

Long Barn Lane Surgery

Quality Report

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

Ratings

Overall rating for this service

Requires improvement 

Are services safe?

Requires improvement 

Are services effective?

Requires improvement 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

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 Long Barn Lane Surgery on 18 May 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 January 2015 found breaches of regulations relating to the safe and well led delivery of services. The overall rating of the practice in January 2015 was 'requires improvement'. Following the inspection, we received an action plan which set out what actions were to be taken to achieve compliance.

At the inspection in May 2016, we found the practice had made some improvements since our last inspection in January 2015. However, the practice is required to make further improvements and is rated as 'requires improvement' overall. The practice had not addressed some of the issues identified during our last inspection in January 2015 and rated as 'inadequate' for the provision of a well led service. Specifically, we found the practice to

'requires improvement' for the provision of a safe and effective services. It was rated 'good' for providing caring and responsive services. The concerns which led to these ratings apply to all population groups using the practice.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. The majority of information about safety was recorded, monitored and reviewed.
- Risks to patients and staff were assessed and well managed in some areas, with the exception of those relating to suitability of premises, the adult safeguarding policy, the management of legionella and the monitoring of emergency equipment to deal with emergencies.
- Data showed patient outcomes were comparable to the national average. However, the practice was required to improve outcomes for patients with learning disabilities, patients with dementia and patients at risk of unplanned admission.
- We found that completed clinical audits cycles were driving positive outcomes for patients.

Summary of findings

- 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. However, some staff had not completed mandatory training including fire safety and infection control training.
- Results from the national GP patient survey showed that the 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. All patients we spoke with on the day of inspection confirmed this.
- Information about services and how to complain were available and easy to understand.
- Patients we spoke to on the day of inspection informed us they were able to make an appointment with a named GP, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs. However, the practice was required to improve wheelchair and pram access.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.
- The practice had made some improvements in areas relating to poor governance systems and succession planning. For example, two new GP partners had joined the partnership in April 2016 and the practice had developed a new robust strategic business plan.
- The practice had not always reviewed policies and procedures to identify, assess and manage risks to health, safety and welfare and it was unclear at what frequency these would be reviewed.

The areas where the provider must make improvements are:

- Review and implement all policies and procedures required to identify, assess and manage risks to health, safety and welfare.
- Ensure that they carry out health and safety related risk assessments of both locations to monitor safety of the premises such as control of substances hazardous to health, manual handling, disability access and suitability of the premises.
- Ensure all staff have undertaken mandatory training relevant to their role and improve record keeping of training certificates.
- Review and improve the systems in place to effectively monitor face to face reviews of patients with dementia, care plans for patients with learning disabilities and patients at risk of unplanned admission.
- Further review, assess and monitor the governance arrangements in place to ensure the delivery of safe and effective services. For example, monitoring of emergency equipment and management of legionella.

In addition the provider should:

- Ensure a risk assessment is in place for staff undertaking chaperoning duties while their Disclosure and Barring Scheme (DBS) check application is in progress.
- Ensure to develop an action plan to address and improve the level of exception reporting.
- Review the process of identifying carers to enable them to access the support available via the practice and external agencies.
- Review the system in place to promote the benefits of smoking cessation in order to increase patient uptake.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as requires improvement for providing safe services as there are areas where it must make improvements.

- When we inspected the practice in January 2015 we observed that some safety concerns were not consistently monitored in a way to keep patients safe. For example, some actions relating to monitoring of general cleaning standards, monitoring of fridge temperatures and management of prescription safety and security did not reflect national guidelines in relation to safe practice.
- At the inspection in May 2016, we noted the practice had made improvements in most areas identified during the previous inspection in January 2015 with the exception of a written risk assessment for suitability of the branch practice.

In addition, improvements were required in other areas identified during this inspection.

- Although some risks to patients who used services were assessed, the systems and processes to address these risks were not always implemented well enough to ensure patients were kept safe. For example, management of legionella and monitoring of emergency equipment to deal with emergencies.
- The practice had not carried out all required health and safety related risk assessments of both locations to monitor safety of the premises, such as control of substances hazardous to health, manual handling, disability access and suitability of premises.
- There was a lead for safeguarding adults and child protection. However, the adult at risk safeguarding policy had not been reviewed since April 2013.
- There was an infection control protocol in place, infection control audits were undertaken and general cleaning standards were monitored regularly. However, some staff had not completed infection control training relevant to their role.
- The practice had not undertaken a risk assessment for staff undertaking chaperoning duties while their Disclosure and Barring Scheme (DBS) check application was in progress to ensure risks were managed appropriately.
- 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.

Requires improvement



Summary of findings

- When there were safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

Are services effective?

The practice is rated as requires improvement for providing effective services as there are areas where it must make improvements.

- Staff had the skills, knowledge and experience to deliver effective care and treatment. However, some staff had not completed mandatory training including infection control, health and safety and fire safety.
- The practice was required to review and improve the systems in place to effectively monitor care plans for patients with learning disabilities and patients at risk of unplanned admission.
- For example, care plans were not completed for any patient out of 19 patients on the learning disabilities register.
- The practice had shown significant improvement in the uptake of the national screening programme. However, improvements were needed to promote smoking cessation advice and treatment to patients (15+ years old) who were recorded as current smokers.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were mostly above average for the local Clinical Commissioning Group (CCG) and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patient's needs.

Requires improvement



Are services caring?

The practice is rated as good for providing caring services.

- 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 that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.

Good



Summary of findings

- We noted the practice offered a translation service and staff treated patients with kindness and respect, and maintained confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice had applied for a funding from the CCG to improve disabled access through front doors and expansion of the premises.
- We saw that patients with limited mobility, wheelchair users and patients with prams had difficulty with accessing the service. We found the first two doors used to enter the practice did not have an automatic door activation system but there was a doorbell to alert staff to help with the doors.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Patients we spoke to on the day of inspection informed us they were able to make an appointment with a named GP, with urgent appointments available the same day.
- 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.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patient's needs.

Good



Are services well-led?

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

- When we inspected the practice in January 2015, we found the monitoring of specific areas required improvement, such as poor governance systems, management of prescription safety and security, monitoring of fridge temperatures and day to day cleaning standards, which impacted on the quality and safety of the service to patients. The practice had not reviewed policies and procedures regularly and risk assessments of the suitability of the branch practice premises had not been undertaken.
- At the inspection in May 2016, we noted the practice had made some improvements in areas relating to poor governance systems and succession planning. For example, two new GP

Inadequate



Summary of findings

partners had joined the partnership in April 2016 and the practice was in discussion with a female GP to potentially join the partnership in the near future. The practice had developed a new robust strategic business plan 2016-17 and there was a clear vision to move forward by adapting new models of care pathways.

However, the practice had not dealt with some of the issues identified in previous inspection in January 2015 in a timely manner. For example,

- The practice had not always reviewed policies and procedures to identify, assess and manage risks to health, safety and welfare and it was unclear at what frequency these should be reviewed. For example, the adult at risk safeguarding policy had not been reviewed since April 2013.
- The practice had not undertaken a risk assessment of the suitability of the branch practice premises to ensure patients' safety.
- There was a governance framework but improvements were required in the following areas.
- Management of legionella, monitoring of emergency equipment to deal with emergencies and relevant risk assessments, which was putting patients at risk.
- Record keeping system of staff training certificates was not effective and training certificates were not always kept in files or readily available.
- There was a clear leadership structure and staff felt supported by management.
- The practice was aware of and complied with the requirements of the Duty of Candour. GPs encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents
- The practice proactively sought feedback from staff and patients, which it acted on. There was an active patient participation group.

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 'inadequate' for well led and 'requires improvement' for safe and effective services. 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. However, the practice did not provide a low level desk at the front reception and the first two doors used to enter the practice did not have an automatic door activation system but there was doorbell to alert staff to help with the doors.
- There was a register to manage end of life care.
- 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 'inadequate' for well led and 'requires improvement' for safe and effective services. 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. However, care plans were completed for 32 patients out of 116 patients on the unplanned admissions register.
- Longer appointments and home visits were available when needed.
- All patients with long term conditions had a named GP and a structured annual review to check that their health and medicines needs were being met.

Summary of findings

- 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

The practice is rated as requires improvement for the care of families, children and young patients. The provider was rated as 'inadequate' for well led and 'requires improvement' for safe and effective services. 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 to the CCG average for all standard childhood immunisations.
- The practice's uptake for the cervical screening programme was 81%, which was comparable to the national average of 82%.
- Patients told us that children and young patients were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw good examples of joint working with midwives, health visitors and school nurses.

Requires improvement



Working age people (including those recently retired and students)

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 'inadequate' for well led and 'requires improvement' for safe and effective services. 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, flexible and offered continuity of care.
- For example, the practice offered extended hours appointments every Tuesday and Thursday evenings from 6.30pm to 7.30pm. In addition, the practice offered extended hours pre-bookable appointments every third Saturday morning from 9.30am to 11am.

Requires improvement



Summary of findings

- The practice was proactive in offering online services and telephone consultations.
- Health promotion advice was offered and accessible health promotion material available in the practice.

People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of patients whose circumstances may make them vulnerable. The provider was rated as 'inadequate' for well led and 'requires improvement' for safe and effective services. 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 18 patients out of 19 patients on the learning disability register. Care plans were not completed for any patient 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)

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 'inadequate' for well led and 'requires improvement' for safe and effective services. 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 below the CCG and national average. The practice had achieved 70% of the total number of points available, compared to 84% locally and 84% nationally.

Requires improvement



Requires improvement



Summary of findings

- 92% 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 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 below the local and the national averages. There were 92 responses and a response rate of 28%.

- 62% find it easy to get through to this practice by phone compared with a CCG average of 74% and a national average of 73%.
- 85% 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%.
- 78% described the overall experience of their GP practice as good compared with a CCG average of 83% and a national average of 85%.
- 68% said they would definitely or probably recommend their GP practice to someone who has just moved to the local area compared with a CCG average of 75% and a 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 17 comment cards which were positive about the standard of care received. We spoke with nine patients and two patient participation group (PPG) members during the inspection. Patients we spoke with and comments we received were positive about the care and treatment offered by the GPs and nurses at the practice, which met their needs. They said staff treated them with dignity and their privacy was respected. They also said they always had enough time to discuss their medical concerns.

The practice was aware of poor national GP survey results and they had taken steps to address the issues. For example:

- Two new GP partners joined the practice in April 2016, which had increased availability of appointments and promoted continuity of care.
- The practice had reviewed appointment booking system, started releasing all same day appointments in the morning (instead of twice a day) and telephone consultation appointments with GPs had been introduced.
- The practice had employed additional administration staff to answer phone calls during peak hours.
- The two PPG members and nine patients we spoke with on the day informed us they were satisfied with appointment booking system and were able to get appointments when they needed them.
- We checked the online appointment records of two GPs and noticed that the next appointments with named GPs were available within two week. Urgent appointments with GPs or nurses were available the same day.
- Staff we spoke with on the day informed us they had noticed significant improvement in availability of appointments in last few weeks. The practice recognised that there was more work to do to monitor and review appointments booking system.

Areas for improvement

Action the service MUST take to improve

- Review and implement all policies and procedures required to identify, assess and manage risks to health, safety and welfare.
- Ensure that they carry out health and safety related risk assessments of both locations to monitor safety of the premises such as control of substances hazardous to health, manual handling, disability access and suitability of the premises.
- Ensure all staff have undertaken mandatory training relevant to their role and improve record keeping of training certificates.
- Review and improve the systems in place to effectively monitor face to face reviews of patients with dementia, care plans for patients with learning disabilities and patients at risk of unplanned admission.
- Further review, assess and monitor the governance arrangements in place to ensure the delivery of safe and effective services. For example, monitoring of emergency equipment and management of legionella.

Summary of findings

Action the service SHOULD take to improve

- Ensure a risk assessment is in place for staff undertaking chaperoning duties while their Disclosure and Barring Scheme (DBS) check application is in progress.
- Ensure to develop an action plan to address and improve the level of exception reporting.
- Review the process of identifying carers to enable them to access the support available via the practice and external agencies.
- Review the system in place to promote the benefits of smoking cessation in order to increase patient uptake.

Long Barn Lane 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 and a practice nurse specialist advisor.

Background to Long Barn Lane Surgery

Long Barn Lane Surgery is situated in Reading. The practice is located in a converted premises. Premises are accessible for patients and visitors who have difficulty managing steps. All patient services are offered on the ground and first floors. The practice comprises of three consulting rooms, one treatment room, a patient waiting area, reception area, administrative and management offices and a meeting room. The practice also offers services from a branch located at Southcote Clinic. The branch practice comprises of one consulting room, one treatment room, a patient waiting area and reception area.

The practice has core opening hours from 8am to 6.30pm Monday to Friday. The practice has offered a range of scheduled appointments to patients every weekday from 8.30am to 6.20pm including open access appointments with a duty GP. Extended hours appointments are available every Tuesday and Thursday evenings from 6.30pm to 7.30pm. In addition, extended hours pre-bookable appointments are available every third Saturday morning from 9.30am to 11am.

The practice had a patient population of approximately 5,600 registered patients. The practice population of patients aged between 0 to 19 years and 25 to 34 years are higher than the national average and there are a lower

number of patients aged above 55 years old compared to the national average. The practice serves a large ethnic population (22%), with diverse cultural beliefs and needs. The practice is located in a part of Reading with the highest levels of income deprivation in the area.

Two new male GP partners has joined the partnership in April 2016 and the practice is in discussion with a female GP prepared to join the partnership in the near future. A senior GP partner has submitted an application to deregister as a current CQC registered manager and is planning to retire by December 2016. One of the new GP partners has submitted an application to become a new CQC registered manager.

There are three GP partners and two locum GPs at the practice. Two GPs are female and three male. The practice employs two practice nurses. The practice manager is supported by a reception team leader, a clinical data lead, a team of administrative and reception staff. Services are provided via a Primary Medical Services (PMS) contract (PMS contracts are negotiated locally between GP representatives and the local office of NHS England).

Services are provided from following two locations and patients can attend any of the two practice locations. We visited Southcote Clinic during this inspection.

Long Barn Lane Surgery

22 Long Barn Lane

Reading

Berkshire

RG2 7SZ

Southcote Clinic

Coronation Square

Southcote

RG30 3QP

Detailed findings

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, (Regulated Activities) Regulations 2014, 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 21 January 2015 and was rated as requires improvement for safe and well-led domains, good in effective, caring and responsive domains. The overall rating for the practice was requires improvement.

The practice was found to be in breach of two regulations of the Health and Care Social Act 2008, (Regulated Activities) Regulations 2014. Requirement notices were issued for the regulations relating to the 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 Long Barn Lane Surgery. We also spent time reviewing information that we hold about this practice including the data provided by the practice in advance of the inspection.

The inspection team carried out an announced visit on 18 May 2016. During our visit we:

- Spoke with 10 staff and nine 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.
- 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.

Are services safe?

Our findings

When we inspected the practice in January 2015 we observed that some safety concerns were not consistently monitored in a way to keep patients safe. For example, some actions relating to monitoring of general cleaning standards and management of prescription safety and security did not reflect national guidelines in relation to safe practice. The practice did not have robust systems for checking fridge (used to store small amount of immunisations) temperatures at the branch practice. The treatment room at the branch practice was not fit for purpose (the room was doubling up as a storage facility due to the fact that there was insufficient storage space within the practice) and the practice had not carried out a risk assessment for suitability of the premises. Improvements had been made and our findings at the May 2016 inspection were:

Safe track record and learning

At the inspection in May 2016, we noted there was an effective 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 recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events. Significant events were a standing item on the practice meeting agenda.
- We reviewed records of nine significant events and incidents that had occurred during the last year. There was evidence that the practice had learned from significant events and the changes to be implemented had been clearly planned. For example, following a

significant event the practice had revised their document scanning protocol and advised all staff to follow the guidelines to ensure patient details were verified before scanning documents to patient records.

- We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed.

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. However, we noted that the adults at risk safeguarding policy had not been reviewed since April 2013 and included details of previous practice manager. There was a lead member of staff for safeguarding. However, the adults at risk safeguarding policy did not include details of a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. 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.
- A notice was displayed in the waiting room and consultation rooms, advising patients that staff would act as a chaperone, if required. All clinical and non-clinical staff who acted as a chaperone were trained for the role and had received a disclosure and barring check (DBS). One member of administration staff undertaking chaperoning duties had a DBS application in progress. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). The practice had not undertaken a risk

Are services safe?

assessment for staff undertaking chaperoning duties while their Disclosure and Barring Scheme (DBS) check application was in progress to ensure risks were managed appropriately.

- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. A practice nurse 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 nursing 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 safely and securely (including obtaining, prescribing, recording, handling, storing and security). Processes were in place to check medicines were within their expiry date and suitable for use. Processes were in place for handling repeat prescriptions which included the review of high risk medicines. Regular medicine audits were carried out to ensure the practice was prescribing in line with best practice guidelines for safe prescribing.
- Records showed fridge temperature checks were carried out daily. There was a policy for ensuring that medicines were kept at the required temperatures, which also described the action to take in the event of a potential failure. Patient Group Directions (PGDs) and Patient Specific Directions (PSDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- All prescriptions were reviewed and signed by a GP before they were given to the patient. Blank prescription forms and pads were handled in accordance with national guidance as these were tracked through the practice and kept securely at all times.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs.
- Recruitment checks were carried out and the four staff files we reviewed showed that recruitment checks had been undertaken prior to employment. For example, Disclosure and Barring Service (DBS) checks, proof of

identification, references, qualifications and registration with the appropriate professional body. However, one member of administration staff undertaking chaperoning duties had a DBS application in progress.

Monitoring risks to patients

At the inspection in May 2016, the practice had some arrangements in place to assess and manage risks to patients and staff. However, improvements were required.

- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice had a health and safety policy. However, the practice had not always carried out health and safety related risk assessments of both locations to monitor safety of the premises such as control of substances hazardous to health, manual handling, disability access and suitability of premises. The practice manager provided email evidence to confirm that an external contractor visit was booked to carry out a health and safety risk assessment within two weeks after the inspection day.
- When we inspected the practice in January 2015, we observed that the treatment room at the branch practice was not fit for purpose and the practice had not carried out a risk assessment for suitability of premises. There was insufficient space for the nurse to carry out treatments safely. The room was 'doubling up' as a storage facility with large boxes on cupboards. The sharps box, containing used syringes, was kept on the floor where it could have been knocked over or a child could place their hand inside.
- At the inspection in May 2016, we saw the treatment room was not used as a storage facility and immunisations were not offered at the branch location. However, we noted the practice had not addressed all of the issues identified in the previous report issued in April 2015 and had not carried out a written risk assessment for suitability of premises to ensure patient safety. For example, the practice was offering phlebotomy (the practice of drawing blood from patients and taking the blood specimens to the laboratory to prepare for testing) service in the treatment room at the branch location and did not have a couch in the treatment room (for a patient to lie down on if feeling dizzy), and a suitable risk assessment was not in place to deal with an emergency situation.
- A fire safety risk assessment had been carried out by an external contractor on 5 September 2013 and an interim

Are services safe?

assessment was conducted in May 2015 when new fire alarm system was installed. The practice had carried out an internal risk assessment and an external contractor visit was booked to carry out full fire safety risk assessment within two weeks after the inspection day.

The practice was carrying out regular smoke alarm checks. Fire drills were started in November 2015 but future fire drills dates were not scheduled. We noted all GP partners had not undertaken fire safety training. However, they had attended internal fire drill training.

- All electrical and clinical equipment was checked to ensure it was safe.
- Legionella (a bacterium which can contaminate water systems in buildings) risk assessment was carried out by an external contractor in September 2014 which had expired in September 2015. The practice manager informed us that an external visit had been arranged for 24 May 2016. An internal risk assessment had been carried out in May 2016 before our inspection. We noted that the practice was not following their own risk assessment because the nominated responsible person had not undertaken a relevant training course. We saw the practice had undertaken regular water temperature checks and records were maintained.
- Staff told us there were usually enough staff to maintain the smooth running of the practice and there were always enough staff on duty to keep patients safe. The practice manager showed us records to demonstrate that actual staffing levels and skill mix met planned staffing requirements. The practice informed us they had recently employed a clinical data lead and a staff member to carry out administrative duties. Two new male GP partners had joined the partnership in April 2016 and the practice was in discussion with a female GP who was prepared to join the partnership in the near future.

Arrangements to deal with emergencies and major incidents

The practice had some arrangements in place to respond to emergencies and major incidents. However, improvements were required.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted 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.
- 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 defibrillator available on the premises and oxygen with adult mask. We noted that the emergency equipment checks were not carried out regularly and records were not maintained. We found a defibrillator pads had expired in April 2016 and an airway or oral airway (An airway is a medical device used to maintain or open a patient's airway by preventing the tongue from blocking the airway) was not available at the main premises. We found glucose (to treat diabetic patients) and a mask (to give mouth to mouth resuscitation in an emergency situation) were not available at a branch location.
- A first aid kit and accident book were available.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. We noted that the business continuity plan did not include emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line 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 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 96% of the total number of points available, compared to 91% locally and 94% nationally, with 11% exception reporting. The level of exception reporting was above the 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.

Data from 2014-15 showed;

- Performance for diabetes related indicators was better than the CCG and national average. The practice had achieved 99% 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 100% 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 81% of the total number of points available, compared to 81% locally and 84% nationally.

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 a number of repeated clinical audits cycles. We reviewed eight clinical audits completed in the last two years, 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 an audit 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, 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 from April 2016 demonstrated that 10 patients with AF were not receiving anti-coagulation treatment. The practice reviewed their protocol and invited patients for medicine reviews. We saw evidence that the practice had planned a follow up audit in July 2016 to monitor the improvements in patient outcomes.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. However, improvements were required in staff training and record keeping of training records.

- 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

Are services effective?

(for example, treatment is effective)

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.

- Most staff had received training that included: safeguarding children and adults, basic life support and equality and diversity. However, some staff had not received training that included: infection control, fire safety and health and safety. All GP partners had attended internal fire drill training. 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, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- We saw evidence that multi-disciplinary team meetings took place on every other month basis and meeting minutes documented thoroughly.
- Staff worked together with other health and social care services to understand and meet the range and complexity of patient's needs and to assess and plan ongoing care and treatment. This included when patients moved between services, when they were referred, or after they were discharged from hospital. The practice informed us they had registered in April 2016 to provide enhanced services to patients who were at risk of unplanned admissions. The practice had identified 116 patients who were deemed at risk of admissions and 28% of these patients had care plans which had been created to reduce the risk of these patients needing admission to hospital.
- The practice had carried out health checks for 18 out of 19 patients with learning disabilities. However, the practice had not completed care plans for any patient on the learning disability register.

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. The provider informed us that written consent forms were completed for more complex procedures.
- 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

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 wishing to stop smoking. Patients were signposted to the relevant external services where necessary such as local carer support group.
- The practice was offering smoking cessation advice and patients were signposted to a local support group. For example, information from Public Health England (2014-15) showed 58% 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 below the national average of 86%.

In 2014-15, the practice's uptake for the cervical screening programme was 81%, which was comparable to the national average of 82%. There was a policy to offer text message reminders for patients about appointments. In 2014-15, a total 49% of patients eligible had undertaken bowel cancer screening and 66% of patients eligible had been screened for breast cancer, compared to the national averages of 58% and 72% respectively. However, the practice provided us recent data of 2015-16 which had

Are services effective?

(for example, treatment is effective)

shown significant improvement in patient outcomes. In total 57% of patients eligible had undertaken bowel cancer screening and 74% of patients eligible had been screened for breast cancer.

Childhood immunisation rates for the vaccines given were comparable to the CCG average. For example:

- Childhood immunisation rates for the vaccines given in 2014/15 to under two year olds ranged from 79% to 96%, these were comparable to the CCG averages which ranged from 81% to 93%.

- Childhood immunisation rates for vaccines given in 2014/15 to five year olds ranged from 82% to 96%, these were above to the CCG averages which ranged from 81% to 92%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

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.

All of the 17 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 two 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 mostly patients felt they were treated with compassion, dignity and respect. The practice results were comparable to the CCG average and the national average for most of its satisfaction scores. For example:

- 97% 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%.
- 85% 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%.
- 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 91%.
- 85% of patients said the GP gave them enough time compared to the CCG average of 84% and national average of 87%.

However, the results were below the CCG average and the national average for:

- 77% of patients said they found the receptionists at the practice helpful compared to the CCG average of 85% and national average of 87%.

The practice informed us that the receptionists at the practice had attended customer service related training course to improve their skills.

The two PPG member and nine patients we spoke to on the day informed us that they were satisfied with both clinical and non-clinical staff at the practice.

We saw friends and family test (FFT) results for three months (February 2016 to April 2016) and 65% patients were likely or extremely likely recommending this practice.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

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

- 85% of patients 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%.
- 84% of patients 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%.
- 83% of patients 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%.
- 86% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 88% and national average of 90%.

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.

Are services caring?

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 33 patients (0.59% 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 was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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 and mother and baby clinics. 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 longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions. The practice was offering emergency walk-in appointments and telephone consultations every day.
- Patients were able to receive travel vaccines.
- We saw that patients with limited mobility, wheelchair users and patients with prams had difficulty with accessing the service. We found the first two doors used to enter the practice did not have an automatic door activation system but there was doorbell to alert staff to help with the doors. We noted a patient feedback on NHS Choices website raising concerns regarding wheelchair access through front doors and overgrown bushes on the footpath leading to the front door. We saw email evidence confirming the practice had applied for a funding from CCG to improve disabled access to the premises.
- There were disabled facilities, a hearing induction loop and translation services available.
- There was sufficient space in corridors for patients with mobility scooters and wheelchairs. This made movement around the practice easier and helped to maintain patients' independence. We saw that the waiting area was large enough to accommodate patients with wheelchairs and prams and allowed for easy access to the treatment and consultation rooms.

- Accessible toilet facilities were available for all patients attending the practice. There was a baby changing facility which was also available for breastfeeding mothers.
- The practice was located in an area of high income deprivation and we heard how patients requiring advice from social services or benefits advice were referred to a health and social care centre nearby. The practice also accepted referrals from an organisation that supported homeless patients.

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 (this out of hours service was managed by Westcall). The practice offered range of scheduled appointments to patients every weekday from 8.30am to 6:20pm including open access appointments with a duty GP.

In addition to pre-bookable appointments that could be booked up to eight week in advance, urgent walk-in appointments, telephone consultations and online appointments were also available for patients that needed them. The practice offered extended hours appointments every Tuesday and Thursday evenings from 6.30pm to 7.30pm. In addition, the practice offered extended hours pre-bookable appointments every third Saturday morning from 9.30am to 11am. These clinics were particularly useful to patients with work commitments and staff told us they promoted these appointments for patients that worked or were unable to attend the practice during the working day.

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:

- 60% of patients said they always or almost always see or speak to the GP their preferred GP compared to the CCG average of 58% and national average of 59%.

However, the results were below the CCG average and the national average for:

- 62% 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%.

Are services responsive to people's needs?

(for example, to feedback?)

- 60% of patients were satisfied with the practice's opening hours compared to the CCG average of 78% and national average of 75%.

The practice was aware of poor national GP survey results and they had taken steps to address the issues. For example;

- Two new GP partners joined the practice in April 2016, which had increased availability of appointments and promoted continuity of care.
- The practice had reviewed appointment booking system, started releasing all same day appointments in the morning (instead of twice a day) and telephone consultation appointments with GPs had been introduced.
- The practice had employed additional administration staff to answer phone calls during peak hours.
- The two PPG members and nine patients we spoke with on the day informed us they were satisfied with appointment booking system and were able to get appointments when they needed them.
- We checked the online appointment records of two GPs and noticed that the next appointments with named GPs were available within two week. Urgent appointments with GPs or nurses were available the same day.
- Staff we spoke with on the day informed us they had noticed significant improvement in availability of appointments in last few weeks. The practice recognised that there was more work to do to monitor and review appointments booking system.

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 15 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?

Inadequate 

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

Our findings

Vision and strategy

At the inspection in May 2016 we found the practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice statement of purpose included practice's vision, values and priorities. This included working in partnership with patients and staff to provide a high quality, safe and effective service in a flexible and innovative way to meet patient choice.
- The practice had a robust strategic business plan 2016-17 which reflected clear aims and objectives. This included empowering and involving patients to embrace change positively and moving forward with new models of care pathways.
- The practice had taken steps to secure the long term future of the practice. Two new GP partners had joined the partnership in April 2016 and the practice was in discussion with a female GP to join the partnership in near future. The practice informed us that a senior GP partner had submitted an application to deregister as a current CQC registered manager and was planning to retire by December 2016. One of the new GP partners had submitted an application to become a new registered manager.
- Our discussions with staff during the inspection showed a clear understanding that the new partners had implemented a number of new changes. However, the practice was required to make further improvements and it was too early to assess the impact and improvement made.

Governance arrangements

When we inspected the practice in January 2015, we found the governance systems were poor and these were not always effective which impacted on the quality and safety of the service to patients. At the inspection in May 2016, we found the practice had made some improvements since our last inspection in January 2015. For example, management of prescription safety and security, and monitoring of cleaning standards had been improved. The practice had stopped offering immunisations at the branch practice so they were not required to monitor fridge temperatures.

However, the practice had not addressed the following two issues identified in January 2015 in a timely manner.

- The practice had not always reviewed policies and procedures to identify, assess and manage risks to health, safety and welfare and it was unclear at what frequency these should be reviewed.
- The practice had not undertaken a risk assessment of the suitability of the branch practice premises.

The practice had a governance framework but improvements were required. The number of concerns we identified during the inspection demonstrated this. For example:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. However, some staff had not received mandatory training relevant to their role including infection control, fire safety and health and safety.
- The practice had not have a robust system to monitor and keep staff training certificates in staff files.
- There were some arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, monitoring of specific areas required improvement, for example:
- Staff we spoke with on the day of inspection were not able to produce any evidence that emergency equipment was checked regularly. The practice had not carried out a written risk assessment to ensure that there was sufficient emergency equipment available to deal with emergencies at both premises.
- We found a legionella risk assessment expired in September 2015 and the practice had not arranged a new legionella risk assessment in a timely manner. The practice was not following their own risk assessment because the nominated responsible person had not undertaken a relevant training course as identified in the previous legionella risk assessment.
- The practice had not always completed care plans for patients with learning disabilities and patients at risk of unplanned admission.
- The practice had not effectively monitor face to face reviews of patients with dementia.
- The practice had not undertaken a risk assessment for staff undertaking chaperoning duties while their Disclosure and Barring Scheme (DBS) check application was in progress to ensure risks were managed appropriately.

Are services well-led?

Inadequate 

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

- Practice specific policies were available to all staff but there was limited evidence that policies were reviewed thoroughly.
- Staff had a comprehensive understanding of the performance of the practice.
- Audits were undertaken, which were used to monitor quality and to make improvements.

Leadership and culture

The partner and GPs in the practice aspired to provide safe, high quality and compassionate care. They were visible in the practice and staff told us that they were approachable and always took time to listen to all members of staff. 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. Staff said they felt respected, valued and supported, particularly by the partners and management in the practice.

The provider was aware of and complied with the requirements of the Duty of Candour. The GPs encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

When there were significant safety incidents:

- The practice gave affected patients reasonable support, truthful information and a verbal and written apology.
- They kept written records 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.
- 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 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.

- We also saw that one of the receptionist had started as a cleaner and was supported to grow and develop as an administration staff member.

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 friends and family tests and complaints received. 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, the practice appointment system had been reviewed in consultation with PPG, a new telephone system was installed two years before, extended appointment details were advertised in the premises and on the practice website, and improvements to the layout of notices in the waiting room were made 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 told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was some focus on continuous learning and improvement within the practice, however improvements were required. For example:

- Some staff had not completed mandatory training including infection control, fire safety and health and safety.
- We found some good examples of continuous learning and improvement within the practice. For example, we saw nurses were supported to attend further training in asthma, sexual health and family planning courses.

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
<p>Diagnostic and screening procedures</p> <p>Maternity and midwifery services</p> <p>Treatment of disease, disorder or injury</p>	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>We found the registered provider did not have effective governance, assurance and auditing processes to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity.</p> <p>We found some persistent breaches because the practice had not addressed the following issues identified in January 2015 in a timely manner or appropriately:</p> <p>The practice had not always reviewed policies and procedures to identify, assess and manage risks to health, safety and welfare and it was unclear at what frequency these should be reviewed.</p> <p>The practice had not undertaken a risk assessment of the suitability of the branch practice premises.</p> <p>During this inspection we identified number of concerns and the provider must make improvements in the following areas:</p> <p>Further review, assess and monitor the governance arrangements in place to ensure the delivery of safe and effective services. For example, monitoring of emergency equipment and management of legionella.</p> <p>Ensure to carry out health and safety related risk assessments of both locations to monitor safety of the premises such as control of substances hazardous to health, manual handling, disability access and suitability of premises.</p> <p>Review and improve the systems in place to effectively monitor face to face reviews of patients with dementia, care plans for patients with learning disabilities and patients at risk of unplanned admission.</p>

This section is primarily information for the provider

Enforcement actions

Ensure all staff have undertaken mandatory training relevant to their role and improve record keeping of training certificates.

Regulation 17(1)(2)