

# Spring Farm Surgery

## Quality Report

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Rainham  
Essex  
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Website: [www.springfarmsurgery.co.uk](http://www.springfarmsurgery.co.uk)

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

### Ratings

#### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Requires improvement 

# Key findings

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## Letter from the Chief Inspector of General Practice

### **This practice is rated as Good overall.**

Following the CQC inspection on 22 May 2017 the CQC rated the practice overall as inadequate and urgently suspended the provider's registration for six months to enable the provider to take action to improve, whilst removing patients from the risk of harm. A caretaker practice identified by NHS England took over to provide care and treatment during this period. On 6 November 2017, CQC revisited the practice and found the provider had made sufficient improvements to allow the period of suspension to end. The CQC did not rate the practice at the November 2017 inspection.

At this inspection we rated the practice as Good overall.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Requires Improvement

We carried out an announced comprehensive inspection at Spring Farm Surgery on 4 April 2018. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm whether the practice was now meeting legal requirements.

At this inspection we found:

- The practice had made significant improvements in relation to patient safety, and effective and responsive care. However, further work needed to be carried out in response to the needs of carers, and the development and embedding of systems and processes to ensure a consistent high quality of care.
- The provider had made improvements to the premises.
- The practice had clear systems to keep people safe and safeguarded from abuse.
- There were adequate systems to assess, monitor, and manage risks to patient safety.
- The practice learned and made improvements when things went wrong.
- Staff had the information they needed to deliver safe care and treatment to patients.
- The practice had systems to keep clinicians up to date with current evidence-based practice.
- Staff had the skills, knowledge, and experience to carry out their roles.
- The practice obtained consent to care and treatment in line with legislation and guidance.

# Summary of findings

- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- The practice took complaints and concerns seriously and responded to them appropriately to improve patient experience and the quality of care.
- The provider acknowledged and responded to feedback from staff and patients. The practice had an active Patient Participation Group (PPG).

The areas where the provider **must** make improvements as they are in breach of regulations are:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

The areas where the provider **should** make improvements are:

- Review the annual schedule of the calibration of equipment to ensure it includes all the necessary equipment.
- Review the actions that staff take to ensure that carers needs continue to be identified and responded to.
- Review whether staff required Mental Capacity Act training.

I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by the service.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

# Summary of findings

## The six population groups and what we found

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

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

# Spring Farm Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team included a second inspector, GP specialist adviser, and an expert by experience.

## Background to Spring Farm Surgery

The registered provider of the service is a partnership made up of Dr Abdul Karim Jawad and Dr Hanan Hussain. They provide GMS: General Medical Services for 5,292 patients (2,484 male and 2,808 female) in Havering Care Commissioning Group (CCG).

The GP practice is located in Rainham and is known as Spring Farm Surgery.

The address is:-

382 Upminster Road North

Rainham

Essex

RM13 9RZ

The practice website is [www.springfarmsurgery.co.uk/](http://www.springfarmsurgery.co.uk/)

Information published by Public Health England rates the level of deprivation within the practice population group as six on a scale of one to 10 (level one represents the highest levels of deprivation and level 10 the lowest.) Over 15% of the practice's population group are from a black, minority or ethnic group.

The premises consists of two consultation rooms on the ground floor, one used by a doctor and one used by the a nurse, and a reception and administration area. The practice has two GP partners (one male and one female), who employ two locum doctors. The doctors are supported by the practice nurse, practice manager and a team of receptionists and administration staff.

The practice offers 263 appointments with the doctors each week and 88 appointments with the nurse weekly.

The reception is open Monday, Thursday, and Friday from 8:30am to 6:30pm, with later opening times on a Wednesday and Thursday to 8pm.

Morning appointments with the Doctors are available Monday to Friday from 8:30am to 12:30pm.

Afternoon/evening appointments are available:-

- Monday 3:30pm to 6pm
- Tuesday 4pm to 8pm
- Wednesday 12:30pm to 2pm and 4pm to 8pm
- Friday 2pm to 6:30pm.

If a patient was unable to attend the practice staff offered telephone appointments in the afternoon.

Appointments with the practice nurse are available on Monday from 2pm to 6:30pm, Tuesday 8:30am to 12:30pm and 2pm to 7pm, Wednesday 8:30am to 12pm and Friday 8:30am to 12:30pm and 2pm to 5pm.

When the practice is closed it is covered by a GP hub, on Monday to Friday 2pm to 9pm and Saturday and Sunday 8am to 9pm. When this service is closed patients are directed to the NHS 111 service or emergency services if urgent.

At the time of the inspection, the practice was registered with the CQC for the regulated activities: treatment of disease, disorder, and injury; diagnostic and screening

## Detailed findings

procedures; family planning services; and surgical procedures. During the inspection, the provider reviewed their registration with the CQC and sent an application for the regulated activity of maternity and midwifery services to be added to their registration.

# Are services safe?

## Our findings

At the inspection on the 6 November 2017, we found that the practice had taken action to address the concerns identified at the inspection on 22 May 2017. At this inspection, we rated the practice as good for providing safe services.

### Safety systems and processes

The practice had systems to keep people safe and safeguarded from abuse.

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Reports and learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for their role and had received a 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.)
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, harassment, discrimination, and breaches of their dignity and respect.
- The practice had recruited one member of staff following the last inspection in September 2017. We reviewed this file and found the practice had carried out the appropriate recruitment checks. However, the practice did not have a system in place to ensure that staff had the appropriate immunisations to work safely at the practice.
- There was an effective system to manage infection prevention and control.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens were in place and kept people safe.

### Risks to patients

There were adequate systems to assess, monitor, and manage risks to patient safety.

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- There was an effective induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, including sepsis. The doctors had provided the receptionists with a flow chart detailing how to identify sepsis to ensure the patient was seen urgently.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

### Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols. Doctors and the nurse made referrals using the NHS single point of access system.

### Appropriate and safe use of medicines

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. However the system to ensure the security and the collection of prescriptions by patients was not fully effective. We discussed this with staff at the inspection who took immediate action. In addition, the practice manager confirmed they would update the necessary procedures.

## Are services safe?

- The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.
- The practice monitored the prescribing of controlled drugs. (For example, audits for unusual prescribing, quantities, dose, formulations, and strength).

### Track record on safety

The practice had a mostly good track record on safety.

- The practice had risk assessments in place in relation to safety issues. However, we found staff had not identified that the kitchenette area located under the stairs near the waiting room was unlocked and therefore accessible to patients. Following the inspection the practice manager informed us that the practice would secure the kitchenette area.

- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture of safety that led to safety improvements.

### Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

**Please refer to the Evidence Tables for further information.**

# Are services effective?

(for example, treatment is effective)

## Our findings

At the inspection on the 6 November 2017, we found that the practice had taken action to address the concerns identified at the inspection on 22 May 2017. At this inspection, we rated the practice as good for providing effective services overall and across all population groups.

### Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards, and guidance supported by clinical pathways and protocols.

- Patients' immediate and on-going needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- The practice was implementing a new computer software programme that they hoped would enable better recording of patient records and diagnoses, to allow for quicker retrieval of patient information.
- Where necessary to assess patients level of pain the doctors asked the patient to score it from zero to 10.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

### Older people:

- Older patients who were frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review, including a review of medicines.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- 100% of patients over the age of 75 with a fragility fracture had been treated with bone-sparing medicines.

### People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice demonstrated they had a lower than average readmission of patients to hospital with long-term conditions.
- The practice had arrangements for adults with newly diagnosed cardiovascular disease, including the offer of high-intensity statins for secondary prevention. Patients with suspected hypertension were offered ambulatory blood pressure monitoring, and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice was able to demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Although the practice had a better than national average for monitoring patients with diabetes, the exception rate was high.

### Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme.
- Uptake rates for the childhood vaccines given were slightly lower than the target percentage of 90% or above, in three out of four target areas.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

# Are services effective?

(for example, treatment is effective)

## Working age people (including those recently retired and students):

- The practice's uptake for cervical screening was 74%, which was below the 80% coverage target for the national screening programme but comparable to the CCG average of 74% and the national average of 73%.
- The practice's uptake for breast and bowel cancer screening was in line the national average.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

## People whose circumstances make them vulnerable:

- 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 held a register of patients living in vulnerable circumstances, including homeless people and those with a learning disability. The practice had 32 patients on this register and 22 had attended health assessments since 1 April 2017.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- Spring Farm Surgery had quarterly palliative care meetings, which were attended by the district nursing team.

## People experiencing poor mental health (including people with dementia):

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- 93% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was above the national average of 84%.

- 97% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This is above the national average of 90%.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.

## Monitoring care and treatment

The practice had a programme of quality improvement activity that reviewed the effectiveness and appropriateness of the care provided. Where appropriate, clinicians took part in local and national improvement initiatives.

The most recent published Quality Outcome Framework (QOF) results were 100% of the total number of points available, compared with the clinical commissioning group (CCG) average of 94% and national average of 96%. The overall exception reporting rate was 6%, compared with a CCG average of 5% and a national average of 6%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

- The QOF was monitored by the practice manager, the nurse and the GP partners, any identified issues were responded to.
- The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national and improvement initiatives.
- The GPs and practice nurse had completed four two-cycle medicine audits and implemented any recommendations.

## Effective staffing

Most of the staff had the skills, knowledge, and experience to carry out their roles.

# Are services effective?

## (for example, treatment is effective)

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long-term conditions and older people, and people requiring contraceptive reviews.
- The nurse was the sole practitioner whose role included immunisation and taking samples for the cervical screening programme. They informed us they had received specific training and could demonstrate how they stayed up to date.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained by staff. Staff were encouraged and given opportunities to develop. The practice manager kept an overview of staff training that enabled them to be confident staff were appropriately training. However, the overview did not include the clinical staff's role specific training.
- The practice provided staff with on-going support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. However, the practice nurse had not completed Mental Capacity Act training.
- The practice ensured the competence of locum doctors by audits of their clinical decision making, including prescribing.

### Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- The Practice had regular meetings with the Integrated Care Management Team (ICM) for patients who required additional services, agencies or assessments. The GPs received written update reports following these meetings. The ICM team also advised the practice immediately if patient circumstances changed.
- Patients received coordinated and person-centred care. This included when they moved between services, when

they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.

- 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.

### Helping patients to live healthier lives

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition.
- The practice had supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and tackling obesity. However, they described how funding for these schemes had been reduced and therefore they now directed patients to a telephone advice service provided by the local CCG.

### Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- The doctors understood the requirements of legislation and guidance when considering consent and decision-making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

**Please refer to the Evidence Tables for further information.**

# Are services caring?

## Our findings

At our previous inspection on 22 May 2017, we rated the practice as inadequate for providing caring services. This was because the provider was unaware of the results of the GP patient survey. In addition, the practice did not have an effective patient participation or representation group in place, staff had identified only 0.9% of the patient list as carers and there were no measures in place to ensure carers received the necessary support.

At this inspection, we found the provider had made some improvements. For example, the provider was aware of the GP survey results and had responded by carrying out its own survey, and the results had improved slightly. The practice had an effective patient participation group. However, the GP patient survey results only demonstrated small improvements. We have rated this practice as good for providing caring services.

### Kindness, respect and compassion

- 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 in relation to the nurse. Responses in relation to the GPs were less positive, but these had slightly improved from the previous survey. In addition, feedback from patients to the practice's own survey, in the CQC comment cards and from speaking to patients on the day of the inspection were positive. The doctors also explained they had reviewed the GP survey findings and felt some of the results were partially due to their suspension from practice and for refusal to prescribe medicines that were unauthorised by the CCG.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information and treated patients with compassion.
- We observed the reception staff treating patients with compassion and concern.

### Involvement in decisions about care and treatment.

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 in relation to the practice nurse.

Responses in relation to the GPs were less positive, but the provider had responded to these findings. However, the responses by patients to the practice's own survey, the CQC comment cards, and speaking to patients on the day of the inspection were positive about the patients' involvement in the decisions about their care and treatment.

- The practice had an active patient participation group; this initially started with two members who attended meetings, and this had increased to five. In addition, 100 patients were part of a social media group.
- The systems in place to identify carers had only identified 43 carers, which was 0.8% of the practice population, and staff had not reviewed this since May 2017. However, the practice had a named champion for carers. In addition, a poster in reception asked patients to contact the reception team if they were a carer and provided the contact name of the champion.
- Following the inspection the provider explained the new computer system now identified that 1% of carers and this was an improvement on the manual system previously used and this would enable the practice to identify further carers in the future. The provider also explained the carer's list of May 2017, demonstrated that the practice had carried out patient/carer reviews within in the last 6 months, where the carers template was completed and documented on the medical records. The provider also provided a list from the new computer system where the patient notes had been transferred, of 16 carers who had an assessment in the previous 12 months.
- Interpretations and British Sign Language services were available for patients whose first language was not English.

### Privacy and dignity

The practice respected patients' privacy and dignity.

- Reception staff knew that if patients wanted to discuss sensitive issues or appeared upset they could offer a private area.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.

**Please refer to the Evidence Tables for further information.**

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

At the inspection on the 6 November 2017, we found that the practice had taken action to address the concerns identified at the inspection on 22 May 2017. At this inspection, we rated the practice and all of the population groups, as good for providing responsive services.

### Responding to and meeting people's needs

The practice organised and delivered services to meet most patients' needs.

- The practice understood the needs of its population and tailored services in response to those needs.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The practice had one consultation room used by the doctor and one treatment room used by the nurse, both available on the ground floor. Due to the size of the premises, the practice was unable to offer baby changing facilities.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- The practice has access to interpretation services and British Sign Language supporters.

### Older people:

- The two GP partners supported patients in whatever setting they lived, whether it was at home, in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent or longer appointments for those with enhanced needs. The GP also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.

### People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.

- The Practice had regular meetings with the Integrated Care Management Team to discuss and manage the needs of patients with complex medical issues.

### Families, children and young people:

- 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. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

### Working age people (including those recently retired and students):

- The needs of this population group 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, extended opening hours.

### People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances, including homeless people and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.

### People experiencing poor mental health (including people with dementia):

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- Patients who failed to attend appointments were followed up by a phone call.

### Timely access to care and treatment

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- The practice had one consultation room used by a GP and one treatment room used by the nurse. This limited

# Are services responsive to people's needs? (for example, to feedback?)

the number of appointments available at the practice. The practice had recognised this as an issue and attempted to make sure that appointments were available throughout the day.

- Patients had timely access to initial assessment, test results, diagnosis, and treatment. The nurse acted within their competency and reviewed the test results. Any abnormal results were passed to the doctors.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use, although some reported it could be difficult to get through on the telephone.
- The practice carried out a patient survey in August 2017 and received 60 responses. In response to the results of this and the GP survey, the practice had commenced opening the reception desk on a Thursday afternoon, employed a locum doctor for an extra session on a Wednesday, increased the number of telephone consultations and increased emergency appointments.

## **Listening and learning from concerns and complaints**

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. We reviewed three complaints and found that they were satisfactorily handled in a timely way.
- The practice learned lessons from individual concerns and complaints, For example, following complaints about doctors not prescribing the medicines of patients' choice due to restrictions by the CCG, the practice had reviewed the information provided to patients about the medicines that the practice could prescribe. Staff reviewed the complaints at the monthly practice meetings, however we saw that there was limited detail recorded in the monthly practice minutes and the complaints log to fully reflect the practice's learning.

**Please refer to the Evidence Tables for further information.**

# 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 the inspection on the 6 November 2017, we found that the practice had taken action to address the concerns identified at the inspection on 22 May 2017. At this inspection, we rated the practice and all of the population groups as requires improvement for providing a well-led service.

Although we found the practice had made improvements in governance to support the delivery of good quality patient care, the provider needed to embed and develop the systems and processes to ensure the continuity of safe and good quality patient care.

### Leadership capacity and capability

- The partners and the practice manager were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- The partners were visible in the practice and approachable.
- The two partners had commenced planning for their succession and the future leadership of the practice.

### Vision and strategy

- The practice had a vision and strategy to deliver high quality, sustainable care.
- The provider stated the purpose of the practice was to provide the highest standard of care to their patients without prejudice or discrimination.

### Culture

- Staff stated that communication and support had improved in the last 12 months following the last inspection.
- The practice focused on the needs of patients.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of, and had systems to ensure compliance with the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.

- All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training.

### Governance arrangements

Although we found the practice had made improvements in governance to support the delivery of good quality patient care, the provider needed to further embed and develop the systems and processes to ensure the continuity of safe and good quality patient care. For example:

- The practice had received support from a management agency and, with the help of the agency, had developed an action plan; a few points of this plan remained outstanding. For example, the review and implementation of job descriptions and roles, that would enable the practice to ensure all the work was distributed and consistently carried out to ensure a safe and service. Following the inspection, the provider sent documentation and confirmed that following discussions with the staff had completed and mutually agreed the job descriptions.
- The practice had implemented and followed a recruitment procedure, but did not have a system in place to ensure that had they adhered to the recommended guidance for immunisation for all employees.
- Systems for the safe handling and storage of medicines were in place. However, further development was required to ensure they had effective systems for the safe storage of and the prompt collection of prescriptions by patients.
- The practice monitored the QOF to ensure it scored maximum points, however where it had high exception rate reporting and had sent three letters to patients by post, it had not considered what further actions it could take to encourage patients to take up the appointments.

# Are services well-led?

Requires improvement 

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

- The practice had purchased a suite of policies appropriate to the service which the practice manager had reviewed and adapted to reflect the practice's needs.

## Managing risks, issues and performance

There were some effective systems and processes for managing risks, issues and performance.

- There was an effective process to identify, understand, monitor and address current and future risks, including risks to patient safety.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of national and local safety alerts, incidents, and complaints.
- The practice had carried out clinical audits that had a positive impact on quality of care and outcomes for the patients reviewed. There was evidence of action to change practice to improve quality.
- The practice had a training schedule in place that enabled the practice manager to ensure staff completed their mandatory training, however this did not include staff's role specific training.
- The practice had plans in place and had trained staff for major incidents.

## Appropriate and accurate information

The practice acted on appropriate and accurate information.

- All staff were invited to the monthly practice meeting on either Tuesdays or Thursdays, where complaints and significant events were reviewed. The practice manager documented the meeting and staff had access to the minutes. The partners regularly discussed clinical issues and any business matters, which were sometimes attended by the nurse. Following the inspection the provider submitted evidence of the documenting of the clinical meetings and to confirm the nurse attended dated from August 2017 to April 2018. However, we noted that no minutes were available for September, October, January and February.

- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice had recently purchased a new database for patient records that would enable them to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.

There were effective arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

## Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- The practice had engaged with the external management company provided by the CCG to enable them to improve the practice.
- The service was transparent, collaborative and open with stakeholders about performance.
- The practice had an active Patient Participation Group (PPG) with five members and a 100 members on social media.
- The practice reviewed information from the friends and family survey each month, which could be completed on the practice website.
- Staff told us they felt more involved with the practice following the improvements.

## Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement and innovation.

- Following the previous inspection the practice manager and providers with the assistance of an independent management company reviewed their practices to improve the quality and safety of the care provided.
- The practice had commenced making use of internal and external reviews of incidents and complaints. Learning was now shared and used to make improvements.

# Are services well-led?

Requires improvement 

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

**Please refer to the Evidence Tables for further information.**

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<br>Family planning services<br>Surgical procedures<br>Treatment of disease, disorder or injury | <p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>How the regulation was not being met:</b></p> <p>The registered person had systems or processes in place that operated ineffectively, in that they failed to enable the registered person to evaluate and improve their practice in respect of the processing of the information obtained throughout the governance process. In particular:</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none"><li>• The overview of staff training to ensure staff had the correct training did not include role specific training.</li><li>• The systems in place to ensure security of prescriptions and the collection of prescriptions by patients required further work to ensure they were fully effective.</li><li>• The practice did not have an effective system in place to ensure it adhered to the recommended guidance in The 'Green Book' Immunisation Against Infectious Diseases, which provided information on immunisation for employees in general practice.</li></ul> <p>This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> |