

Eldon Road Surgery

Quality Report

10 Eldon Road
Reading
Berkshire
RG1 4DH
Tel: 01189391919
Website: www.eldonroadsurgery.co.uk

Date of inspection visit: 19 August 2016
Date of publication: 13/10/2016

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Requires improvement 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	8
What people who use the service say	12

Detailed findings from this inspection

Our inspection team	13
Background to Eldon Road Surgery	13
Why we carried out this inspection	13
How we carried out this inspection	13
Detailed findings	15
Action we have told the provider to take	29

Overall summary

Letter from the Chief Inspector of General Practice

We first inspected Eldon Road Surgery on 7 January 2016. At that time evidence showed the practice not to be meeting regulations and the practice was rated inadequate. It was subsequently placed into special measures.

Consequently we carried out an announced comprehensive inspection at Eldon Road Surgery on 19 August 2016. This second comprehensive inspection was undertaken to check whether the practice had completed the actions the practice told us they would take to comply with regulations. Our inspection findings have resulted in the practice achieving a revised rating of good overall. However, the practice has been rated as requires improvement for the delivery of effective services because further improvement is needed in outcomes for patients with long term medical conditions and in disease prevention.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events. This had improved since our inspection in January 2016 when we found that recording of significant events was not always completed in detail.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.

Summary of findings

- The practice had good facilities and was equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.
- Environmental risks were assessed and mitigating action taken to address any risks identified. A risk management culture had been adopted.
- The practice had taken action to comply with fire safety regulations.
- Information for patients was more readily available via a new website. This provided patients with the opportunity to access services online.
- There was a clear plan to improve outcomes for patients with long term conditions and those with complex health needs.
- Action had been taken to provide more accessible information for patients from ethnic groups.
- Improvements had been made to make services more accessible to patients with disabilities.

However,

- Outcomes for patients with long term conditions remained below average.
- Performance in disease prevention activities was also below average.

The areas where the provider must make improvement are:

- Maintaining systems that ensure outcomes for patients with long term conditions continue to be improved.
- Ensuring performance in delivering disease prevention programmes is improved, particularly promoting the benefits of stopping smoking.
- Ensure care plans are appropriately recorded and are fit for purpose.

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

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?

When we inspected Eldon Road Surgery in January 2016 we found the practice did not have effective systems in place to keep patients safe. At this inspection we found the practice had made significant improvements to safety systems. The practice had completed actions set out in their action plan to improve safety.

Consequently the practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were being assessed and actions to improve safety were identified and were being well managed. A risk management culture had been adopted by the practice.
- Previous concerns relating to fire safety had been addressed and the practice complied with current fire regulations.
- Arrangements to deal with medical emergencies had been improved. Medicines and equipment designated for use in an emergency were kept and regularly checked. The checks were recorded.

Good



Are services effective?

When we inspected Eldon Road Surgery in January 2016 national data showed the practice was achieving below average outcomes for patients with long term conditions. Care planning for patients with complex needs was not operated effectively. The staff appraisal system was also managed poorly. Multidisciplinary working was undertaken but it was generally informal and lacked records to demonstrate it was taking place. Our inspection in August 2016 found that the practice had developed plans to improve outcomes for patients with long term conditions and had commenced implementing these.

Requires improvement



Summary of findings

However, the practice is rated as requires improvement for providing effective services, as there remained areas where improvements should be made.

- Data continued to show patient outcomes were low compared to the national average. However, we noted the most recent data showed improvement and a continuous improvement plan was in place.
- The care plans in place for patients with complex needs and who were at risk of hospital admission were not always completed in detail and had not always been agreed with patients.
- Some of the disease registers of patients with long term conditions had not been checked for accuracy. However, the practice had a clear and sustainable plan to address this.

However we saw some examples of good or improving practice:

- The registers for patients with long term medical conditions were under review and we found improvement in outcomes for patients diagnosed with diabetes.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Patients diagnosed with cancer were receiving six monthly care reviews.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Multidisciplinary working was taking place and records of multidisciplinary meetings were kept to ensure all professionals were able to access information about patients with complex needs.
- The rate of cervical screening had increased from 71% to 78% within the last six months.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.

Good



Summary of findings

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- There were examples of information leaflets available in languages other than English. These assisted patients whose first language was not English to understand the care and treatment they were either receiving or was proposed for them.

Are services responsive to people's needs?

When we inspected the practice in January 2016 we found an inconsistent approach to delivery of services which resulted in poor responsiveness to patients needs in some areas of service delivery. Specifically we found the practice had failed to recognise the needs of patients with a disability and had therefore not addressed these with a consistent approach. The practice had implemented a series of improvements to become more responsive to patient needs.

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, NHS chiropody services were available at the practice for patients aged over 65.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had appropriate facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- Improvements had been made to assist patients with either visual or hearing impairments. The practice was more aware of the needs of patients with physical disability and home visits were available to these patients who found difficulty accessing the practice premises.

Good



Are services well-led?

When we inspected Eldon Road Surgery in January 2016 we found the GPs and management were not operating systems and processes that ensured the provision of safe and effective services. The practice had worked on an action plan to deliver improvements in delivery of services to patients. The practice had undertaken many improvements and held a plan to complete the outstanding actions. Consequently the practice is rated as good for being well-led based on our findings at this inspection.

Good



Summary of findings

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. Policies and procedures were updated regularly.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels. Staff had learning programmes and development plans in place arising from their appraisals.
- There were clear plans in place to improve outcomes for patients with complex needs and long term conditions.
- The practice had a clear programme for maintaining safety in their care and treatment processes and for the premises and equipment used.

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

The practice is rated as good for the care of older people.

Good



- There were 41 patients registered with the practice aged over 75.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- A visiting NHS chiropody service was available for patients aged over 65.

People with long term conditions

The practice is rated as requires improvement for the care of people with long-term conditions.

Requires improvement



- When we inspected the practice in January 2016 the overall results, from 2014/15, for clinical indicators included in QOF were 68% which was significantly below the local and national averages (90% CCG and 95% national). Data provided by the practice showed they had already achieved 61% to date with seven months of the QOF year to run. This was an improvement on past performance. However, the practice recognised there was a significant amount of improvement still to be made in supporting this group of patients.
- Care plans were in place for some patients with long term conditions. However, many of these had not been agreed with the patient. Some had not been completed in full.
- The practice performance in disease prevention programmes, particularly in promotion of benefits of stopping smoking, remained below average.

However, we found examples of good practice;

- GPs and the practice nurse had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- There were designated appointments with the GPs and practice nurse each week for carrying out reviews of patients with long term conditions.
- Longer appointments and home visits were available when needed.

Summary of findings

- All these patients had a named GP and were invited 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

The practice is rated as good for the care of families, children and young people.

Good



- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young patients who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young patients were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Cervical cancer screening rates had improved by 7% in six months. The practice had achieved a screening rate of 78% (rising from 71%) compared to the national average from the previous year of 82%. Cervical screening information leaflets were provided in languages other than English to assist patients whose first language was not English.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.

Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students).

Good



- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Extended hours clinics were held on two evenings every week until 7.30pm. On one evening the extended hours clinic included practice nurse appointments until 7pm.

Summary of findings

- The practice had introduced a website that enabled online appointment booking and requesting repeat prescriptions.

People whose circumstances may make them vulnerable

The practice is rated as good for the care of people 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 offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia).

- Care plans were in place for 44% of patients diagnosed with severe and enduring mental health problems. This was below the national average of 90%. This posed a risk that patients may not have their care coordinated and planned appropriately. However, the practice's clinical action plan included updating and improving existing care plans and agreeing care plans with other patients in this group.
- Appropriate assessments had not been carried out for patients diagnosed with depression.

However we found examples of good practice:

- <>
The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice included advance care planning for patients with dementia in their clinical action plan.

Requires improvement



Summary of findings

- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- Screening for early dementia was offered. The practice had increased the screening rate from 20% to 58% in the last six months.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. They refer to a survey undertaken between January and March 2016. The national patient survey was undertaken on behalf of NHS England. It was carried out by Ipsos MORI who distributed 351 survey forms and 90 forms were returned. This was a 26% response rate and amounted to approximately 0.4% of the patient population. The results showed the practice was performing in line with local and national averages.

- 83% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) and national average of 73%.
- 81% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 83% and national average of 85%.
- 87% of patients described the overall experience of this GP practice as good compared to the CCG average of 83% and national average of 85%.

- 78% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 74% and national average of 76%.

This feedback was similar to that reported at the January 2016 inspection. However, there had been a 6% improvement, from 72% to 78%, in the recommendation rate.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 16 comment cards which were all positive about the standard of care received. The patients who completed comment cards referred to kind and attentive staff. They also contained positive references to the GPs offering personalised care and sufficient time during consultations to listen to patients concerns and symptoms.

We spoke with seven patients during the inspection. All seven patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Eldon Road 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 and an Expert by Experience.

Experts by experience are members of the team who have received care and experienced treatment from similar services. They are granted the same authority to enter registered persons' premises as the CQC inspectors.

Background to Eldon Road Surgery

Eldon Road Surgery is located close to the centre of Reading. It occupies a large building which was not designed for the delivery of medical services. The practice opened in 2001 when one GP took over the premises from a sports clinic. Since opening the practice has grown from around 400 patients to serving a registered population of approximately 2,500. There is limited parking available to patients and due to the nature of the premises, access for patients with a disability is limited. Most patients live close to the practice and either use public transport or walk to the practice. Public transport services in the area are frequent due to the town centre location. Approximately 35% of the practice population are from ethnic minority groups and income deprivation is recognised as an issue.

There are three GPs working at the practice. Two male partners and a female salaried GP who works one morning each week. They are equivalent to 1.1 whole time GP. The practice employs a part time practice nurse who works on four days each week. The GPs and practice nurses are

supported by a part time practice manager and a team of five administration and reception staff. The local midwife attends the practice once a week and there is a visiting NHS chiropody service for patients aged over 65 once a month.

The practice is open between 8am and 6.30pm on Monday, Tuesday and Thursday. It closes at 6pm on Friday when one of the GPs covers the practice by telephone until the out of hours service commences at 6.30pm. Appointments are from 9am to 12.30pm in the morning on two days each week. On the other three mornings the first appointment is at 9.30am. The start times of clinics have been set to assist patients who rely on public transport to bring them to the practice. However, GPs are at the practice should a patient need to be seen urgently before morning clinics commence. Afternoon clinics commence at 3pm on two days a week when the last appointment is at 5.45pm. On the remaining three days the first afternoon appointment is at 3.30pm and last appointment at 5.50pm. Extended hours clinics are offered on both Monday and Wednesday evenings until 7.30pm.

The practice has opted out of providing out of hours services to their patients. Out of hours services are provided by Westcall. The out of hours service is accessed by calling 111. There are arrangements in place for services to be provided when the surgery is closed and these are displayed at the practice and in the practice information leaflet.

All services are provided from: Eldon Road Surgery, 10 Eldon Road, Reading, Berkshire, RG1 4DH.

The practice has been a partnership for three years. Applications are underway to register the second partner and change the registration status to a partnership. However, at the time of inspection the practice remains registered to an individual, Dr Narayan.

Detailed findings

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008, on 7 January 2016, as part of our regulatory functions. The inspection found that the practice was not meeting the legal requirements and regulations associated with the Health and Social Care Act 2008. Consequently the practice was placed into special measures.

This second comprehensive inspection, carried out on 19 August 2016, was undertaken to assess the progress the practice had made to meet the regulations and to provide an updated rating for the service under the Care Act 2014.

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 19 August 2016. During our visit we:

- Spoke with two GPs, the practice nurse and three members of the administration and reception team.
- Also spoke with seven patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

We also looked at how well services 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 with dementia).

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

We inspected the practice on 7 January 2016 a significant number of issues affecting the delivery of safe services to patients. The practice was rated inadequate for provision of safe services to their patients. The practice had worked with external consultants on an improvement plan to address the issues that gave rise to a breach of regulations. At this inspection we found the practice had made significant progress in achieving their improvement plan.

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The form was held in a protected staff folder which staff told us they knew how to access. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the practice logged a significant event relating to an urgent prescription not arriving at a local pharmacy early enough for the medicine to be dispensed to the patient that day. The patient did not receive their medicine until the next day. The event record showed the practice investigated the issue. They found the fax transmission for the prescription had not been checked. The process to check fax transmissions were successful was reinforced with staff and discussed at a practice meeting. Additional checks were introduced to ensure a similar problem did

not arise again. We reviewed minutes of the staff meeting that confirmed learning from the event had been shared. We also saw that the patient and their relatives received an explanation and an apology for the error.

The inspection in January 2016 found recording learning from events and ensuring staff were informed of action to avoid similar occurrences was inconsistent. At this inspection we found events were recorded comprehensively. Learning was shared and documented and staff were able to tell us about the learning they had received from reviews of significant events.

Overview of safety systems and processes

The inspection in January 2016 found safety systems were either not in place or were operated inconsistently. At this inspection we found significant progress had been made to operate safety systems consistently. The practice had introduced clearly defined systems, processes and practices to keep patients safe and safeguarded from abuse. These had been embedded in the practice's approach to safety management. They included:

- Having arrangements in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three. The practice nurse was trained to level two in child protection and all administrative and reception staff to level one. We noted that all staff had also received training in safeguarding vulnerable adults. Staff were able to tell us how they were vigilant for signs of possible abuse and how they would report any concerns.
- 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

Are services safe?

working in roles where they may have contact with children or adults who may be vulnerable). Staff who undertook chaperone duties were able to describe how they would discharge their role. Their understanding met the best practice for undertaking chaperone duties.

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. An annual infection control audit had been undertaken by the local CCG infection control lead. We saw evidence that action was taken to address any improvements identified as a result. We also reviewed records produced by the practice nurse that assured the practice medical equipment was being cleaned regularly. The equipment we checked was clean. When we inspected the practice in January 2016 we found standards of cleanliness were not always maintained to a high standard in non-clinical areas. At this inspection we found the practice had updated their cleaning schedules and that general areas presented an appropriate standard of cleanliness. Additional checks to ensure the practice was kept clean and tidy had been introduced and were documented.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow the nurse to administer medicines in line with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment). We reviewed these directions and found they were up to date and appropriately authorised.

- When we inspected the practice in January 2016 we reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications and registration with the appropriate professional body. No new staff had joined since January hence we did not review further personnel files. However, we reviewed the DBS checks and found they were in place for the GPs, the nurse and staff who undertook chaperone duties.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the administration office which identified local health and safety representatives.
- When we inspected the practice in January 2016 a fire risk assessment had not been undertaken. The local fire authority subsequently visited and placed an improvement order on the practice. The practice had undertaken a significant amount of work to improve fire safety since the previous inspection. For example, fire resisting doors had been fitted and an automated fire alarm system installed. Once the work was completed the practice had undertaken a fire risk assessment. This showed they complied with current guidance and had taken sufficient action to comply with the improvement notice. There was also a record of a fire drill completed in the last six months. Significant improvement had taken place to improve fire safety.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. We saw the records of these completed checks. In January 2016 we identified these checks had not been undertaken. Therefore, improvements to safety had been achieved.
- The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health (COSHH) and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). This showed that improvement had been made since the inspection in January 2016, where we identified the COSHH assessments were not in place.

Are services safe?

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received basic life support training and there were emergency medicines available in the treatment room. The stock of medicines had been reviewed since our inspection in January 2016. The stock held was appropriate and our checks showed they were in date and stored securely. We noted that these medicines were regularly checked and a record of the check was recorded. Recording of the checks had not been undertaken when we inspected in January. Therefore, improvement had been achieved.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. The inspection in January 2016 found the practice was not recording checks of this equipment to ensure it was working properly. At that inspection the oxygen cylinder was empty. Since January 2016 the practice had made improvements because the equipment was regularly checked and the checks were recorded. A first aid kit and accident book were available.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were from 2014/15 and these showed the practice achieved 68% of the total number of points available. The practice exception reporting rate was 5% compared to the local CCG average of 7% and national average of 9%. (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 meant the practice continued to include more patients in their monitoring and follow up programmes.

This practice was an outlier for a number of QOF indicators in 2014/15. Data showed:

- Performance for diabetes related indicators was worse than the CCG and national average. Practice performance ranged from 59% to 76% compared to the national range of 77% to 94%.
- The percentage of patients with hypertension achieving the target blood pressure was worse than the national average. The practice achieved 74% compared to the national average of 84%.
- Performance for mental health related indicators was worse than the national average For example none of

the targets for monitoring and recording the assessment of patients diagnosed with depression had been achieved and the diagnosis rate was 6 per 1000 compared to the national rate of 77 per 1000.

- The practice achieved 73% of the targets for treatment of patients diagnosed with asthma compared to a CCG average of 94% and national average of 98%.
- The practice achieved 35% of the targets for treatment of patients diagnosed with heart failure compared to a CCG average of 92% and national average of 98%.
- The practice had not achieved any of the targets for prevention of coronary heart disease compared to the CCG average of 80% and national average of 88%.

We noted that this data was 16 months old and did not reflect the work the practice had undertaken since the inspection undertaken in January 2016. Data for 2015/16 had not been published at the time of inspection. However, the practice showed us this data and it was similar to 2014/15. At this inspection we found the practice was focussed on improving outcomes for patients with long term and complex conditions. GPs had added an additional longer appointment to their daily appointment schedules specifically for the review of patients in this group. The practice nurse also had an additional three longer appointments every week for review of patients in these groups. The disease registers for each long term condition had been targeted for improvement. Work was nearing completion to ensure the register of patients diagnosed with diabetes was accurate and patients were called for their annual review. From our review of patient records to corroborate the improvements the practice was making, we found four patient records where a review had been completed but not correctly coded as a long term condition review. The GPs and nurse had been completing some of the reviews and not recording them appropriately to show the outcomes for patients. This oversight made it harder for the practice to demonstrate the work it had achieved in completing larger numbers of long term condition reviews.

One of the partners had allocated time each week to work on ensuring patients with long term conditions were recalled for their reviews in 2016/17. A systematic plan was in place to support patients in each of the disease groups in turn. This had commenced with patients diagnosed with diabetes. The plan ran until March 2017. This plan was not

Are services effective?

(for example, treatment is effective)

in place in January 2016 and the practice did not have a clear approach, at that time, to improve outcomes for patients in these groups. Data provided to us by the practice for 2016/17 showed that they had achieved 61% of the outcome indicators for patients with long term conditions in the first five months of the year.

We also found that the GPs and practice nurse were using pre-formatted recording templates for reviews of patients with long term conditions. These followed national guidance. This ensured the review was correctly recorded and coded. Use of this system reduced the risk of the treatment not being recorded correctly and increased the opportunity to detail follow up action arising from the review.

When we inspected in January 2016 we found that the practice had either not been completing or had not recorded six monthly case reviews for patients diagnosed with cancer. During this inspection we found that patient records had been improved for patients diagnosed with cancer. There was a register of these patients. Minutes of meetings showed that care and treatment for this group of patients was discussed with the multidisciplinary team of health professionals when appropriate. Six monthly reviews had also been undertaken for all these patients.

Care plans were in place for 44% of patients diagnosed with severe and enduring mental health problems. This was below the national average of 90%. This posed a risk that patients may not have their care coordinated and planned appropriately. However, the practice's clinical action plan included updating and improving existing care plans and agreeing care plans with other patients in this group.

There was evidence of quality improvement including clinical audit.

- There had been clinical audits completed in the last six months. Three of these had focused on ensuring disease registers for patients with long term conditions were accurate.
- The practice participated in local audits and national benchmarking. The data for participation in the local medicines management audit programme showed the practice was achieving 80% of the targets.
- Findings were used by the practice to improve services. For example, recent action taken as a result included

identifying all patients with asthma who required an annual review of their condition. This had resulted in better recording of the diagnosis of asthma by checking all patients who were receiving regular prescriptions for asthma medicines. The number of patients diagnosed had reduced from 130 to 62 by recognising the patients who were receiving treatment for their asthma. Recalls for annual reviews were then issued to the patients with an accurate diagnosis of asthma. A second audit focused on patients eligible for early screening for dementia. Prior to the first audit the screening rate had been 20%. Following the audit the rate had risen to 58%. A second audit and further promotion of the benefits of screening was planned.

Information about patients' outcomes was used to make improvements such as: providing information about the cervical cancer screening programme in different languages and more vigorous promotion of the benefits of screening to eligible female patients. This had resulted in a 7% increase in the uptake of the screening programme since the last inspection.

Effective staffing

Staff had the skills, knowledge and experience 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.
- 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 meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical

Are services effective?

(for example, treatment is effective)

supervision and facilitation and support for revalidating GPs. When we inspected the practice in January 2016 two members of staff had not received an appraisal for over two years. During this inspection we found all staff had received an appraisal within the last 12 months. The practice had made improvement by adopting a consistent appraisal and performance management system. Staff were given the opportunity to review their performance and identify their training needs to support provision of services to patients.

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. The practice had introduced a new e-learning package which staff said they found easy to use. Each member of staff had a training schedule that ensured they kept updated in topics relevant to their roles.
- The practice was in the process of appointing an additional GP for three sessions each week and a part time health care assistant (HCA). These appointments would increase the practice capacity to support patients with long term medical conditions or complex health needs. An increase in access tests and health checks would result from additional staffing.

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 shared relevant information with other services in a timely way, for example when referring patients to other services.

The January 2016 inspection found arrangements for working with other health and social care professionals were informal and often not recorded. At this inspection we found the practice had adopted a formal programme of monthly meetings with health and social care professionals that assisted all to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were

referred, or after they were discharged from hospital. The meetings also covered topics such as reviews of care plans, significant events and end of life care. Records were kept of the meetings and were distributed to those who attended and to other relevant professionals. The practice had improved their coordination of care and treatment for patients by adopting a formal system of multidisciplinary meetings.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young patients, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. 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. Patients were signposted to the relevant service.
- The practice recognised that their performance in promoting the benefits of stopping smoking was below average. They had offered advice on these benefits to 43% of patients identified as smokers compared to the CCG average of 83% and national average of 87%. Provision of opportunistic advice during consultations and sending these patients stop smoking advice leaflets was included within the practice improvement plan.

The practice's uptake for the cervical screening programme was 78% at the time of inspection. This was comparable to the CCG average in 2014/15 of 77% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they

Are services effective?

(for example, treatment is effective)

encouraged uptake of the screening programme by using information in different languages, for example Hindi and Punjabi, and they ensured a female sample taker was available. There were failsafe systems in place 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 also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Data from 2014/15 showed that the take up of breast screening by practice patients in the preceding three years had been lower than average at 55% (CCG 66% and national average 72%). However, 75% had been screened within six months of invitation compared to the CCG rate of 69% and national average of 72%. The practice had commenced a programme of promoting the benefits of breast cancer screening and there were leaflets available

in the waiting room explaining the procedure and the benefits. The practice rate of take up by patients eligible for bowel cancer screening was 60% which was better than the CCG average of 50% and national average of 58%.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 75% to 88% compared to the CCG average range of 81% to 93%. For five year olds the practice rate was 79% to 96% compared to the CCG average range of 83% to 92%.

Patients had access to appropriate health assessments and checks. For example, the practice had recently commenced offering new patient health checks 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.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 16 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with two members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 96% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 86% and the national average of 89%.
- 95% of patients said the GP gave them enough time compared to the CCG average of 81% and the national average of 87%.
- 100% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.

- 93% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 82% national average of 85%.
- 90% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 89% and national average of 91%.
- 84% of patients said they found the receptionists at the practice helpful compared to 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 in line and in some areas better, with local and national averages. For example:

- 94% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and the national average of 84%.
- 89% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 77% and national average of 82%.
- 84% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 84% and national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format There were also leaflets in languages other than

Are services caring?

English available. These were provided because of the wide range of ethnicities amongst the registered patients. We saw leaflets in both Punjabi and Hindi for example.

- GPs supported the information they had told patients with provision of treatment specific leaflets when this was appropriate.
- The practice worked with community representatives of the Nepalese community. These representatives were nominated by patients who had difficulty using English to assist them in making appointments and receiving information from the practice.

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.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 35 patients as carers (1.4% of the practice list). Since our last inspection in January 2016 the practice had enhanced their promotion of the benefits of registering as a carer. There was a dedicated display of information for carers in the waiting room. The practice used their carers register to identify patients who might be able to take advantage of carers breaks and those who needed additional advice about benefits and services available in the community. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. We were given examples of the GPs providing support to the extended family of deceased patients and undertaking follow up visits to bereaved patients.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

When we inspected in January 2016 we found the practice had not taken appropriate action to assess the accessibility of the practice for patients with a disability. The practice had taken action to address these issues and had made significant progress.

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, a podiatry clinic was held at the practice once a month for patients aged over 65. This was an NHS clinic. A practice website had also been developed in the last six months.

- The practice offered extended hours clinics on both Monday and Wednesday evenings. The Wednesday evening clinic had been added since our last inspection in January 2016. These clinics ran until 7.30pm. On Wednesday there were also nurse appointments available until 7pm. These clinics were helpful for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS and some that were only available privately. Patients requiring a yellow fever vaccination were referred to other clinics.
- There were disabled facilities, a hearing loop and translation services available.
- The practice provided a lift to take patients to the basement treatment room. Patients who found difficulty managing stairs were seen in the ground floor consulting room. This helped avoid use of stairs to access the second consulting room on the first floor.
- Since our inspection in January the practice had undertaken an access survey as required by the Equality Act 2010. This identified improvements the practice could make to access to the premises for patients with

physical or sensory disabilities and for patients bringing prams and pushchairs to the practice. We saw that the steps to the main practice entrance had been painted with fluorescent paint to identify them to patients with a visual impairment. A hearing loop had been purchased and put into use for patients using hearing aids. However, provision of a ramped access had proved difficult. The building was listed and therefore restrictions on modifications to the outside were in place. Records showed the practice had applied to the local council to provide ramped access and had informed their landlord of the application. A decision on the application was awaited.

- The practice offered home visits for patients who could not access the practice premises due to mobility difficulties. The practice website made clear reference to the access issues. Prospective patients were made aware that there were steps to the main entrance.
- Since our inspection in January the practice had repaired the automated entry doors making it easier to access for patients who were frail or those carrying children and infants.
- The practice had appointed a health care assistant (HCA). This new member of staff was due to commence duty two weeks after our inspection. They had been appointed to provide additional blood tests and other treatments that enhance both the range and availability of services at the practice.
- The practice was in the process of finalising the appointment of an additional part time GP. This appointment was aimed at increasing the availability of GP appointments. The number of whole time GPs would increase from 1.1 to 1.4 once the appointment of this GP had been completed.

Access to the service

The practice was open between 8am and 6.30pm Monday to Thursday. It closed at 6pm on Friday when a GP was available by phone until 6.30pm when the out of hours service took over. Appointments were from 9am to 12.30pm on two days each week. On the other three mornings the first appointment was at 9.30am. Start times of clinics had been set to assist patients who relied on public transport to bring them to the practice. However, GPs were at the practice should a patient need to be seen urgently before morning clinics commenced. Afternoon clinics commenced at 3pm on two days a week with the last appointments at 5.45pm. On the remaining three days

Are services responsive to people's needs?

(for example, to feedback?)

the first afternoon appointment was at 3.30pm and last appointment at 5.50pm. Extended hours appointments were offered between 6.30pm and 7.30pm on a Monday and Wednesday evening. Nurse appointments were also offered until 7pm on Wednesday. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for patients that needed them.

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

- 77% of patients were satisfied with the practice's opening hours compared to the clinical commissioning group (CCG) average of 78% and national average of 76%.
- 83% of patients said they could get through easily to the practice by phone compared to the CCG and national average of 73%.
- 77% of patients described their experience of making an appointment as good compared to the CCG average of 71% and national average of 73%.

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 in place to assess:

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

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 an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. Details of the complaints process were held on the practice website, in the patient leaflet and on notice boards in the waiting room.

We did not carry out a further review of complaints because the practice had not received any complaints since the inspection in January 2016. At that time we reviewed how the practice dealt with complaints and found they had conducted thorough investigations in a timely manner. All complainants had received a prompt and honest response to the concerns they raised.

Are services well-led?

Good 

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

Our findings

When we inspected the practice in January 2016 we found an inconsistent approach to the management of safety systems. Also a lack of focus on delivery of services to patients with long term conditions. There was no medium to long term strategy. Risk management was not a priority. Policies and procedures for governance of the service were either not in place or were not kept up to date. At this inspection we found the practice had made significant improvement in their governance processes.

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which staff knew and understood the values.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- The practice business plan had been shared with staff.
- The business plan included objectives to work more closely with neighbouring practices and to share resources when this was identified to the benefit of flexible and improved patient care. For example, working with a practice close by that offered more suitable access for patients with mobility difficulties.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and high quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented, kept up to date, and were available to all staff.
- The partners had developed a better understanding of the performance of the practice to ensure improvements were made and maintained
- A programme of clinical and internal audit was used to monitor quality and to make improvements.

- The practice had introduced consistent arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. This had immediate benefits in addressing previously identified risks. For example, in January 2016 we identified that patients were at risk if a fire broke out at the practice. All reasonable measures had been taken to reduce this risk. In addition to addressing immediate risk the practice held a risk register which was scheduled for review annually.
- Systems were in place to identify and manage risks by undertaking regular risk assessments of the environment, equipment and clinical processes.
- There were clear plans that had already been implemented to address improvement in outcomes for patients with long term medical conditions and we saw positive outcomes were being achieved, although the plan was not yet completed. This included addressing the needs of patients with these conditions via a planned programme for each long term condition. Work was well underway to improve the outcomes for patients with diabetes. Work had started to clearly identify the needs of patients with respiratory diseases. The plan set out to address each main disease area in turn by March 2017.
- The improvement plan gave time each week to focus on improving care for patients with long term or complex medical conditions. We found improvements had already been achieved. For example, six monthly reviews of patients diagnosed with cancer were taking place and were being recorded. The practice had an accurate register of patients diagnosed with Asthma which enabled them to ensure reviews were scheduled and took place.
- We found a sharper focus on encouraging patients to attend for cancer screening programmes. There had been a 7% improvement in attendance for the cervical cancer screening programme during the last six months.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care.

Are services well-led?

Good 

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

They 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 in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us the practice held regular team meetings.
- 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. We noted staff had been briefed about the practice action plan to achieve improvements in service. There was evidence that staff had been involved in areas of improvement. For example, one member of staff had been influential in establishing the practice website.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- When we inspected the practice in January 2016 the appraisal system for staff was operated inconsistently. Two members of staff had not received an appraisal for the previous two years. This had been addressed and during this inspection we found all staff had received a

structured appraisal. The appraisal offered the opportunity to identify current performance, review development opportunities and recognise future training needs.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, some leaflets and practice information had been translated into languages other than English. These included information about cervical cancer screening provided in Hindi and Punjabi. The PPG included members from the Nepalese community. This reflected the large number of patients registered from this community.
- The practice had taken measures to improve communication with patients. When we inspected the practice in January 2016 they did not have a website. We found information for patients about online services was limited and difficult to access. A website had been developed which contained information about services for patients. We reviewed the website as part of this inspection. It enabled patients to sign up for on line services such as repeat prescriptions and online appointment booking
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, the practice nurse had devised a set of control processes to ensure equipment was appropriately cleaned and maintained. Staff told us they felt involved and engaged to improve how the practice was run.

Are services well-led?

Good 

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

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking in ways to improve outcomes for patients in the area.

The practice had commenced work with three local practices to form a federation that would offer opportunities to share clinical resources and processes to benefit patients. For example, by enabling practice nurses to cooperate in delivering services to patients.

The practice had identified the need to enhance their workforce and plan for expansion in patient numbers. A health care assistant had been recruited and was due to start work two weeks after our inspection. The recruitment of an additional part time GP was near to completion.

There was a sharper focus on the difficulties patients with a disability faced when accessing services and closer working with a nearby practice with easier access had been identified as a way forward to tackle this.

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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014:</p> <p>Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The registered person did not do all that was reasonably practicable to identify, assess and take mitigating action in respect of risks associated with not having appropriate care plans in place and failing to operate an effective recall process for patients with long term medical conditions.</p> <p>12.—(1) Care and treatment must be provided in a safe way for service users.</p> <p>(2) Without limiting paragraph (1), the things which a registered person must do to comply with that paragraph include—</p> <p>(a) assessing the risks to the health and safety of service users of receiving the care or treatment;</p> <p>(b) doing all that is reasonably practicable to mitigate any such risks;</p> <ul style="list-style-type: none">• Some patients with long term conditions or complex needs were at risk because reviews of their care were either not taking place or were not appropriately recorded• Care plans for patients with complex needs, mental health problems or at risk of hospital admission were not always fit for purpose.• The practice was below average in delivering disease prevention programmes.

This section is primarily information for the provider

Requirement notices

This was in breach of regulation 12 (1), (2): (a) & (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.