Uxendon Crescent 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?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Requires improvement

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Uxendon Crescent Surgery on 15 February 2016. The overall rating for the practice was requires improvement. The full comprehensive report on the 15 February 2016 inspection can be found by selecting the 'all reports' link for Uxendon Crescent Surgery on our website at www.cqc.org.uk.

This inspection was an announced comprehensive inspection carried out on 6 June 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 15 February 2016. This report covers our findings in relation to those requirements and any improvements made since our last inspection.

Overall the practice remains rated as requires improvement.

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

- Although the practice had made some improvements since our previous inspection we found it had failed to act upon all of the findings and only addressed some outstanding issues on the day of the inspection or immediately after the inspection in response to feedback.
- There was a system for reporting and recording significant events and staff were aware of the significant event reporting process. However, there was limited use of the system, the policy was out-of-date and it was unclear how learning was effectively implemented and change and trends monitored.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.

Summary of findings

- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available but patient complaint correspondence did not contain patient information in line with guidance.
- Patients spoke highly about the continuity of care provided by the GPs which they told us was attributable to the named doctor system operated by the practice.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

The areas where the provider must make improvement are:

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

The areas where the provider should make improvement are:

- Ensure all actions identified in the Infection Prevention and Control (IPC) audit are acted upon.
- Review the management of the cold chain to ensure it is in line with best practice.
- Display the mission statement so it is visible within the practice.
- Consider implementing a consistent practice meeting structure.

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.

- Although the practice had made some improvements since our previous inspection in relation to safeguarding, chaperoning, recruitment checks, fire safety and dealing with emergencies and emergency medicines, we found ongoing issues in relation to infection control and new concerns in relation to the effective management of significant events, patient referrals, prescription stationery, repeat prescribing and the management of emergency equipment.
- There was a system for reporting and recording significant events and staff were aware of the significant event reporting process. However, there was limited use of the system, the policy was out-of-date, it was unclear how learning was effectively implemented or how change would be monitored or trends identified.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- Although there were arrangements in place to respond to emergencies the practice could not demonstrate that all emergency equipment was checked at a regular frequency to ensure it was fit for purpose.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable to the clinical commissioning group (CCG) and the national average.
- Clinical staff were aware of current evidence based guidance.
- There was evidence of clinical audit but there was no ongoing programme of quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals for all staff which the practice had been unable to demonstrate at our previous inspection.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.

Summary of findings

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice above others for some aspects of care. For example, 91% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 81%; national average 85%) and 93% of patients said the last nurse they spoke to was good at treating them with care and concern (CCG average 84%; national average 91%).
- Patients we spoke with and survey information 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. For example, 81% of patients said the last GP they saw was good at involving them in decisions about their care (CCG average 78%; national average 82%).
- Information for patients about the services available was accessible in the practice and on the website which had the functionality to translate to other languages and increase the font size to assist patients with visual impairment.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population. For example, the practice used the Whole Systems Integrated Care (WSIC) care pathway set up by the CCG to ensure patients with complex long-term conditions and at risk of A&E admissions were kept under regular review.
- Patients we spoke with said they found it easy to make an appointment with their named GP which afforded continuity of care. For example, 78% of patients said they usually get to see or speak to their preferred GP (CCG average 52%; national average 59%).
- Data from the national GP patient survey showed patients rated the practice comparable to others for access. For example, 79% of patients were satisfied with the practice's opening hours (CCG average 72%; national average 76%) and 75% of patients said they could get through easily to the practice by phone (CCG average 68%; national average 73%).
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

- Information about how to complain was available and evidence from two examples reviewed showed the practice responded quickly to issues raised. However, not all written responses included information in line with national guidance.

Are services well-led?

Requires improvement

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

- Although the practice had made some improvements since our previous inspection we found it had failed to act upon all of the findings and only addressed some outstanding issues on the day of the inspection or immediately after the inspection in response to feedback.
- The practice told us they had a vision to deliver high quality care and promote good outcomes for patients, but there was no written strategy or supporting business plan that detailed the short and long-term development objectives that the practice wanted to achieve. The practice had a mission statement but this was not displayed in the waiting area which had also been a finding at our previous inspection.
- The practice had policies and procedures to govern activity but not all were dated, up-to-date or practice specific.
- There was a leadership structure and staff felt supported by management. The partners encouraged a culture of openness and honesty.
- The provider was aware of the requirements of the duty of candour. In two examples we reviewed we saw evidence the practice complied with these requirements.
- Staff had received inductions, annual performance reviews and training opportunities.
- The practice proactively sought feedback from patients and the patient participation group was active.

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 provider was rated as requires improvement for safe and well-led. The issues identified as requiring improvement overall affected all patients including this population group. However there was evidence of some good practice.

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice had a large elderly population which constituted 20% of the practice population. The practice offered proactive, personalised care to meet the needs of this cohort and operated a named GP system to ensure continuity of care.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- The practice used the Whole Systems Integrated Care (WSIC) care pathway set up by the CCG to ensure patients with complex long-term conditions and at risk of A&E admissions were kept under regular review. These patients had a single named care coordinator, implemented care plans, longer appointments and access to referrals to the WSIC multi-disciplinary team.

People with long term conditions

Requires improvement

The provider was rated as requires improvement for safe and well-led. The issues identified as requiring improvement overall affected all patients including this population group. However there was evidence of some good practice.

- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- The practice hosted a monthly specialist nurse diabetic clinic for complex diabetes patients.
- Performance for diabetes related indicators was comparable to the CCG and national averages. For example, the percentage of patients with diabetes, on the register, in whom the last HbA1c was 64 mmol/mol or less in the preceding 12 months was 78% (CCG average 77%; national average 78%) and the percentage

Summary of findings

of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less was 81% (CCG average 80%; national average 78%).
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- All these patients had a named GP and there was a system to recall patients for a structured annual review to check 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.

Families, children and young people

Requires improvement

The provider was rated as requires improvement for safe and well-led. The issues identified as requiring improvement overall affected all patients including this population group. However there was evidence of some good practice.

- From the sample of documented examples we reviewed we found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- Immunisation rates were above average for all standard childhood immunisations.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.
- The percentage of patients with asthma, on its register of 231 patients, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control was 78% which is comparable to the CCG average of 80% and the national average of 76%.
- The practice's uptake for the cervical screening programme was 77%, which was comparable with the CCG average of 77% and the national average of 81%.

Summary of findings

Working age people (including those recently retired and students)

Requires improvement

The provider was rated as requires improvement for safe and well-led. The issues identified as requiring improvement overall affected all patients including this population group. However there was evidence of some good practice.

- The needs of these populations 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 a commuter clinic on Wednesday from 7am to 8am and telephone appointments were available.
- The practice was proactive in offering online services, which included appointment booking and electronic prescription requests, as well as a full range of health promotion and screening that reflects the needs for this age group.

People whose circumstances may make them vulnerable

Requires improvement

The provider was rated as requires improvement for safe and well-led. The issues identified as requiring improvement overall affected all patients including this population group. However there was evidence of some good practice.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability and those requiring an interpreter.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients and provided vulnerable patients with information about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They 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 provider was rated as requires improvement for safe and well-led. The issues identified as requiring improvement overall affected all patients including this population group. However there was evidence of some good practice.

Summary of findings

- The percentage of patients from its register of 64 patients diagnosed with dementia who had had their care reviewed in a face-to-face meeting in the last 12 months was 89% (CCG average 86%; national average 84%).
- Patients at risk of dementia were identified and offered an assessment.
- Performance for mental health related indicators was statistically comparable to the CCG and national averages. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 96% (CCG average 91%; national average of 89%).
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016 for the most recent data. Two hundred and thirty five survey forms were distributed and 119 were returned. This represented 2% of the practice's patient list and a completion rate of 51%. The results showed that patients rated the practice highly in several areas. For example:

- 92% of patients described the overall experience of this GP practice as good compared with the CCG average of 80% and the national average of 85%.
- 80% of patients described their experience of making an appointment as good compared with the CCG average of 68% and the national average of 73%.
- 75% of patients said they found it easy to get through to the surgery by phone compared to the CCG average of 68% and the national average of 73%.
- 78% of patients said they usually get to see or speak to their preferred GP compared to the CCG average of 52% and the national average of 59%
- 88% of patients said they would recommend this GP practice to someone who has just moved to the local area as compared with the CCG average of 70% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 26 comment cards all of which contained positive comments about the standard of care received. Patients described the practice as providing an excellent service and said that staff were polite, respectful and helpful. Four comment cards contained positive and negative comments about getting through to the practice by telephone and waiting time to be seen for an appointment.

We spoke with seven patients who told us they were very happy with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required. In particular, patients spoke highly about the continuity of care provided by the GPs which they told us was attributable to the named doctor system operated by the practice. Patients told us they would 100% recommend the practice to others.

Results of the Friends and Family Test (FFT) for the period April 2016 to March 2017 based on 207 responses showed that 86% of patients were extremely likely or likely to recommend the practice.

Areas for improvement

Action the service MUST take to improve

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

Action the service SHOULD take to improve

- Ensure all actions identified in the Infection Prevention and Control (IPC) audit are acted upon.
- Review the management of the cold chain to ensure it is in line with best practice.
- Display the mission statement so it is visible within the practice.
- Consider implementing a consistent practice meeting structure.

Uxendon Crescent 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 adviser.

Background to Uxendon Crescent Surgery

Uxendon Crescent Surgery operates from a converted residential property at 1 Uxendon Crescent, Wembley, Middlesex HA9 9TW. The practice had access to four clinical consulting rooms, two located on the ground floor and two located on the first floor. The first floor was accessible by stairs.

The practice provides NHS primary care services to approximately 5,500 patients. Since our last inspection the practice had taken on to its patient list 200 patients from a neighbouring practice which had closed. The practice operates under a General Medical Services (GMS) contract (a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract). The practice is part of NHS Brent Clinical Commissioning Group (CCG).

The practice is registered as a partnership with the Care Quality Commission (CQC) to provide the regulated activities of diagnostic and screening procedures, treatment of disease, disorder or injury and maternity and midwifery services.

The practice staff comprises of three GP partners, one male and two females, totalling 27 sessions per week and a practice nurse who works 24 hours per week. The clinical team are supported by a full-time practice manager and a team of six administration and reception staff.

The practice is located in an area where there is a high elderly population which constitutes 20% of the practice population. The majority of patients are of working age and represent approximately 40% of the population.

The practice is open between 9am and 6pm on Monday and Friday, 8.30am to 6pm on Tuesday and Wednesday and 9am to 1pm on Thursday. Extended hours appointments are offered on Wednesday morning from 7am to 8am.

Appointments are available from 9am to 11am and 3.30pm to 5.30pm on Monday and Friday, 8.30am to 11am and 3.30pm to 5.30pm on Tuesday and Wednesday and 9am to 11am on Thursday. When the surgery is closed, out-of-hours services are accessed through the local out of hours service or NHS 111. Patients could also access evening and weekend appointments provided by two hub practices in the area.

Why we carried out this inspection

We undertook an announced comprehensive inspection at Uxendon Crescent Surgery on 15 February 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The overall rating for the practice was requires improvement. The full comprehensive report on the 15 February 2016 inspection can be found by selecting the 'all reports' link for Uxendon Crescent Surgery on our website at www.cqc.org.uk.

Detailed findings

We undertook a follow-up announced comprehensive inspection of Uxendon Crescent Surgery on 6 June 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 6 June 2017. During our visit we:

- Spoke with a range of staff which included GP partners, locum GP, practice nurse, practice manager, administration and reception staff.
- Observed how patients were being cared for in the reception area and talked with carers and/or family members.
- Reviewed a sample of the personal care or treatment records of patients.
- Spoke with patients who used the service and reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Inspected the facilities, equipment and premises.
- Reviewed a wide range of documentary evidence including policies, written protocols and guidelines, recruitment and training records, safeguarding referrals, significant events, patient survey results, complaints, meeting minutes and performance data.

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

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

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

- older people
- people with long-term conditions
- families, children and young people
- working age people (including those recently retired and students)
- people whose circumstances may make them vulnerable
- people experiencing poor mental health (including people living 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

At our previous inspection on 15 February 2016, we rated the practice as requires improvement for providing safe services as the arrangements in respect of safeguarding, chaperoning, infection control, fire safety, recruitment checks, dealing with emergencies and emergency medicines required improvement.

Although the practice had made some improvements since our previous inspection in relation to safeguarding, chaperoning, recruitment checks, fire safety and dealing with emergencies and emergency medicines, we found ongoing issues in relation to infection control and new concerns in relation to the effective management of significant events, patient referrals, prescription stationery, repeat prescribing and the management of emergency equipment.

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

Safe track record and learning

There was a system for reporting and recording significant events. However, there was limited use of the system and it was unclear how learning was effectively implemented, how change would be monitored or trends identified.

- There was a lead for significant events and staff had access to an operational policy. However, although the policy had been reviewed in August 2016 it still contained details of a previous partner who had retired in 2013.
- Staff told us they would inform the practice manager of any incidents who recorded the details on an incident recording form.
- The practice had only recorded three significant events in the past 12 months. From one of the incident forms we reviewed it was unclear how implemented changes were monitored. For example, the practice told us that there had been a change of procedure for reception staff handling urgent patient requests following an incident where a potentially vulnerable patient had not been given an appropriate appointment. However, the section of the incident form which related to how to prevent recurrence was not completed and the review section was blank. The practice told us they had discussed the incident individually with staff and as a group but there was no written protocol. The practice could not demonstrate how new staff would be aware of the new procedure.
- We saw on a further incident regarding a two-week wait referral that the practice had implemented a system whereby all referrals emailed would request a 'delivered' or 'read' notification to ensure the referral had been received. However, there was no system in place to ensure a patient had either received an appointment or had attended an appointment.
- The practice had not monitored any trends in significant events due to the small number of documented incidents.

Patient safety alerts and MHRA (Medicines and Healthcare Regulatory Agency) alerts were received into the practice by the practice manager and disseminated to the appropriate staff for action. The practice kept a record of alerts received and were able to give an example of a recent alert acted upon.

Overview of safety systems and processes

At our previous inspection we found that not all staff could demonstrate that they understood their safeguarding responsibilities, did not know who the safeguarding lead was, could not locate the safeguarding policies and policies were out-of-date. The practice had made improvements and at our follow-up inspection we found that there were processes and practices in place to minimise risks to patient safety. In particular we found:

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff, in date, and all staff we spoke with knew how to access them. The policies 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 and staff we spoke with knew who this was.
- Staff we spoke with demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs and the practice nurse were trained to child safeguarding level three and administration staff to level one.

Requires improvement

Are services safe?

- The practice maintained a register of vulnerable children and adults and demonstrated an alert system on the computer to identify these patients. All staff we spoke with were aware of the safeguarding alert system.
- We observed safeguarding key contact details and referral flowcharts displayed in consultation and treatment rooms.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). At our previous inspection it was noted that the chaperone policy referred to the recording of a chaperone being offered in the clinical notes but this had not been consistently achieved. The practice had undertaken a multi-cycle audit which showed there had been a significant increase in the coding of a chaperone offered for intimate examinations.

The practice has systems in place to manage cleanliness and hygiene.

- The practice engaged an agency cleaner and there were cleaning schedules in place. Although we observed the premises to be clean and tidy we found evidence of high level dust in three consulting rooms.
- The practice nurse was the infection prevention and control (IPC) clinical lead. There was an IPC protocol which included waste management and the safe handling of sharps and spillages. We observed that each consulting room had information displayed on good handwashing techniques, how to deal with a sharps injury and was well equipped with personal protective equipment and waste disposal facilities.
- At our previous inspection not all staff knew the location of the bodily fluid spill kits. Staff we spoke with on the day of the day knew the location of these and demonstrated they had access to appropriate personal protective equipment when handling specimens at the reception desk. We noted antibacterial hand gel located around the surgery, specifically at the automated patient check-in screen and at reception. All staff had received IPC training.
- An external IPC audit had been undertaken in 2013 and the GP partners had undertaken an environmental cleanliness audit the week before our inspection. The IPC clinical lead was not aware of this audit. After our inspection the IPC lead undertook a comprehensive IPC audit and provided a copy of its findings but there was no clear action plan with timescales of how the practice were going to address the findings identified.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice (including obtaining, prescribing, recording, handling, storing, security and disposal) required improvement. In particular:

- Blank prescription forms and pads not in use were stored in a locked cupboard but there was no system in place to monitor their use in line with guidance.
- Although there was a process in place for handling repeat prescriptions, which included the review of high risk medicines, there were no reliable system in place to ensure duplicate prescriptions were not issued or a process to regularly monitor prescriptions which had not been collected. During our inspection we found prescriptions awaiting collection in excess of six months since issue. Further checking by the administration team revealed that some prescriptions had been reprinted and issued to patients but duplicate prescriptions had not been destroyed.
- There was a dedicated vaccine storage refrigerator with built-in thermometer and we saw evidence that the minimum, maximum and actual temperatures were recorded daily. However, the practice were not aware of Public Health England's Protocol for ordering, storing and handling vaccines (March 2014) which states all vaccine fridges should ideally have two thermometers, one of which is a maximum and minimum thermometer independent of mains power. If only one thermometer is used, then a monthly check should be considered to confirm that the calibration is accurate. The practice had not considered this recommendation and could not demonstrate regular calibration.
- Patient Group Directions had been adopted by the practice to allow the practice nurse to administer medicines in line with legislation. We saw that these were signed by the prescribing lead and the practice nurse.

At our previous inspection the practice could not demonstrate that recruitment checks had been carried out on its employed staff. At our follow-up inspection we

reviewed two personnel files of substantive staff recruited since our last inspection and one locum GP file. We found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS. The practice produced a recruitment policy but we found this to be undated and was not practice-specific.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available and a health and safety poster located in the reception area.
- At our previous inspection we found that the practice had not undertaken a fire risk assessment. At our follow-up inspection we found the practice had still not undertaken a fire risk assessment. Although the practice could demonstrate that the fire alarm system and fire equipment was regularly maintained by an external contractor it had failed to undertake a fire risk assessment (a process involving the systematic evaluation of the factors that determine the hazard from fire, the likelihood that there will be a fire and the consequences if one were to occur). After the inspection the practice provided evidence that a fire risk assessment had been completed by the practice manager and lead partner.
- At our previous inspection we found the practice had not undertaken regular fire drills and evacuation exercises and not all staff had received fire training. At our inspection we found the practice had implemented a fire evacuation policy and provided evidence that fire drills were undertaken every three months and an evacuation had taken place in May 2017. All staff we spoke with confirmed this and knew the location of the fire evacuation assembly point. The practice had a nominated fire marshal and all staff had received fire awareness training.
- The practice had undertaken a Control of Substances Hazardous to Health (COSHH) risk assessment in June 2017 and a Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings) risk assessment in February 2016.
- Each clinical room was appropriately equipped and we saw evidence that the equipment was maintained. This included checks of electrical equipment and equipment used for patient examinations. We saw evidence that both had been tested in March 2017.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

Arrangements to deal with emergencies and major incidents

- On the day of the inspection we found that the practice had not had oxygen on the premises since our last inspection. This had been ordered one week prior to our visit and was delivered to the practice on the afternoon of our inspection. The oxygen was supplied with an adult mask and the practice provided evidence the following day that a child's mask had been ordered.
- Emergency medicines were securely stored in a first floor room. At our previous inspection the practice did not have hydrocortisone for injection (used for acute severe asthma or severe or recurrent anaphylaxis). We found that this was now available and all the medicines we checked were in date. The practice told us they took a range of medicines for use in acute situations when on home visits. However, these were taken from the practice emergency medicine stock which potentially left the practice unable to respond appropriately to an emergency situation whilst medicines were off the premises. The practice acted on this finding during our inspection and prepared a secondary stock of emergency medicines to be kept in the home visit bag.
- There was a defibrillator available in the reception back office and we saw that this had been recently calibrated as part of the annual calibration schedule but there was no evidence that this was checked more regularly to ensure it was fit for purpose.
- Although staff we spoke with knew the location of the defibrillator on the ground floor and the emergency medicines on the first floor there was no clear emergency protocol of how and who would respond to an emergency situation. After the inspection the practice sent us an emergency medicines and

equipment protocol which indicated emergency medicines, defibrillator and oxygen were now co-located with appropriate oxygen storage signage visible. Although the protocol indicated that emergency medicines and oxygen would be checked on a monthly basis by the practice nurse, there was no reference to the defibrillator.

- We found that all staff had received basic life support training.
- At our previous inspection we found that not all staff were aware of the panic alarm in the consultation rooms which alerted staff to any emergency. We saw evidence that activating and responding to a panic alarm had been discussed in a practice meeting including the alert system through the practice's clinical system. All staff we spoke with knew how to activate and how to respond to the alarm system.
- A first aid kit and accident book were available and all staff we spoke with knew where they were located.
- The practice had a comprehensive business continuity plan (BCP) for major incidents such as power failure or building damage. At our previous inspection, not all senior staff were aware of the BCP. All staff we spoke with were aware of the plan and how to respond to major incidents. The plan included emergency contact numbers for staff. The practice had established a 'buddy' system with a neighbouring practice.

Good

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 15 February 2016, we rated the practice as requires improvement for providing effective services as the arrangements in respect of clinical staff being unable to demonstrate knowledge of relevant nationally recognised guidance, staff appraisals, clinical record keeping and management of pathological results required improvement.

These arrangements had improved when we undertook a follow up inspection on 6 June 2017. The practice is now rated as good for providing effective services.

Effective needs assessment

Clinicians we spoke with were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines which the practice had been unable to demonstrate at our previous inspection.

- The practice had systems 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.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 98% of the total number of points available (CCG 96%; national 95%) with 4% overall exception reporting (CCG 6%; national average 6%). (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets, including prescribing. Data from 2015/16 showed:

Performance for diabetes related indicators was comparable to the CCG and national averages. For example:

- The percentage of patients with diabetes, on the register, in whom the last HbA1c was 64 mmol/mol or less in the preceding 12 months was 78% (CCG average 77%; national average 78%) with a low practice exception reporting of 7% (CCG average 12%; national 12%);
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less was 81% (CCG average 80%; national average 78%) with a low practice exception reporting of 3% (CCG average 9%; national average 9%);
- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less was 82% (CCG average 80%; national average 80%) with a practice exception reporting of 8% (CCG average 9%; national average 13%).

Performance for mental health related indicators was statistically comparable to the CCG and national averages. For example:

- The percentage of patients from a register of 53 with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 96% (CCG average 91%; national average of 89%) with a low practice exception reporting of 2% (CCG average 7%; national average 13%);
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months was 94% (CCG average 91%; national average 89%) with a low practice exception reporting of 2% (CCG average 6%; national average 10%);
- The percentage of patients from a register of 64 diagnosed with dementia who had had their care reviewed in a face-to-face meeting in the last 12 months was 89% (CCG average 86%; national average 84%) with a practice exception reporting of 3% (CCG average 7%; national average 7%).

Performance for respiratory-related indicators was comparable to the CCG and national averages. For example:

- The percentage of patients with asthma, on its register of 231 patients, who have had an asthma review in the

Good

Are services effective?

(for example, treatment is effective)

preceding 12 months that includes an assessment of asthma control was 78% (CCG average 80%; national average 76%) with zero per cent exception reporting of zero % (CCG average 3%; national average 8%);
- The percentage of patients with chronic obstructive pulmonary disease (COPD) who had a review undertaken including an assessment of breathlessness was 95% (CCG average 92%; national average 90%) with a practice exception reporting of 13% (CCG average 9%; national average 12%);
- The percentage of patients with physical and/or mental health conditions whose notes record smoking status in the preceding 12 months was 98% (CCG average 96%; national average 95%) with a practice exception reporting of 0.4% (CCG average 0.8%; national average 0.8%).

There was evidence of clinical audit. However, there was no programme of continuous quality improvement:

- There had been three clinical audits commenced in the last two years, two of which were CCG-led prescribing audits. All the clinical audits provided were two cycle audits where the improvements made were implemented and monitored.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions had received updates in diabetes and asthma.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice nurse forums.
- At our last inspection we found not all staff had received an appraisal. From staff we spoke with and personnel records we found that all staff had now received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and infection control. 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. The practice operated a 'buddy' system for when clinicians were absent from the surgery. The practice had implemented a system to ensure all pathology results were actioned in a timely manner.
- Although the practice had a register of its two-week wait referrals there was no effective safety-netting procedure in place to monitor that patients had received an appointment or attended an appointment. Two-week wait referral data showed that the percentage of new cancer cases (among patients registered at the practice) who were referred using the urgent two-week wait referral pathway was 42% which was comparable with the CCG average of 48% and the national average of 49%. This gives an estimation of the practice's detection rate, by showing how many cases of cancer for people registered at a practice were detected by that practice and referred via the two-week wait pathway. Practices with high detection rates will improve early diagnosis and timely treatment of patients which may positively impact survival rates.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- The practice used an IT interface system which enabled patients' electronic health records to be transferred directly and securely between GP practices. This improved patient care as GPs would have full and detailed medical records available to them for a new patient's first consultation.

Staff worked together and with other health and social care professionals to understand and meet the range and

Good

Are services effective?

(for example, treatment is effective)

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. Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

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 (MCA) 2005.
- When providing care and treatment for children and young people, 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, recorded the outcome of the assessment.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example:

- 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.
- Each GP had their individual patient list and tended to see patients from their list. This did not preclude patients from seeing the GP of their choice but the practice felt it gave a greater continuity of care especially for the elderly patient population.
- There was a monthly diabetes clinic by the locality diabetic nurse for patients with uncontrolled diabetes.

The practice's uptake for the cervical screening programme was 77%, which was comparable with the CCG average of 77% and the national average of 81%. There was a policy to offer reminders for patients who did not attend for their cervical screening test. There were failsafe systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice encouraged its patients to attend national screening programmes for bowel and breast cancer. We saw posters in the waiting room and the practice had a system to contact patients who had not attended for their screening.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Childhood immunisation rates for the vaccinations given to the under two year olds were above the national average. There are four areas where childhood immunisations are measured; each has a target of 90%. The practice had achieved its target in all four areas. The practice's achievement ranged from 91% to 96%. These measures can be aggregated and scored out of 10, with the practice scoring 9.3 (compared to the national average of 9.1). Immunisation rates for five year olds were 100% achievement which was above local and national averages.

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 for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

Are services caring?

Our findings

At our previous inspection on 15 February 2016, we rated the practice as good for providing caring services. At our follow up inspection on 6 June 2017 we also found the practice was good for providing caring services.

Kindness, dignity, respect and compassion

During our inspection we observed that 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.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All 26 CQC comment cards received contained positive comments about the standard of care received. Patients described the practice as providing an excellent service and said that staff were polite, respectful and helpful. Four comment cards contained positive and negative comments about getting through to the practice by telephone and waiting time to be seen for an appointment.

We spoke with seven patients who told us they were very happy with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required. In particular, patients spoke highly about the continuity of care provided by the GPs which they told us was attributable to the named doctor system operated by the practice. Patients told us they would 100% recommend the practice to others.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was statistically comparable with CCG and national averages. For example:

- 91% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 81% and the national average of 85%.
- 87% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 85% and the national average of 89%.
- 88% of patients said the GP gave them enough time compared to the CCG average of 82% and the national average of 87%.
- 94% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.
- 93% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 91%.
- 97% of patients said the nurse was good at listening to them compared with the CCG average of 86% and the national average of 91%.
- 94% of patients said the nurse gave them enough time compared with the CCG average of 86% and the national average of 92%.
- 94% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 93% and the national average of 97%.
- 95% of patients said they found the receptionists at the practice helpful compared with the CCG average of 84% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us 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 from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

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

- 89% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 84% and the national average of 86%.

Good

Are services caring?

- 81% 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 the national average of 82%.
- 91% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 84% and the national average of 90%.
- 89% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 78% and the national average of 85%.

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

- Staff told us that interpretation 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. Patients were also told about multi-lingual staff who might be able to support them which included Arabic, Urdu, Hindi, Gujarati and Cantonese.
- The practice website had the functionality to translate to other languages and the patient check-in screen was available in other languages aligned to the practice demographic.
- Patients had access to British Sign Language (BSL) interpreters and there was a hearing loop at reception.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website, which had the functionality to translate to other languages. Information included access to a health 'app' which enabled patients to find local NHS services and included a symptom checker.

The practice's computer system alerted GPs if a patient was also a carer. The practice were reviewing their carers' register to ensure it was up-to-date and had identified 53 patients (1% of the practice list) at the time of our inspection. There was a carers' board in the waiting room and written information, which included the Brent Carers' Centre quarterly newsletter, to direct carers to the various avenues of support available to them. This included information for young carers.

Staff told us that if families had experienced bereavement, their usual GP would contact them and offer a patient consultation at a flexible time and location to meet the family's needs.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 15 February 2016, we rated the practice as good for providing responsive services. At our follow up inspection on 6 June 2017 we also found the practice was good for providing responsive services.

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice used the Whole Systems Integrated Care (WSIC) care pathway set up by the CCG to ensure patients with complex long-term conditions and at risk of A&E admissions were kept under regular review. These patients had a single named care coordinator, implemented care plans, longer appointments and access to referrals to the WSIC multi- disciplinary team.
- The practice offered a commuter clinic on Wednesday from 7am to 8am for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability and those with complex needs.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- There were accessible facilities, which included a hearing loop, and interpretation services available. The practice website had the functionality to translate to other languages and increase the font size to assist patients with visual impairment.
- The waiting area was large enough to accommodate patients with wheelchairs and prams and allowed for access to consultation rooms and was visible from reception. There was enough seating for the number of patients who attended on the day of inspection.

Access to the service

The practice was open between 9am and 6pm on Monday and Friday, 8.30am to 6pm on Tuesday and Wednesday and 9am to 1pm on Thursday. The practice told us they were reviewing the Thursday afternoon closure and planned to be open until 6pm by October 2017. Extended hours appointments were offered on Wednesday morning from 7am to 8am.

Appointments were available from 9am to 11am and 3.30pm to 5.30pm on Monday and Friday, 8.30am to 11am and 3.30pm to 5.30pm on Tuesday and Wednesday and 9am to 11am on Thursday. In addition to pre-bookable appointments that could be booked up to four weeks in advance, same day appointments, urgent appointments and telephone consultations were also available for patients that needed them. Patients were able to access and book appointments on-line.

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

- 79% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 72% and the national average of 76%.
- 75% of patients said they could get through easily to the practice by phone compared to CCG average of 68% and the national average of 73%.
- 82% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 78% and the national average of 85%.
- 94% of patients said their last appointment was convenient compared with the CCG average of 87% and the national average of 92%.
- 80% of patients described their experience of making an appointment as good compared with the CCG average of 68% and the national average of 73%.
- 68% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 42% and the national average of 58%.

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

The practice had a system to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

Good

Are services responsive to people's needs?

(for example, to feedback?)

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- We saw that information was available to help patients understand the complaints system. For example, information in the waiting room, the practice leaflet and a complaints form.
- The practice kept a written record of responses to written and verbal complaints and those posted on NHS Choices.

The practice had recorded six complaints in the past 12 months. We looked at two complaints received in the last 12 months in detail and found these had been handled satisfactorily and in a timely manner. We saw evidence of apology letters to patients. However, written responses did not include information in line with national guidance. For example, how to contact the NHS Ombudsman.

Are services well-led?

Requires improvement

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

Our findings

At our previous inspection on 15 February 2016, we rated the practice as requires improvement for providing well-led services as the arrangements in respect of governance required improvement.

At our inspection on 6 June 2017 we found that these arrangements had not improved and the practice had failed to act upon some of the findings of our previous inspection. The practice remains rated as requires improvement for providing well-led services.

Vision and strategy

The practice told us they had a vision to deliver high quality care and promote good outcomes for patients. However, there was no written strategy or supporting business plan that detailed the short and long-term development objectives that the practice wanted to achieve. The practice had a mission statement but this was not displayed in the waiting area which had also been a finding at our previous inspection.

Governance arrangements

Although the practice told us it had an overarching governance framework which supported the delivery of good quality care, the practice had failed to act upon all of the findings and only addressed some outstanding issues on the day of the inspection or immediately after the inspection in response to feedback. Furthermore, this inspection identified other gaps in monitoring the service. For example:

- Although there was a system for reporting and recording significant events, there was limited use of the system, the policy was out-of-date and it was unclear how learning was effectively implemented and change and trends monitored.
- The practice could not demonstrate effective systems for safety-netting two-week wait referrals, managing the repeat prescribing of medicines, monitoring prescription stationery or ensuring all emergency equipment was fit for use.
- The practice did not have an ongoing programme of quality improvement to ensure outcomes for patients were maintained and improved.
- Some policies and procedures were undated, not up-to-date or practice specific.
- Although we saw evidence of practice meetings which were minuted, staff told us there was no regular schedule of meetings.

However, we found there was a clear staffing structure and staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas, for example, infection control, complaints and prescribing. The practice demonstrated an understanding of the performance relating to the Quality Outcome Framework (QOF), prescribing and childhood immunisations. The practice worked with the Medicines Optimisation Team on initiatives regarding appropriate and cost-effective prescribing.

Leadership and culture

On the day of inspection the partners told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems 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). All staff we spoke with had a knowledge of the duty of candour. The partners encouraged a culture of openness and honesty. From the sample of two documented examples we reviewed we found that the practice had systems to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice kept a written record of responses to written and verbal complaints and those posted on NHS Choices.

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

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice meetings were held but there was no regular and consistent schedule for the meetings.

Are services well-led?

Requires improvement

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

- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice.

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

The practice encouraged and valued feedback from patients and staff and proactively sought feedback. For example:

- The practice collected feedback through the NHS Friends and Family Test (FFT), national GP patient survey, complaints and compliments received.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.
- There was an active patient participation group (PPG) who met every three months and had 29 members of which eight to 12 attended regularly. We spoke with seven members of the PPG who spoke highly of the practice and the care and treatment provided.

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 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:** The provider was failing to ensure that care and treatment was provided in a safe way for patients: 1. There was limited use of the system for reporting and recording significant events and it was unclear how learning was effectively implemented, change monitored or trends identified. 2. There was no effective safety-netting procedure in place to monitor two-week wait referrals. 3. There was no reliable system in place to manage the repeat prescribing of medicines. 4. There was no effective system in place to checking that all emergency medical equipment was fit for use. This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures 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:** The provider was failing to ensure systems and processes are operated effectively to improve the quality and safety of services: 1. Ensure the safe management of blank prescription stationery in line with guidance. 2. Ensure all policies are procedures are dated, up-to-date and practice specific. 3. Develop an ongoing programme of quality improvement to ensure outcomes for patients are maintained and improved.

This section is primarily information for the provider

Requirement notices

4. Ensure complaint management is in line with national guidance.
5. Formulate a written strategy to deliver the practice's vision.

Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.