing poor mental health how to access various support groups and voluntary organisations.
- Systems were in place to follow up patients who had attended accident and emergency, when experiencing mental health difficulties.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published on 7 January 2016 showed the practice was performing higher than the local average and the national average. There were 117 responses (out of 367 sent out) and a response rate of 32%. The latest survey results showed limited change to patient experience when compared to those from the last inspection.

- 80% with a preferred GP usually get to see or speak to that GP compared with a clinical commissioning group (CCG) average of 58% and a national average of 59%.
- 94% say the last appointment they got was convenient compared with a CCG average of 92% and a national average of 92%.
- 88% find the receptionists at this surgery helpful compared with a CCG average of 85% and a national average of 87%.
- 69% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 66% and a national average of 65%.
- 92% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 84% and a national average of 85%.
- 81% describe their experience of making an appointment as good compared with a CCG average of 75% and a national average of 73%.
- 83% find it easy to get through to this surgery by phone compared with a CCG average of 74% and a national average of 73%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 22 comment cards which were mostly positive about the standard of care received. We spoke with 10 patients and four patient participation group (PPG) members during the inspection. Patients we spoke with and comments we received were very mostly positive about the care and treatment offered by the GPs and nurses at the practice, which met their needs. The majority of patients said they were treated with compassion, dignity and respect. However, not all felt cared for, supported and listened to.

The patients we spoke with on the day and comment cards we received were in line with national survey results findings that some patients were not satisfied with the GPs listening, giving enough time, involving in decisions, explaining tests and treatments, and treating them with care and concern during consultations.

The practice recognised that there were further improvements required to review and monitor concerns raised during patient feedback.

Areas for improvement

Action the service MUST take to improve

- Review the process for implementing change following incidents and significant events to ensure actions are completed. Improve the recording of discussions and actions during practice meetings.
- Ensure all actions required in response to national safety and medicines alerts are completed and disseminated within the practice.
- Ensure all necessary recruitment checks are in place including systems for assessing and monitoring risks, carrying out Disclosure and Barring Scheme (DBS) checks or risk assessment.
- Review patients feedback and address concerns regarding GPs listening, giving enough time, involving in decisions, explaining tests and treatments, and treating them with care and concern during consultations.
- Further review and monitor the governance arrangements in place to ensure the delivery of safe and effective services. For example, monitoring of non-emergency medicines, accessibility of emergency equipment, management of legionella and awareness of emergency alert system during consultations.

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Action the service SHOULD take to improve

- Ensure Patient Group Directions (PGDs) are renewed before they expire to allow nurses to administer medicines in line with legislation.
- Ensure development areas identified during appraisals are followed up and monitored systematically.
- Review the system in place to promote the benefits of cervical and bowel screening to increase patient uptake. Provide information in appropriate languages and formats.
- Ensure routine health checks are undertaken for patients aged 40 to 74 years old.
- Encourage carers to register as such to enable them to access the support available via the practice and external agencies.
- Develop and implement clear action plans, to improve the outcomes for learning disabilities patients.

Dr N Essa & Dr M Harrold (London Street 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 GP specialist advisor, a second CQC inspector and a CQC practice nurse specialist national advisor.

Background to Dr N Essa & Dr M Harrold (London Street Surgery)

The Dr N Essa and Dr M Harrold (also known locally as London Street Surgery) is situated on a busy main road in the centre of Reading. The practice is located in a converted Victorian building with limited car parking for patients and staff. Premises is accessible for patients and visitors who have difficulty managing steps. All patient services are offered on the ground, first and second floors. The practice comprises of four consulting rooms, one treatment room, a patient waiting area, reception area, administrative and management offices and a meeting room.

The practice has core opening hours from 8am to 6:30pm Monday to Friday. The practice offers a range of scheduled appointments to patients every weekday from 9am to 6pm including open access appointments with a duty GP throughout the day. Extended hours appointments are available Thursday evenings (three out of four) from 6:30pm to 8pm . In addition, the extended hours pre-book appointments are available on Saturday (every three out of four) from 9am to 12pm.

The practice had a patient population of approximately 4,500 registered patients. The practice population of patients aged between 0 to 24 years are lower than the clinical commissioning group (CCG) and national averages and there are a higher number of patients aged between 25 to 44 years old compared to clinical commissioning group (CCG) and national averages. The practice serves a large ethnic population (28%), with diverse cultural beliefs and needs. The practice also provides care to asylum seekers, refugees and the travelling community. The practice has a transient patient population and the practice is located within an area of high deprivation. This also has an impact on screening and recall programmes.

There are two GP partners and one locum GP at the practice. Two GPs are female and one male. The practice employs three practice nurses. The practice manager is supported by an assistant practice manager, a team of administrative and reception staff. Services are provided via a General Medical Services (GMS) contract (GMS contracts are negotiated nationally between GP representatives and the NHS).

The practice informed us that they had faced recruitment issues over a period of last few months due to previous practice manager resigning. The practice informed us they had recruited a new practice manager (in January 2016) and two additional reception staff to provide the stability in the staff team.

Services are provided from following location:

Detailed findings

London Street Surgery

72 London Street

Reading

Berkshire

RG1 4SJ

The practice has opted out of providing out of hours services to their patients. There are arrangements in place for services to be provided when the practice is closed and these are displayed at the practice, in the practice information leaflet and on the patient website. Out of hours services are provided during protected learning time by WestCall out of hours service or after 6:30pm, weekends and bank holidays by calling NHS 111.

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.

The practice was previously inspected on the 5 August 2015 and was rated as inadequate for safe and well-led domains, requires improvement in effective and responsive domains and good in caring. The overall rating for the practice was inadequate and they were placed into special measures.

The practice was found to be in breach of three regulations of the Health and Care Social Act 2008. Requirement notices were set for the regulations relating to the unsafe use and management of medicines, infection control, fire safety, staff training, safe care and treatment and good governance. There was not an effective operation of systems designed to regularly assess and monitor the quality of the services, to identify, assess and manage risks relating to the health, welfare and safety of patients and others who may be at risk.

How we carried out this inspection

Prior to the inspection we contacted the South Reading Clinical Commissioning Group (CCG), NHS England area team and local Healthwatch to seek their feedback about the service provided by Dr N Essa and Dr M Harrold. We also spent time reviewing information that we hold about this practice including the data provided by the practice in advance of the inspection.

Since previous inspection in August 2015, the South Reading Clinical Commissioning Group (CCG) and National Health Service England (NHSE) have organised an additional support for the practice. Improvement leads from the Royal College of General Practitioners (RCGP) have supported Dr N Essa and Dr M Harrold in developing and implementing the action plan, which resulted in significant improvements identified during the inspection on 13 April 2016.

The inspection team carried out an announced visit on 13 April 2016. During our visit we:

- Spoke with nine staff and 10 patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed 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 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.

Detailed findings

- 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.

Requires improvement

Are services safe?

Our findings

When we inspected the practice in August 2015 we observed that some safety concerns were not consistently monitored in a way to keep patients safe. For example, some actions relating to fire safety and medicines management did not reflect national guidelines in relation to safe practice. The practice did not have robust systems for reporting, recording and monitoring of incidents or significant events and there was no documented evidence for disseminating learning that had occurred from significant events and complaint outcomes to practice staff. We found infection control audits had been completed but we saw limited evidence to demonstrate actions had been completed or when they should be completed by. We found concerns relating to staffing levels and dealing with emergencies.

Safe track record and learning

At the inspection in April 2016, we noted there was an open and transparent approach and 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 also a significant event recording form available on the practice's computer system. The significant event 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 records of eight significant events and incidents that had occurred during the last 12 months. There was evidence that the practice had investigated the incidents thoroughly and learned from most significant events. For example, during a spot check one treatment room containing emergency medicines, equipment and vaccines was found not locked. The practice had investigated this issue as a significant event. The practice had discussed this issue during clinical meeting and an email was sent to all staff reminding that the treatment room door must be kept locked when not in use.
- Significant events were a standing item on the practice clinical meeting and staff team meeting agenda. However, we noticed in meeting minutes that significant events were not documented in detail. Changes and action identified were not always recorded. We saw evidence of regular clinical meetings but there was minimal evidence of staff team meetings. The practice informed us that staff team meetings held regularly and staff we spoke with confirmed this. However, we noticed that team meeting minutes were not always documented. There was a risk that staff who did not attend the meeting would not be able to identify any action required from these events to improve safety.
- We reviewed safety records and national patient safety alerts. We noticed national patient safety and medicines alerts were not systematically received and shared with the team. The practice was unable to demonstrate that the alerts had been followed up and that action had been taken relevant to the alert. For example, our discussions with two GPs showed inconsistency in following up alerts relating to medicines. The practice was unaware of a recent alert. This meant that some patients may not have been reviewed if they were prescribed a medicine subject to a national alert. There was a risk that all staff were not aware of any changes that were relevant to the practice and where they needed to take action.

Overview of safety systems and processes

The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse, however improvements were required.

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and 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 relevant to their role with the exception of a locum GP. For example, GPs were trained to safeguarding children level three, nurses were trained to safeguarding children level two and both GPs and nurses had completed adult safeguarding training. However, a locum GP was not able to produce evidence of safeguarding children level three and safeguarding adult training.

Requires improvement

Are services safe?

- A notice was displayed in the waiting room, advising patients that staff would act as a chaperone, if required. All staff who acted as a chaperone were trained for the role and most staff had received a disclosure and barring check (DBS) with the exception of a non-clinical staff who acted as a chaperone. (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 could not provide a risk assessment for the staff carrying out these duties to determine whether a DBS check was required.
- Appropriate standards of cleanliness and hygiene were followed. The premises was clean and tidy. A GP partner was the infection control lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and all staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- We checked medicines kept in the treatment rooms, medicine refrigerators and found they were stored securely (including obtaining, prescribing, recording, handling, storing and security). Records showed fridge temperature checks were carried out daily. There was a policy for ensuring that medicines were kept at the required temperatures, which described the action to take in the event of a potential failure.
- Emergency medicines were managed and monitored well. However, processes were not in place to monitor stock control of non-emergency medicines and to check whether non-emergency medicines were within their expiry date and suitable for use.
- Regular medicine audits were carried out to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use.
- When we inspected the practice in August 2015 we found the practice nurses administered vaccines using directions that had not been produced in line with legal requirements and national guidance. Patient Group Directions (PGDs) had not been signed and dated by an appropriate professional. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment).
- At the inspection in April 2016 we noted the practice had taken the corrective action and Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. Patient Group Directions (PGDs) had been signed and dated by all relevant professionals. However, the practice informed us that four Patient Group Directions (PGDs) had been expired 12 days before the inspection. The practice was liaising with Clinical Commissioning Group (CCG) to renew expired PGDs. The practice had introduced an interim protocol to enable the nurses to continue to administer the relevant vaccines after these were authorised by a GP until PGDs remained out of date.
- Recruitment checks were carried out and the four staff files we reviewed showed that recruitment checks had been undertaken prior to employment with the exception of Disclosure and Barring Service (DBS) checks. For example, proof of identification, references, qualifications and registration with the appropriate professional body.

Monitoring risks to patients

Risks to patients were assessed and well managed, however some improvements were required.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The practice had an up to date fire risk assessment in place and they carried out fire drills. The practice had taken steps to correct actions identified in the previous fire risk assessment.
- All electrical and clinical equipment was checked to ensure it was safe. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (a bacterium which can contaminate water systems in buildings). However, the practice was not undertaking regular timetabled checks that ensured the risk from hot and cold water supplies was being managed effectively. For example, hot and cold water temperatures were not being monitored. The practice had not nominated and trained an individual as advised in previous risk assessment to carry out regular checks.
- When we inspected the practice in August 2015 we found concerns relating to staffing levels. At the inspection in April 2016 we noted the practice had

recruited two reception staff, a full time practice manager and introduced two additional sessions per week with a locum GP. The practice informed us they were in discussion with a practice nurse prescriber to increase her weekly sessions at the practice and they were also in negotiation with a GP to join the practice as a new GP partner or a salaried GP. Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system in all the consultation and treatment rooms which alerted staff to any emergency. However, a practice nurse we spoke with was unaware how to alert staff to any emergency.
- All clinical and non-clinical staff had received annual basic life support training and there were emergency medicines available in the treatment room.
- When we inspected the practice in August 2015 we found the defibrillator was not working. There was no system in place to check the defibrillator regularly. At the inspection in April 2016 we noted the practice had a working defibrillator available on the premises and oxygen with adult and children's masks. We noted that defibrillator checks were carried out daily and documented regularly. However, the defibrillator was not labelled or stored in a portable carrier with other equipment that would be needed in an emergency. There was therefore a risk of an unnecessary delay for patients requiring its use.
- There was also a first aid kit and accident book 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 fit for use.
- 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 staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

When we inspected the practice in August 2015 there was limited evidence of completed clinical audit cycles or that audit was driving improvement in performance, which improved patient outcomes. Although staff were receiving annual appraisals, we found no evidence that confirmed learning needs and development plans were in place for each member of staff. Staff had not received relevant role specific mandatory training. There was no action plan in place to achieve this.

Effective needs assessment

When we inspected the practice in August 2015 the practice did not have an internal system to store all National Institute for Health and Care Excellence (NICE) best practice guidelines for easier access and staff were downloading the guidelines from the external website, as required. At the inspection in April 2016 we noted that the practice had developed an internal system for easier access. The practice assessed needs and delivered care in line relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

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). In 2014-15, the practice had achieved 97% of the total number of points available, compared to 91% locally and 94% nationally, with 6% exception reporting. The level of exception reporting was lower than CCG average (7%) and the national average (9%). Exception reporting is the percentage of patients who would normally be monitored but had been exempted from the measures. These patients are excluded from the QOF percentages as they have either declined to participate in a review, or there are specific clinical reasons why they cannot be included.

During the inspection the practice had provided us recent QOF results. In 2015-16, the practice had achieved 98% of the total number of points available. We noted low exception reporting and continuous good progress in recent QOF results.

Data from 2014-15 showed;

- Performance for diabetes related indicators was better than the Clinical Commissioning Group (CCG) average and better than the national average. The practice had achieved 91% of the total number of points available, compared to 80% locally and 89% nationally.
- Performance for mental health related indicators was better than the CCG and national average. The practice had achieved 97% of the total number of points available, compared to 91% locally and 93% nationally.
- The percentage of patients with hypertension having regular blood pressure tests was comparable to the CCG and national average. The practice had achieved 80% of the total number of points available, compared to 81% locally and 84% nationally.

When we inspected the practice in August 2015 we found limited evidence of completed clinical audit cycles. At the inspection in April 2016 we noted clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved in improving care and treatment and patient outcomes.

- The practice had carried out number of repeated clinical audits cycles. We checked nine clinical audits completed recently, three of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in applicable local audits, national benchmarking and accreditation.
- Findings were used by the practice to improve services. For example, we saw evidence of repeated audit cycle of patients with atrial fibrillation (AF) (AF was a heart condition that caused an irregular and often abnormally fast heartbeat that could lead to blood clots, stroke,

Good

Are services effective?

(for example, treatment is effective)

heart failure and other heart-related complications) not receiving anti-coagulation treatment (anticoagulants medicines were used to reduce the body's ability to form clots in the blood and prevent stroke).

- The aim of the audit was to identify and offer treatment to the patients with AF who required anti-coagulation treatment. The audit in September 2015 demonstrated that 48% of patients with AF were receiving anti-coagulation treatment. The practice reviewed their protocol and invited patients for medicine reviews. We saw evidence that the practice had carried out follow up audit after three months which demonstrated improvements in patient outcomes and found 69% AF patients were receiving anti-coagulation treatment in January 2016.

Effective staffing

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

- The practice had a staff handbook for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- 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 these learning needs and to cover the scope of their work. This included ongoing support during one-to-one meetings, appraisals, coaching, mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had received an appraisal within the last 12 months.
- When we inspected the practice in August 2015 we found limited evidence of continuous learning and development plans. At the inspection in April 2016 the practice had demonstrated improvements in this area. We saw good examples of staff annual appraisals including development plans. One non-clinical member of staff and two practice nurses were due their annual appraisals, and we saw evidence that all three remaining appraisals meetings were planned with in next two weeks.
- At the inspection in April 2016 we found staff received training that included: safeguarding children and adults, fire safety, basic life support, health and safety and equality and diversity. Staff had access to and made use of e-learning training modules and in-house training.

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 and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

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

- 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 patients, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.
- The provider informed us that verbal consent was taken from patients for routine examinations and minor procedures and recorded in electronic records.
- All clinical staff demonstrated a clear understanding of the Gillick competency test. (These are used to help assess whether a child under the age of 16 has the maturity to make their own decisions and to understand the implications of those decisions).

Supporting patients to live healthier lives

Good

Are services effective?

(for example, treatment is effective)

Patients who may be in need of extra support were identified by the practice.

- These included 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. Patients were signposted to the relevant external services where necessary such as local carer support group.
- The practice was offering smoking cessation advice. For example, information from Public Health England (2014-15) showed 91% of patients (15+ years old) who were recorded as current smokers had been offered smoking cessation support and treatment in last 24 months. This was better than the national average of 86%.
- The practice informed us they had a transient patient population and the practice was located within an area of high deprivation. This also had an impact on screening and recall programmes.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 74%, which was below the CCG average of 77% and national average of 82%. There was a policy to offer text message reminders for patients about appointments.

On the day of inspection the practice was not able to demonstrate how they encouraged uptake of the screening programme by using information in different languages. However, the practice informed us they had contacted clinical commissioning group (CCG) requesting multi-language leaflets or notices and waiting for further information. We saw limited multi-language information was available on the TV screen displayed in the waiting area. In total 46% of patients eligible had undertaken bowel cancer screening and 72% of patients eligible had been screened for breast cancer, compared to the national averages of 58% and 72% respectively.

Childhood immunisation rates for the vaccines given to under twos were ranged from 86% to 92% which was comparable to the CCG average ranged from 81% to 93% and five year olds were ranged from 83% to 95% which was comparable to the CCG average ranged from 81% to 92%.

The practice informed us they were not offering routine health checks for patients aged 40–74 due to capacity issues. However, the practice was offering health checks for new patients if required. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Requires improvement

Are services caring?

Our findings

When we inspected the practice in August 2015 the practice was rated good in caring domain.

Kindness, dignity, respect and compassion

At the inspection in April 2016 we found that patient feedback in relation to the care they received was mixed. We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that patients were treated 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 and that 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.
- The practice was planning to install a safety shield at the reception area to enhance staff safety, patients privacy and maintain confidentiality.

Most of the 22 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We also spoke with four 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. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed majority of patients felt they were treated with compassion, dignity and respect. The practice was above to the Clinical Commissioning Group (CCG) and national averages for most of its satisfaction scores on consultations with doctors and nurses. For example:

- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and national average of 95%.
- 90% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 89% and national average of 90%.
- 88% of patients said they found the receptionists at the practice helpful compared to the CCG average of 85% and national average of 87%.

However, the result was below to the CCG average and the national average for:

- 81% of patients said the GP was good at listening to them compared to the CCG average of 85% and national average of 89%.
- 81% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83% and national average of 85%.
- 78% of patients said the GP gave them enough time compared to the CCG average of 84% and national average of 87%.

Patients we spoke with and comments we received were mostly positive. However, two out of 22 comment cards we received and two out of 10 patients we spoke with on the day raised some dissatisfaction about GPs listening and giving enough time during consultations which were aligned with the national GP patient survey results.

All four patient participation group (PPG) members informed us that they were satisfied with the care and treatment offered by the GPs and nurses at the practice and they were always treated with compassion, dignity and respect. All PPG members said they were surprised when the practice was placed under special measures.

Care planning and involvement in decisions about care and treatment

Majority of the patients we spoke with told us that health issues were discussed with them and they felt mostly involved in decision making about the care and treatment they received. Two out of 10 patients told us they did not feel listened to and supported by GPs and did not have sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was mostly positive and aligned with these views.

Requires improvement

Are services caring?

Results from the national GP patient survey we reviewed showed patients responded less positively to questions about their involvement in planning and making decisions about their care and treatment and results were below CCG average and national average. For example:

- 74% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and national average of 86%.
- 72% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 78% and national average of 82%.

However, the result was above to the CCG average and the national average for:

- 85% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 84% and national average of 85%.

The practice had recognised they need to improve and monitor concerns raised during patient feedback and carried out an internal survey in February 2016, which was completed by 106 patients. Results from the survey showed;

- 85% patients said the last GP they saw was good at involving them in decisions about their care.
- 84% patients said the last nurse they saw was good at involving them in decisions about their care.

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. We saw notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room 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. There was a practice register of 29 patients (0.64% of the practice patient population list size) who were carers and they were being supported, for example, by offering health checks and referral for social services support. Written information was available for carers to ensure they understood the various avenues of support available to them. The practice website also offered additional services including counselling. Comment cards highlighted that staff responded compassionately when patients needed help and provided support when required.

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

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

When we inspected the practice in August 2015 we noted access to the practice did not always meet the needs of the patients and as a result we saw that patients with limited mobility, wheelchair users and patients with prams had difficulty with accessing the service. The practice had not appointed a designated lead for complaints and there was no system in place to disseminate learning from complaints to the practice staff.

Responding to and meeting people's needs

When we inspected the practice in August 2015 we found the first two doors used to enter the practice did not have an automatic door activation system and there was no doorbell to alert staff to help with the doors. We observed the space in the lift was very restricted for wheelchair users and patients with prams. There was no grab rail on the inside of the door in disabled toilet. The practice did not have induction loop and there was no designated parking facilities for disabled patients.

At the inspection in April 2016 we found the practice was responsive to patient's needs and had systems in place to maintain the level of service provided. The demands of the practice population were understood and systems were in place to address identified needs in the way services were delivered. Many services were provided from the practice including diabetic clinics, mother and baby clinics and a smoking cessation clinic. The practice worked closely with health visitors to ensure that patients with babies and young families had good access to care and support. Services were planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care. For example;

- There were disabled facilities, hearing loop and translation services available. The practice had installed a grab rail on the inside of the door in disabled toilet. The practice had designated a parking space for disabled patients in the practice car park.
- The practice had undertaken a repair work to widen the lift to meet the needs of the patients with limited mobility, wheelchair users and patients with prams with regards to access. The practice had installed an automatic door activation system at both doors used to enter the premises.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately were referred to other clinics for vaccines available privately.
- Patients' with diabetes benefitted from person-centred and coordinated care. For example, the practice had adopted the 'House of Care' model, in line with best practice. This model promoted and encouraged a holistic approach to the care delivered to patients with long term conditions, in order to support them achieve good health outcomes. For example, all patients with diabetes received their blood results a week prior to their appointment with the nurse. The practice had employed a specialist diabetic nurse to run weekly clinics and had an access to a diabetic consultant, who ran quarterly virtual diabetic clinics. The practice nurses discussed patients with complex conditions and sought advice from the consultant. All patients were sign-posted to the local diabetes website and offered educational courses to support them with their condition.

Access to the service

The practice was open from 8am to 6:30pm Monday to Friday. The practice was closed on bank and public holidays and patients were advised to call NHS 111 for assistance during this time to access out of hours services via WestCall. The practice offered range of scheduled appointments to patients every weekday from 9am to 6pm including open access appointments with a duty GP throughout the day. In addition to pre-bookable appointments that could be booked up to 12 weeks in advance, urgent appointments were also available for patients that needed them. The practice offered extended hours appointments (both pre-book and emergency) Thursday evenings (three out of four) from 6:30pm to 8pm . In addition, the practice offered extended hours pre-book appointments on Saturday (three out of four) from 9am to 12pm at the premises.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment were above to the CCG average and the national average. For example:

- 78% of patients were satisfied with the practice's opening hours compared to the CCG average of 78% and national average of 75%.
- 83% of patients said they could get through easily to the practice by phone compared to the CCG average of 74% and national average of 73%.
- 81% of patients described their experience of making an appointment as good compared to the CCG average of 75% and national average of 73%.
- 69% of patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 66% and national average of 65%.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns.

- The complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. The complaints procedure was available from reception, detailed in the patient leaflet and on the patient website. Staff we spoke with were aware of their role in supporting patients to raise concerns. 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 looked at six complaints received in the last 12 months and found that all written complaints had been addressed in a timely manner. When an apology was required this had been issued to the patient and the practice had been open in offering complainants the opportunity to meet with either the manager or one of the GPs.

Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care.

Are services well-led?

Requires improvement

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

Our findings

When we inspected the practice in August 2015 the practice did not have a clear leadership structure in place. The weak leadership of the practice was not always consistent which impacted on the quality and safety of the service to patients. Governance systems were poor and these were unclear and not always effective. The practice did not hold regular governance meetings and issues were discussed only at adhoc and unplanned meetings. The minutes and actions identified at the meetings were not recorded and there was no process to follow these actions up. Policies and procedures had not been reviewed regularly. Significant events, complaints and incidents were not reviewed regularly for trends and learning was not shared with staff. The practice had not taken all measures to identify, assess and manage risks. There was not a strong focus on continuous learning and development.

Vision and strategy

At the inspection in April 2016 we found significant progress had been made. The practice showed that they had a clear vision to deliver high quality care and promote good outcomes for patients.

- We found details of vision and core values were part of the practice's statement of purpose and strategy. The practice aims and objectives included working in partnership with patients and staff to provide the best quality patient centred healthcare. This also included treating patients with dignity and respect and delivering high quality services to meet the specific needs of patients.
- The practice had a strategy and supporting business development plan which reflected the vision and values. The practice informed us that governance arrangements including business development plan and service improvement plan had been regularly discussed during clinical meetings. We saw evidence of regular clinical meetings but we noticed in meeting minutes that governance arrangements discussions were not always documented.
- The practice sent CQC a service improvement plan, two weeks prior to inspection, detailing the improvements they had either completed (approximately 80%) or had timetabled to address the breaches of regulation found in August 2015. We noted that the action plan had been prepared with input from RCGP. Our discussions with staff during the inspection showed a clear understanding that the partners and the new practice manager were responsible for driving the improvements identified in the plan. There were a number of improvements that had been completed in a timely manner. The practice demonstrated that they had implemented substantial changes identified in the improvement plan. However, the practice was required to make further improvements.

Governance arrangements

At the inspection in April 2016, we found the practice had made significant improvements since our last inspection in August 2015. The practice had improved governance framework which supported the delivery of the strategy and good quality care. However, the practice was required to make further improvements.

- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, monitoring of specific areas required improvement, for example:
- The practice had not undertaken Disclosure and Barring Scheme (DBS) checks or risk assessment of a non-clinical staff who acted as a chaperone and lessons learned from significant events and incidents were not always communicated widely enough to ensure risks were managed appropriately.
- Monitoring of non-emergency medicines stock and expiry dates, patients dissatisfaction during consultations with GPs regarding listening, giving enough time and involving in decisions about their care, and the practices uptake of some national screening programmes was below average compared to the local and national averages.
- Legionella risk assessment had been undertaken but recommendations were not followed up and regular checks were not carried out.
- A practice nurse we spoke with was not sure how to use an instant messaging alert system in emergency during consultations.
- All the partners and staff had worked hard to undertake a complete review of the service since the previous inspection and made significant improvements.
- The previous practice manager had resigned from his position and a new practice manager had been in place since January 2016.

Are services well-led?

Requires improvement

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

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were in place and were available to all staff. Staff we spoke with knew where to find these policies if required.
- Staff had a comprehensive understanding of the performance of the practice.
- Audits were undertaken and we saw three completed audit cycles, which were used to monitor quality and to make improvements.

All staff we spoke with had a comprehensive understanding of the improved governance arrangements and performance of the practice. Staff told us there was an open and relaxed atmosphere in the practice and there were opportunities for staff to meet for discussion or to seek support and advice from colleagues.

Leadership and culture

The partners in the practice prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff. The partners encouraged a culture of openness and honesty.

The provider was aware of and had systems in place to ensure compliance with the requirements of the Duty of Candour (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The practice had systems in place for knowing about notifiable safety incidents.

When there were safety incidents:

- The practice gave affected patients reasonable support, truthful information and a verbal and written apology.
- They kept written logs of verbal interactions as well as written correspondence.

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us that the practice held regular team meetings since new practice manager had joined the practice in January 2016.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners and management in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service.

- It had gathered feedback from patients through the patient participation group (PPG) and through surveys including and complaints received. The practice informed us they were not collecting patient's feedback through friends and family tests (FFT). However, the practice had carried out internal patient's satisfaction survey and language survey.
- There was an active PPG which met on a regular basis, supported patient surveys and submitted proposals for improvements to the practice management team. For example, practice appointment system and extended hours appointments had been reviewed, telephone consultations and local telephone number had been introduced following feedback from the PPG.
- The practice had also gathered feedback from staff through staff meetings, appraisals and discussion. We saw that appraisals were completed in the last year for staff.
- Staff we spoke to informed us they had noticed significant improvements in last six months. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

- When we inspected the practice in August 2015 the practice did not have a strong focus on continuous learning and development.
- At the inspection in April 2016 we found significant progress had been made. There was a focus on continuous learning and improvement at all levels within the practice. For example, most staff had completed mandatory training courses. However, the

Are services well-led?

Requires improvement

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

practice was still in the process of completing staff development plans as part of staff annual appraisals and we saw evidence that all three remaining appraisals meetings were planned with in next two weeks.

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 Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met: National patient safety and medicines alerts were not systematically received and shared with the team. Regulation 12(1)(2)

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance How the regulation was not being met: We found the registered person did not have effective governance, assurance and auditing processes to assess, monitor and improve the quality of service provided in carrying out the regulated activities. For example, monitoring of specific areas such as regular stock and expiry dates checks of non-emergency medicines, staff knowledge of how to use emergency alert system during consultations, management of legionella and lessons learnt from significant events were not always communicated widely enough to support improvement. Disclosure and Barring Scheme (DBS) checks or risk assessment were not carried out for a non-clinical staff undertaking chaperoning duties. Review patients feedback and address concerns regarding GPs listening, giving enough time, involving in decisions, explaining tests and treatments, and treating them with care and concern during consultations. Regulation 17(1)(2)