

Uxendon Crescent Surgery

Inspection report

1 Uxendon Crescent
Wembley
Middlesex
HA9 9TW
Tel: 0208 904 3883
www.uxendoncrescentsurgery.co.uk

Date of inspection visit: 12 April 2018
Date of publication: 24/05/2018

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 location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Requires improvement 

Overall summary

We carried out an announced comprehensive inspection at Uxendon Crescent Surgery on 6 June 2017. The overall rating for the practice was Requires Improvement. The full comprehensive report on the 6 June 2017 inspection can be found by selecting the 'all reports' link for Uxendon Crescent Surgery on our website at www.cqc.org.uk.

This inspection, on 12 April 2018, was an announced comprehensive inspection to confirm that the practice had carried out their plan to meet the requirements that we identified in our previous inspection on 6 June 2017. This report covers our findings in relation to those requirements and any improvements made since our last inspection. The practice is now rated 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

At this inspection we found:

- The practice had addressed the findings of our previous inspection in respect of infection prevention and control, practice cleanliness, risk assessments, systems to check emergency medical equipment, the management of two-week wait referrals, repeat prescribing, prescription stationery management and significant events.
- The practice had systems and processes in place to support good governance. However, we found that these were inconsistent.
- The practice had not produced a supporting written strategy or business plan to support the provision of high quality care and good patient outcomes, which had been a finding of our previous inspection.
- There were systems in place to safeguard children and vulnerable adults from abuse and staff we spoke with knew how to identify and report safeguarding concerns. However, some patient risk registers were not kept up-to-date and did not include all vulnerable groups.
- There was an open and transparent approach to safety and a system in place for reporting and recording

significant events. The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.

- The practice had systems in place to ensure care and treatment was delivered according to evidence-based guidelines.
- Results from the national GP patient survey showed patients rated the practice comparable with others for aspects of caring. Patients told us they 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. Improvements were made to the quality of care as a result of complaints and concerns.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients were able to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- 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 improvements 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:

- Consider undertaking audits to monitor the prescribing of controlled drugs and review the arrangements for raising concerns around controlled drugs with the NHS England Area Team CD Accountable Officer.
- Review the reception staff understanding of 'red flag' sepsis symptoms that might be reported by patients and how to respond.
- Review the process for disseminating new clinical guidance to all clinicians.
- Review the Core Standards for Pain Management Services in the UK regarding the current practice recommendations and assessment tools for pain management in primary care.

Overall summary

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

Population group ratings

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

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a second CQC Inspector, a GP specialist adviser and a GP specialist adviser (shadowing).

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. 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 24 sessions per week, a practice nurse (24 hours per week) and a healthcare assistant (30 hours per week). The clinical team are supported by a full-time practice manager and a team of seven administration and reception staff.

The practice is open between 9am and 6pm, Monday to Friday. Extended hours appointments are offered on Tuesday and Wednesday morning from 7am to 8am. The practice offers on-line services, which include appointment booking and repeat prescriptions which can be accessed through the practice website. Appointments are available between 9am to 11am and 3.30pm to 5.30pm, Monday and Friday. When the surgery is closed, out-of-hours services are accessed through the local out of hours (OOH) service or NHS 111. Details of OOH services are available on the practice website.

The practice population is in the seventh most deprived decile in England, on a scale of one to 10 with one being the most deprived and 10 being the least deprived. People living in more deprived areas tend to have greater need for health services. Data shows that almost 68% of patients at the practice area were from Black and Minority Ethnic (BME) groups. The highest proportion of the practice population was in the 15 to 44 year old age category.

Are services safe?

At our previous inspection on 6 June 2017, we rated the practice as Requires Improvement for providing safe services as aspects of infection prevention and control, practice cleanliness, risk assessments, systems to check emergency medical equipment, the management of two-week wait referrals, repeat prescribing, prescription stationery management and significant events required improvement.

At our follow up inspection on 12 April 2018 we found that the practice had addressed the findings of our previous inspection. The practice is now rated as Good for providing safe services.

Safety systems and processes

The practice had systems in place 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. Staff we spoke with knew how to identify and report concerns.
- The practice told us they worked in partnership with other agencies to protect patients and provided reports when required. However, the safeguarding lead did not attend any external local safeguarding meetings. The practice discussed safeguarding in its clinical meetings but told us health visitors rarely attended.
- There was a system in place to highlight vulnerable patients and a risk register of specific patients. However, we saw that the child protection register had not been kept up-to-date and included patients who were no longer on the register and the adult risk register did not include people who had experienced domestic violence.
- 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.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis. The practice had updated its recruitment policy.

- There was a system to manage infection prevention and control (IPC). The practice had reviewed its cleaning arrangements and we found an appropriate standard of cleanliness. An IPC audit had been undertaken by the local commissioning support unit.
- There were arrangements in place for managing waste and clinical specimens. However, we noted that clinical staff did not have access to all the appropriate colour-coded sharps containers required for the disposal of the range of medicines administered at the practice.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order. The practice had undertaken its own premises-related risk assessments following our previous inspection. At this inspection the practice told us it had engaged an external company to undertake further risk assessments in May 2018 for fire and health and safety. A Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings) risk assessment undertaken in February 2016 had been scheduled to be reviewed.

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. Reception staff we spoke with were aware of 'red flag' symptoms, for example, shortness of breath and chest pain and were able to give examples. However, they were not able to demonstrate a clear understanding of 'red flag' sepsis symptoms and how to respond.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Are services safe?

Information to deliver safe care and treatment

Staff had 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. There was a documented approach to managing test results.
- 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. The practice demonstrated an effective system to monitor its two-week wait referrals.

Appropriate and safe use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks. The practice had reviewed its vaccine cold chain and acquired a secondary thermometer. We saw evidence that fridge temperatures were recorded in line with guidance.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.
- The practice had reviewed its systems for storing and monitoring prescriptions (pads and computer prescription paper) and we saw that these were managed in line with guidance.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. The practice had reviewed its repeat prescribing processes, including for patients on high risk medicines. We

randomly reviewed patient records and found that patients' health was monitored in relation to the use of medicines and followed up on appropriately in line with guidance.

Track record on safety

At our previous inspection the practice had not been able to demonstrate a good safety record and we had found concerns which impacted on patient safety. At this inspection the provider demonstrated improvements had been made and we found:

- 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.
- There were comprehensive risk assessments in relation to safety issues.

Lessons learned and improvements made

The practice had reviewed its systems for reporting, recording and learning from significant events.

- Staff we spoke with understood their duty to raise concerns and report incidents and near misses. The practice had updated its policy and staff knew how to access this and the reporting form.
- The practice had recorded six significant events in the past year. There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons to improve safety in the practice.
- The practice had systems and processes in place to receive and act on patient and medicine safety alerts. Staff we spoke with were able to give examples of recent alerts.
- We saw evidence that significant events and alerts were discussed and recorded in clinical meeting minutes.

Please refer to the Evidence Tables for further information.

Are services effective?

At our previous inspection on 6 June 2017, we rated the practice as Good for providing effective services. The practice remains rated as Good for providing effective services.

(Please note: Any Quality Outcomes (QOF) data relates to 2016/17. QOF is a system intended to improve the quality of general practice and reward good practice.)

Effective needs assessment, care and treatment

Current evidence-based practice was available to all clinicians as a link on the practice computer and we saw that asthma guidelines had been discussed in a clinical meeting. However, the practice did not have a formal process in place for cascading new guidance to all clinical staff. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' immediate and ongoing 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.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.
- The practice did not use any formal pain assessment tools to assess the level of pain in patients, including patients who have difficulties with communication.

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 medication.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.
- 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.

- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

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.
- The practice had arrangements for adults with newly diagnosed cardiovascular disease including the offer of high-intensity statins for secondary prevention, people 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).
- Outcomes for patients with long-term conditions, for example diabetes, hypertension, atrial fibrillation and chronic obstructive pulmonary disease (COPD) were comparable with local and national averages.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in line with the target percentage of 90% or above.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

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

- The practice's uptake for cervical screening was 65% which was comparable to the CCG average of 64% and

Are services effective?

the national average of 72%. However, this was the 80% coverage target for the national screening programme. The practice had systems in place to recall patients who did not attend.

- The practices' 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.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. 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:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

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. There was a system for following up patients who failed to attend for administration of long term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- 86% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was comparable to CCG average of 85% and the national average of 84%.
- 91% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was comparable to the CCG average of 92% and the national average of 90%.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example, 98% of patients

experiencing poor mental health had received discussion and advice about alcohol consumption. This was comparable to the CCG average of 93% and the national average of 91%.

- 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.
- The practice offered annual health checks to patients with a learning disability.

Monitoring care and treatment

The practice had a programme of quality improvement activity and reviewed the effectiveness and appropriateness of the care provided and the practice provided evidence of two two-cycle clinical audits. The practice used information about care and treatment to make improvements.

The clinical team took part in local improvement initiatives. For example, the practice had undertaken four CCG-led medicine optimisation audits which involved benchmarking with local practices. We saw that practice prescribing data was comparable to local and national averages.

We saw that QOF achievement for 2016/17 was 96%, which was comparable to the CCG average of 97% and the national average of 97%.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- Staff whose role included immunisation and taking samples for the cervical screening programme 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. Staff were encouraged and given opportunities to develop.

Are services effective?

- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals and clinical supervision. The induction process for healthcare assistants included the requirements of the Care Certificate.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for people with long term conditions and when coordinating healthcare for care home residents.
- 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

Staff were consistent and proactive in 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 and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health, this included through social prescribing schemes. For example, the practice referred patients to the Brent exercise scheme.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity. The practice hosted a smoking cessation advisor.

Consent to care and treatment

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

- Clinicians 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?

At our previous inspection on 6 June 2017, we rated the practice as Good for providing caring services. The practice remains rated as Good for providing caring services.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- We received 19 patient Care Quality Commission comment cards, of which 17 were positive about the service and two contained mixed comments. Patients providing positive feedback said they felt the practice offered an excellent service and that staff were caring, friendly and helpful. Patients commented that they were treated with dignity and respect.
- The practice actively sought patient feedback through the NHS Friends and Family Test (FFT). Results for the period October 2017 to March 2018, based on 1,115 responses, showed that 89% of patients would be extremely likely or likely to recommend the service.
- We spoke with one patient who told us they had received good clinical care, felt involved in their treatment and care and was treated with dignity and respect.
- We reviewed the results of the latest annual national GP patient survey which showed patients felt they were treated with compassion, dignity and respect. We saw that 100% of patients said they had confidence and trust in the GP they saw or spoke with, which is above the CCG average of 94% and the national average of 86%.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment. They were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information that they are given.)

- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available. In addition, the practice had posters and leaflets available in several languages aligned to its patient demographic.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice proactively identified carers and supported them.

Results from the latest national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. For example, 92% of patients who responded said the last GP they saw was good at explaining tests and treatments (CCG average 83%; national average 86%) and 82% of patients who responded stated that the last time they saw or spoke with a nurse, they were good at involving them in decisions about their care (CCG average 79%; national average 85%).

Privacy and dignity

The practice respected patients' privacy and dignity.

- 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.
- Staff recognised the importance of people's dignity and respect.

Please refer to the Evidence Tables for further information.

Are services responsive to people's needs?

At our previous inspection on 6 June 2017, we rated the practice as Good for providing responsive services. The practice remains rated as Good for providing responsive services.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs.
- The practice worked with the CCG to improve outcomes for patients in the area. For example, it was participating in the Whole Systems Integrated Care (WSIC) programme dashboard which linked patient data from acute, mental health and community trusts and GP practices to generate an integrated care record to provide a 'joined-up' care history. The practice used this data to manage patients, specifically those who were at high risk of admission.
- The practice operated a 'personal list' system, which meant wherever possible patients got to see their own registered GP. The GPs told us they felt this improved continuity of care. Patient feedback we received was positive about this system.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The practice had made reasonable adjustments to its premises and there were accessible facilities.
- The practice provided effective care coordination for patients who are more vulnerable or who have complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.

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 held multi-disciplinary team meetings 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 two morning each week and telephone consultations.

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 utilised Coordinate My Care (CMC), a personalised care plan developed to give people an opportunity to express their wishes and preferences on how and where they are treated and cared for.
- 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 were proactively followed up by a phone call from the practice.

Timely access to care and treatment

Are services responsive to people's needs?

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- 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.

Results from the latest national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages. For example, 65% of patients who responded said they could get through easily to the practice by phone (CCG average 65%; national average 71%), 83% of patients responded that they were very satisfied or fairly satisfied with the practice opening hours (CCG average 75%; national average 80%) and 76% responded positively to the overall experience of making an appointment (CCG average 67%; national average 73%).

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 practice had recorded eight complaints in the past year. The practice captured verbal complaints.
- The practice had updated its complaints policy and procedures and we saw that it was now in line with recognised guidance. The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care.

Please refer to the Evidence Tables for further information.

Are services well-led?

At our previous inspection on 6 June 2017, we rated the practice as Requires Improvement for providing well-led services as systems and processes to ensure good governance required improvement.

At our follow up inspection on 12 April 2018 we found that although the practice had addressed the majority of findings from our previous inspection, the systems and processes to ensure quality and safety of services required improvement. The practice remains rated as Requires Improvement for providing well-led services.

Leadership capacity and capability

On the day of the inspection the GPs demonstrated they had had the capacity and skills to deliver high-quality, sustainable care.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

Vision and strategy

The GPs told us their aim was to provide high quality care and good patient outcomes. However, the practice had not produced a formal written strategy or supporting business plan in line with health and social priorities to meet the needs of its practice population, which had also been a finding at our previous inspection. The practice told us that they had engaged with the locally funded General Practice Resilience Programme, the purpose of which was to help practices to become more sustainable and resilient. However, there were no formal outcomes from this engagement at the time of our inspection.

Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- 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 requirements of 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.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year.
- Clinical staff were considered valued members of the practice team. They were given protected time for professional development.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

Although there were systems and processes in place to support good governance we found that these was inconsistent. In particular:

- Patient risk registers were not accurate and up-to-date. We found that the child protection register had not been kept up-to-date and included patients who were no longer on the register and the adult risk register did not include people who had experienced domestic violence.
- Actions and outcomes from risk assessments had not been promptly addressed. We found that an infection prevention and control audit undertaken in October 2017 had highlighted that there was no evidence of the immunisation status of staff in line with guidance and had given a four-week timeframe in which to action. We noted that the MMR status of one member of staff in direct patient contact had not been obtained until March 2018 which had potentially put patients at risk.

However, staff we spoke with were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control. Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

Are services well-led?

There were processes to identify, monitor and address current and future risks including risks to patient safety. However, we found that these were not always consistent. For example, some patient risk register required update.

The practice used the Quality and Outcomes Framework (QOF) to measure its performance. The most recent published QOF results showed the practice had achieved 96% (CCG average 97%; England average 96%).

Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance.
- The practice used performance information which was reported and monitored.
- 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 used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust 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, staff and external partners to support high-quality sustainable services.

- The practice gathered feedback from patients through the NHS Friends and Family Test, comments and complaints received and the NHS Choices website.
- There was an active patient participation group, who met quarterly.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement.
- The practice made use of reviews of incidents and complaints. Learning was shared and used to make improvements.
- The practice participated in Productive General Practice (PGP), an organisation-wide change programme, developed by the NHS Institute for Innovation and Improvement which supports general practices in promoting internal efficiencies. The practice had analysed and process-mapped the management of results and medical reports to improve efficiency.

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 the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The provider was failing to ensure systems and processes were operated effectively to improve the quality and safety of services. In particular:</p> <ul style="list-style-type: none">• The provider had failed to address risk assessment outcomes in a timely manner.• The provider had failed to ensure patient risk registers were up-to-date. <p>There was no written business plan and strategy in line with health and social priorities to meet the needs of its practice population.</p> <p>This was in breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>