Falmouth Road Group Practice

Quality Report

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

Ratings

Overall rating for this service	Inadequate
Are services safe?	Inadequate
Are services effective?	Requires improvement
Are services caring?	Inadequate
Are services responsive to people's needs?	Inadequate
Are services well-led?	Inadequate

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Falmouth Road Group Practice on 20 October 2016 following previous inspections of the practice on 29 April 2015 and 5 January 2016. As a result of our initial inspection on 29 April 2015 the practice was placed into special measures. Inspections undertaken on 5 January 2016 and 20 October 2016 were intended to establish whether or not the practice had made sufficient improvement to enable them to be taken out of special measures. The practice remained in special measures after the inspection conducted on 5 January 2016. We found that the practice had not made sufficient improvement at our inspection on 20 October 2016 and is rated inadequate overall.

On the basis of our findings and the provider's history of non-compliance we served a notice to cancel the provider's registration under section 17 (1) (c) of The Health and Social Care Act 2008 on the basis that the provider was not carrying out the regulated activities in accordance with the relevant requirements of the 2014 Regulations.

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

- Risks to patients were not always assessed or well managed. For example the practice had not complied with the recommendations in their health and safety risk assessment and insufficient attention was paid to infection control.
- The practice nurse was not administering medicines in line with legislation and one of the partners did not have adequate medical indemnity cover in place.
- National patient survey scores were below national and local averages and some of these scores were lower than those at the time of previous inspections. However feedback obtained from patients during the inspection process indicated that most patients were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Patients said that access had generally improved. However it was evident from speaking to staff that there were not always a sufficient number of staff to meet patient demand. Urgent appointments were available the same day but patients could not book appointments online.

Summary of findings

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and most 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.
- 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.
- There was an effective system in place for reporting and recording significant events however there was no evidence that patient safety alerts were being acted upon.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the clinical training to provide them with the skills, knowledge and experience to deliver effective care and treatment. However some essential training had not been completed by all staff including basic life support, infection control, child safeguarding and information governance.

Had we not served a notice proposing to cancel the provider's registration, we would have set out the following list of 'musts' for their action:

- Put systems in place to ensure that valid Patient Group Directions are always in place for nursing staff administering medicines, that there are systems in place to monitor cervical screening samples and that clinical staff do not undertake consultations with patients without adequate professional indemnity insurance.
- Ensure that all mandatory training is completed in accordance with current guidance.
- Ensure that arrangements are in place to identified and mitigate against risks associated with infection control, health and safety and management of prescription pads and review arrangements around emergencies to ensure that all staff are trained, know how to operate emergency equipment and that all emergency medicines are secure and fit for purpose
- Ensure that there are systems in place to take and record action in response to patient safety alerts.

The areas where we would have said the provider should make improvement are:

- Ensure that all relevant staff are made aware of learning from significant events.
- Continue work on improving the management of patients in accordance with local and national targets.
- Give consideration to the style of complaint responses.
- Ensure that all staff receive adequate supervision, that all clinical employees are appraised annually and continue to work on improving staff morale and ensure that all staff are given adequate support.
- Put systems in place to improve the identification of and support offered to carers.
- Consider reviewing the level of staffing at the practice.
- Continue with action to engage with patients and address areas of concern or dissatisfaction raised in the national patient survey.
- Enable patients to book appointments online.

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?

Inadequate

The practice is rated as inadequate for providing safe services.

- All but one of the Patient Group Directions (PGD) authorising the nurse to administer medicines were invalid or out of date. However new PGDs were put in place during our inspection. The practice had no repeat prescribing policy in place although one was drafted and sent to us after the inspection.
- One of the GPs did not have medical indemnity insurance in place prior to our inspection and the practice informed us that the partner had failed to obtain cover after our inspection.
- There was an effective system in place for reporting and recording significant events although not all staff appeared to be involved in discussion and learning from significant events. We saw no evidence of patient safety alerts being discussed or acted upon.
- 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 some systems, processes and practices in place to keep patients safe and safeguarded from abuse; although one staff member did not demonstrate an awareness of safeguarding issues and there was no evidence of adult safeguarding training for two members of staff. Also lack of systems to check processes happened adequately.
- In some areas risks to patients were assessed and well managed but this was not consistently the case. For example the practice had not implemented all recommendations from the health and safety risk assessment, the system for monitoring prescription pads was ineffective, the practice had not completed an infection control audit within the last 12 months and we saw some minor infection control concerns which had not been addressed.
- Both patients and staff commented that there was insufficient cover during absences. We were told that partners would take leave at short notice which prevented alternate arrangements being put in place using other members of staff.
- Most non clinical staff had not received basic life support training within the last 12 months.

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Are services effective?

Requires improvement

The practice is rated as requires improvement for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed a significant proportion of patient outcomes were at below the local and national average. However benchmarking data from 2016/17 indicated that QOF achievement would improve at the conclusion of this year.
- Clinical audits did not demonstrate quality improvement.
- Staff had the clinical skills, knowledge and experience to deliver effective care and treatment but some mandatory training had not been completed in accordance with current guidelines.
- There was evidence of appraisals and personal development plans for all non-clinical staff and nursing staff but no evidence of an internal appraisal for GPs. One member of clinical staff told us that they did not receive supervision.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- There was no failsafe system in place to follow up samples sent for cervical screening.

Are services caring?

Inadequate

The practice is rated as inadequate for providing caring services.

- Data from the national GP patient survey showed patients rated the practice lower than average for most aspects of care.
- Patients that we spoke to on the day of the inspection said they were treated with compassion, dignity and respect and the majority said they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Inadequate

The practice is rated as inadequate for providing responsive services.

- Some patients said they found it difficult to make an appointment with a named GP and patient survey scores related to continuity of care, appointment availability and telephone access were lower than local and national averages. Appointments were available the same day.

Summary of findings

- The practice did not provide online appointment booking or an electronic repeat prescribing service.
- 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. However we found the tone of one response to be inappropriate and unsympathetic.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- 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.

Are services well-led?

Inadequate

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

- 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. However, the ability of the practice to achieve its goals was compromised by poor risk and safety management in key areas.
- There was a clear leadership structure and most staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. However we were told that one of the partners would attend work late and that both partners would book annual leave late which meant that surgeries would be delayed or cancelled.
- There was an overarching governance framework which aimed to support the delivery of the strategy and good quality care. However, we found that the practice had not mitigated against risks associated with infection control and health safety. The practice nurse had no valid legal authorisation to administer medicines and one of the partners had no indemnity insurance cover.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty.
- We saw evidence that the practice had gathered patient feedback which it acted on and that staff were able to voice concerns and make suggestions. The patient participation group was active.

Summary of findings

The six population groups and what we found

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

Older people

Inadequate

The provider was rated as inadequate for safe, caring, responsive and well led and requires improvement for effective resulting in an overall rating of inadequate. The issues identified as inadequate overall affected all patients including this population group. There were, however, examples of good practice:

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice told us that elderly patients were treated as a priority and that appointments at the end of surgery were reserved for these patients.
- The practice nurse offered in house phlebotomy which limited the need for frail elderly patients to travel to access this service.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

People with long term conditions

Inadequate

The provider was rated as inadequate for safe, caring, responsive and well led and requires improvement for effective resulting in an overall rating of inadequate. The issues identified as inadequate overall affected all patients including this population group. There were, however, examples of good practice:

- Clinical staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance in respect of the management of diabetic patients was lower than local and national averages. However benchmarking data for 2016/17 indicated improvement in the management of these patients. The practice nurse and one of the GPs held a weekly diabetic clinic and also held reviews of the most challenging diabetic patients with the support of a secondary care consultant with a view to optimising their care in accordance with current best practice.
- From records seen there was evidence of annual reviews and care plans being completed for those with long-term conditions. 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.
- Longer appointments and home visits were available when needed.

Summary of findings

Families, children and young people

Inadequate

The provider was rated as inadequate for safe, caring, responsive and well led and requires improvement for effective resulting in an overall rating of inadequate. The issues identified as inadequate overall affected all patients including this population group. There were, however, examples of good practice:

- 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 people who had a high number of A&E attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- The percentage of women who received cervical screening within the last 12 months was comparable to local and national averages.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice held a baby clinic every Wednesday afternoon with the GP, Nurse and the Health Visitors. An antenatal clinic was held every Tuesday.

Working age people (including those recently retired and students)

Inadequate

The provider was rated as inadequate for safe, caring, responsive and well led and requires improvement for effective resulting in an overall rating of inadequate. The issues identified as inadequate overall affected all patients including this population group. There were, however, examples of good practice:

- The practice did not offer online appointments. Repeat prescription requests were accepted by the by practice via email. The practice provided a full range of health promotion and screening that reflected the needs for this age group.
- In response to an internal patient survey the practice had adjusted the services to try and improve access.

People whose circumstances may make them vulnerable

Inadequate

The provider was rated as inadequate for safe, caring, responsive and well led and requires improvement for effective resulting in an overall rating of inadequate. The issues identified as inadequate overall affected all patients including this population group. There were, however, examples of good practice:

- The practice held a register of patients with a learning disability.
- The practice offered longer appointments for patients with a learning disability. In 2015/16 the practice had 14 patients with

Summary of findings

learning disabilities and had conducted only three annual health checks. Currently the practice had 11 patients with learning disabilities and had only undertaken one so far in 2016/17.
- 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.
- All but one staff member was able to outline how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Inadequate

The provider was rated as inadequate for safe, caring, responsive and well led and requires improvement for effective resulting in an overall rating of inadequate. The issues identified as inadequate overall affected all patients including this population group. There were, however, examples of good practice:

- 66% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is lower than the national average.
- The performance in respect of other mental health indicators was mixed. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 monthsThe percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 87% compared to the national average of 84%.
- The practice worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- 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.

Summary of findings

- The practice would run an ad hoc mental health clinic on Mondays.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016 and contain aggregate data from July to September 2015 and January to March 2016. The results showed the practice was performing below local and national averages. Three hundred and sixty five survey forms were distributed and 91 were returned. This represented 1.3% of the practice's patient list.

- 47% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 54% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 48% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 49% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 24 comment cards 20 of which were positive about the standard of care received. Patients said that staff were supportive and helpful and the practice had robust systems for referring patients when required. One comment card contained mixed feedback and three were negative. Of the negative comments issues raised related to the attitude of reception staff, insufficient staffing and the length of time patients waited for appointments and in the waiting area.

We spoke with eight patients during the inspection. All eight patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Three patients told us it was difficult getting an appointment, wait times could be lengthy and that it was sometimes difficult to get through to the practice on the phone. However most patients said that they had noticed recent improvements in these areas.

Falmouth Road Group Practice

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, a second CQC inspector and a practice nurse specialist adviser.

Background to Falmouth Road Group Practice

Falmouth Road Group Practice provides primary medical services in Southwark to approximately 6700 patients. The practice is part of Southwark Clinical Commissioning Group (CCG). Falmouth Road Group Practice is one of 24 practices in the North Southwark CCG Locality. The practice area is in the fourth most deprived borough in England. The practice population has a higher than national average representation of income deprived children and older people. The majority of the practice population is of working age; approximately 80% are aged 18-64. Of patients registered with the practice, 34% are White or White British; 34% are Black or Black British and 21% are Asian or Asian British.

The practice has ground floor ramped access. All consulting rooms and facilities are on the ground floor. Parking including disabled parking is available. The Falmouth Road Group Practice clinical team is made up of one full time male GP who is a partner, one full time female GP who is a partner, two full time female GPs, one part time female GP, a full time female practice nurse and a part time female health care assistant. The GPs offer 43 sessions per week. The team is also made up of a full time practice manager, a patient services manager and nine reception and administrative staff. The practice also hosted psychologists.

The practice operates under a Primary Medical Services (PMS) contract and is signed up to a number of enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract).

The practice reception and telephone lines are open from 8am to 6.30pm, Monday to Friday. Appointments are offered between 9am and 12.30pm every morning and 3pm to 5.15pm every afternoon. Extended hours surgeries are offered on Tuesday from 6.30pm to 8pm with a GP and a practice nurse. The practice is closed at weekends.

The practice has opted out of providing out of hours (OOH) services to their own patients and directs patients to the out-of-hours provider. Since April 2015, the practice has taken part in a pilot project as part of Southwark CCG, directing patients to an extended access service within the locality, which is open from 8am to 8pm, seven days a week. The practice is also able to direct patients to this service.

Falmouth Road Group Practice is registered as a partnership with the Care Quality Commission, to provide the regulated activities of diagnostic and screening procedures, family planning services, maternity and midwifery services and treatment of disease, disorder and injury.

The practice is a member of GP federation Quay Health Solutions.

Detailed findings

Why we carried out this inspection

We carried out a comprehensive inspection of this service on 29 April 2015, under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014 The practice was reinspected on 5 January 2016.

During the initial comprehensive inspection, we found that systems and process for safeguarding people from abuse and chaperoning were not robust and the practice did not have adequate arrangements in place for management and monitoring of emergency medicines, vaccines and refrigerator temperatures. Infection control procedures were found to be not adequate. We found that the practice had not followed actions to undertake a fire risk assessment and provide training for staff. The practice had not ensured that all staff had received regular mandatory training updates including basic life support training. Recruitment processes had not included required pre-employment checks for staff. We found that improvements were needed in the process for dealing with safety alerts.

There was limited evidence that the practice were using care planning to ensure patients were monitored effectively. We found that the appointment system was inadequate and patients were unable to access appointments when they needed them. The complaints process was not clearly communicated to patients. Governance systems for the practice were not fully established and many policies and procedures were outdated and not accessible to staff. Not all staff had received an annual appraisal. The practice had not actively gathered and responded to feedback to improve the quality of services and there was limited evidence that clinical audit and monitoring of performance data was be used to improve the service. We also found that the practice's electronic record system was not being used effectively to provide accurate performance data.

Falmouth Road Group Practice was rated as inadequate and was placed in special measures for six months following publication of the report on 2 July 2015. This is because the service had been identified as not meeting some of the legal requirements and regulations associated with the Health and Social Care Act 2008. Regulatory action was taken, to include a requirement notice for the breach of regulation 12, Safe care and treatment and Warning Notices for breaches of regulation 13, Safeguarding service users from abuse and improper treatment and regulation 17, Good governance.

After the comprehensive inspection, the practice wrote to us to say what they would do to meet the legal requirements in relation to the breaches of regulation 12(2) (c) (d) (e) (g) (h), regulation 13(1) (2), and regulation 17(1) (2) (b) (e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We undertook a further comprehensive inspection of Falmouth Road Group Practice on 5 January 2016 following the special measures period to check whether the provider was now meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to review the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Evidence obtained showed that there had been come improvement in respect of the care being offered to patients. For example systems and process for safeguarding people from abuse and chaperoning had improved considerably. We also found improvements in respect of the practice's systems to address infection control concerns and medicines management to ensure patients were kept safe.

However we found that the practice's recruitment procedures were not sufficiently robust to ensure that patients were kept safe from harm, though appropriate checks had been completed after the new practice manager began working at the practice. Assessment and mitigation of health and safety risks were insufficient.

We saw evidence that the practice was undertaking comprehensive care planning for patients. However there was limited evidence that systems and process had been developed to ensure that patients with long terms conditions were regularly asked to attend for required reviews. Consequently there appeared to be no improvement in performance for the management of these patient's conditions in accordance with national clinical targets.

Detailed findings

The practice was rated as requires improvement in every domain with the exception of well led which was rated as inadequate. The practice remained in special measures for a further six months following publication of the report on 12 May 2016. This is because the service had not made sufficient improvement and was still not meeting some of the legal requirements and regulations associated with the Health and Social Care Act 2008. Regulatory action was taken, to include a requirement notice for the breach of regulation 17, Good governance and regulation 19 Fit and proper persons employed.

After the comprehensive inspection, the provider wrote to us to say what they would do to meet the legal requirements in relation to the breaches of regulation 17 (1) (2) (e) and regulation 19 (3) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

You can read the reports from our previous comprehensive inspections by selecting the 'all reports' link for Falmouth Road Group Practice on our website at www.cqc.org.uk.

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 20 October 2016. During our visit we:

- Spoke with a range of staff (GPs, nurses, health care assistants, practice management and reception and administrative staff) and spoke with patients who used the service.
- Observed how patients were being cared for.
- 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.

Inadequate

Are services safe?

Our findings

Safe track record and learning

The practice had a 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 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.
- We saw evidence of three meetings where significant events had been discussed and reviewed and there was evidence of learning to ensure that similar events did not happen in the future. For example there was one incident where a patient had registered with the practice but their registration form had not been completed prior to attending for a consultation. Consequently the records of that consultation were lost when the patient attended for their subsequent appointment after their registration information had been processed. Staff were told not to book patients in for consultations with the clinical staff until their registration had been completed.
- We asked the practice nurse if they were involved in significant event meetings and they told us that they were but that there had not been any meetings recently. We saw minutes of a significant event meeting held in July and two in September 2016. This staff member was not present at these meetings. It was unclear if minutes from significant event meetings were circulated after discussion. The healthcare assistant told us that they were not involved in significant event meetings.

The practice had a system in place for receiving cascading and storing patient safety alerts. However there was still no evidence that any recent alert had been discussed in any meeting. We saw evidence of a meeting from September 2016 where the practice discussed the need to improve management of patient safety alerts.

Overview of safety systems and processes

The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were 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 adult safeguarding policy did not contain details of external contacts or the practice lead though this information was available on easy to read signs and posters around the practice. There were lead members of staff for child and adult safeguarding. The practice had an in house health visitor and the practice would formally meet with them on a quarterly basis. The practice provided reports where necessary for other agencies. All but one staff member demonstrated they understood their responsibilities and all had received training on safeguarding children relevant to their role though two clinical staff, including one of the partners, had not undertaken adult safeguarding training. GPs and the practice nurse were trained to child protection or child safeguarding level 3.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene in the majority of areas. We observed dust around the extractor fan in one of the patient toilets and all of the light cords in the patient toilets were dirty, although these had all been tied so that they were out of the reach of patients. In all other areas 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. Two members of non-clinical staff had not received infection control

training. There was an infection control protocol in place and available on the practice's computer system. The last infection control audit was undertaken in August 2015.

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice did not ensure that patients were always kept safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions though there was no formal policy in place. The practice provided a repeat prescribing policy within 48 hours of our inspection. However this was reviewed by our specialist advisor after our inspection and it was not considered fit for purpose. For example the policy only detailed the process for prescribing repeat medicines for patients with long terms conditions and did not elaborate on the criteria for prescribing generic medications. 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. The practice had systems in place to record prescription pads that were taken out for use but no system to log when the pads arrived at the practice. Patient Group Directions (PGD's are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment) had been adopted by the practice to allow nurses to administer medicines in line with legislation. However with the exception of one all PGDs were either out of date or did not contain signed authorisation from a registered prescriber. The practice ensured that up to date PGDs were printed and completed prior to the departure of the inspection team. The practice Health Care Assistant was not currently administering medicines in accordance with a Patient Specific Direction.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. However we asked to see proof of medical indemnity insurance for all staff as this was not present in one of the GP's files that we checked. One of the partners indicated on the day of the inspection that they were in the process of getting group indemnity insurance for all staff at the practice and we saw evidence of an application dated 20 October 2016. The practice provided evidence that adequate indemnity insurance was in place for all staff except one of the partners and the practice healthcare assistant. The practice subsequently provided evidence of applications to two different insurance providers for indemnity cover for the partner. One of the application forms indicated that the partner had not had indemnity cover in place since September 2010. The practice later provided confirmation that the partner had been unable to obtain indemnity cover since September 2010. We have still not received confirmation regarding the indemnity arrangements for the practice healthcare assistant despite having requested this on several occasions.

Monitoring risks to patients

Risks to patients were not always well managed.

- There were procedures in place for monitoring and managing most risks to patients and staff but the practice had not taken action to address some risks. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. The practice had a fire policy but this did not detail the names of the practice fire marshals. Staff we spoke with on the day of the inspection knew who performed this role. The practice had completed a health and safety risk assessment but not all action points, including having electrical circuit inspection, had been completed. Clinical equipment was checked to ensure it was working properly but we saw no evidence that portable appliance testing had been conducted and the need for this testing had not been assessed. The practice did have a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- The arrangements in place for planning and monitoring the number of staff and mix of staff were not adequate to ensure that patient needs were met. Though the practice manager prepared a rota five weeks in advance to ensure sufficient staffing we were told that the

partners would take leave at short notice leading to clinics being cancelled last minute; this was also raised by one of the patients we spoke with on the day of inspection. We were told that insufficient notice of annual leave prevented the practice manager from arranging adequate cover for clinical staff absences. We were told that the practice did not offer market rate pay when requesting locums.

- A practice nurse had left in June 2016 and had not been replaced. Two patients we spoke with told us that they felt there was an insufficient number of nursing appointments. This was accepted in conversations held with staff and no locum staff were employed to provide additional nursing cover. The practice nurse reported that there was a lack of nursing time, that there was no time set aside for her to attend to administrative duties and that patients were often squeezed in at the last minute. The practice told us that they planned to recruit an additional GP and a nurse prescriber and would seek to employ a CCG pharmacist as part of a pilot initiative but they were not undertaking recruitment until the outcome of the CQC inspection was known and the practice's financial challenges had been addressed.

Arrangements to deal with emergencies and major incidents

The practice's arrangements for responding to emergencies and major incidents required improvement.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- Not all non-clinical staff received basic life support training within the last 12 months. We were told by staff at the practice that they were unaware that this now needed to be completed annually by all staff.
- Emergency medicines were available in the reception office. Though these were kept in a locked area of the practice they were not secured. Staff knew of the location of medicines and all medicines were in date. However the practice's supply of hydrocortisone (used to treat allergic reactions) was in tablet and not intravenous form as recommended in current guidance.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was no evidence that the oxygen supply was being serviced annually though members of staff undertook weekly checks of emergency equipment that were documented. One member of staff could not explain how they would turn on the practice's oxygen supply. A first aid kit and accident book were available.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan did not included emergency contact numbers for staff but the practice manager said that she had a copy of this information at home in the event of any incident.

Requires improvement

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 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 84% of the total number of points available. The total exception reporting rate in this period was 4.9% (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 practice was an outlier for several QOF (or other national) clinical targets. Data from 2014/15 was available at the time of our inspection and 2015/16 data was published after our inspection. This showed that performance in most areas had either remained at 2014/15 or had deteriorated. For example:

- Performance for diabetes related indicators was lower than the Clinical Commissioning Group (CCG) and national averages. For example, the percentage of patients who had well-controlled diabetes as indicated by a specific blood test was 60% compared with CCG average of 73% and national average of 77.5%. The number of patients with diabetes, who had measured cholesterol of 5mmol/l or less was 68%, which was lower than CCG average of 80% and national average of 80.5%.
- Performance for diabetes related indicators was lower than the Clinical Commissioning Group (CCG) and national averages and was lower than the previous year. For example in 2015/16, the percentage of patients who had well-controlled diabetes as indicated by a specific blood test was 58% compared with CCG average of 70% and national average of 78%. With an exception reporting rate of 4% which was less than the CCG average of 7% and national average of 13%. Achievement had declined from 60% in 2014/15. The number of patients with diabetes, who had measured cholesterol of 5mmol/l or less was 64%, which was lower than CCG average of 81% and national average of 80%. Achievement was the same in 2014/15. The exception reporting for this domain was 6%.
- The percentage of patients with hypertension having regular blood pressure tests was 74% which was lower than the CCG and national averages, of 81% and 83% respectively. This was marginally improved from 2014/15 when achievement was 72%. The percentage of patient exception reported was 2% compared with the 3% in the CCG and 4% nationally.
- Performance for mental health related indicators had deteriorated in 2015/16. For example, 60% of patients on the register had care plans in the preceding 12 months compared with CCG average of 88% and national average of 89%. This compared with 66% the previous year. Exception reporting for this domain was 1% compared with 5% in the CCG and 13% nationally.
- The percentage of patients with dementia who received a face to face review in the preceding 12 months was 81%, which was comparable to the CCG average of 86% and national average of 83%. Practice performance had decreased from 87% the previous year. Exception reporting was 6% for the practice, 5% in the CCG and 7% nationally.

The practice provided unverified data for 2016/17 which showed that half way through the QOF year the practice were either at, above or just below their 2015/16 performance levels in most area.

Quay Health Solutions provided each practice within the federation figures of their current level of QOF achievement against targets. The practice manager used this information to alert clinicians to areas where they needed to improve performance. Staff were allocated responsibility

Requires improvement

Are services effective?

(for example, treatment is effective)

for specific areas of QOF and we were told that management in this area had greatly improved since employing the practice Health Care Assistant. We were told that two staff members had received Read code training which would further support the practice in achieving their QOF target. The practice was also discussing reintroducing a financial incentive scheme to motivate clinical staff to achieve QOF targets. The practice's business plan stated that the new partner would act as the lead for QOF.

We reviewed the records of fifteen patients at random focusing on those with long term health conditions like diabetes, dementia, and other mental health. The records reviewed indicated that there had been improvement in the quality of care planning and monitoring for these patients.

Clinical audits demonstrated quality improvement.

At the last inspection we found there had been two clinical audits completed in the last wo years, and both of these was a completed audit where the improvements made were implemented and monitored.

- One clinical audit reviewed the prescribing of an anti-coagulant medicine was a one cycle audit undertaken before the previous inspection and had been re-audited in the last six months. The practice had improved accuracy of coding and alerts used on the record system to ensure patients on this medicine were monitored effectively following this audit.
- The practice provided us with evidence of further auditing since the previous CQC inspection though none of the information provided showed significant quality improvement.
- The practice participated in local audits.

Effective staffing

Staff had the clinical skills, knowledge and experience to deliver effective care and treatment. However there were gaps in staff mandatory training.

- 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. We reviewed a check list for a Health Care Assistant who was employed as a locum from 2015. Though a checklist was present in their file this had not been completed so it was not clear what the induction programme for this member of staff included.
- 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 and training on how to draft care plans.
- 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 practice nurse forum meetings.
- Most 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 supervision and facilitation and support for revalidating GPs. The practice healthcare assistant told us that they were unsure of when their last wound management update was and that they did not receive supervision for applying dressings. All non-clinical and nursing staff had received an appraisal within the last 12 months. However none of the GPs had been appraised. We were told by the practice manager that they were aware of the need to do this and would shortly be introducing a system of appraisal for salaried doctors.
- Not all staff had received the required essential training. For example the majority of non-clinical staff had not received basic life support training within the last 12 months and no staff member had received information governance training within the last 12 months. Some staff had not completed infection control or safeguarding training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.

Requires improvement

Are services effective?

(for example, treatment is effective)

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

Staff worked together and with other health and social care professionals 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. Meetings took place with other health care professionals on a quarterly basis involving a number of providers and services including district nurses, palliative care, health visitors and the local pharmacy team where care plans were routinely reviewed and updated for patients with complex needs.

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 people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. 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.
- Life style management advice was provided by the Healthcare assistant and people who required more intensive support with weight management or smoking cessation could be referred to a support group.

The practice's uptake for the cervical screening programme was 74%, which was lower than the CCG average of 80% 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 encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. There was no failsafe system in place to ensure results were received for all samples sent for the cervical screening programme. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The percentage of females, 50-70, screened for breast cancer in last 36 months was 55% compared with the CCG average of 60% and the national average of 72%. The percentage of persons, 60-69, screened for bowel cancer in last 30 months was 36% compared with 43% in the CCG and 58% nationally.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 16% to 97% and five year olds from 85% to 98%.

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

Inadequate

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.

Twenty of the 24 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect. One comment card contained mixed feedback and three were negative. Of the negative comments concerns raised related to the attitude of reception staff, insufficient staffing and the length of time patients waited for appointments in the waiting area.

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

Results from the national GP patient survey showed scores relating to receiving compassionate and dignified treatment were lower than local and national averages. The practice was lower than average for its satisfaction scores on consultations with GPs and nurses. Most of these scores had deteriorated since our last inspection. For example:

- 48% describe the overall experience as good compared with the national average of 85%.
- The percentage of respondents to the GP patient survey who stated that they would definitely or probably recommend their GP surgery to someone who has just moved to the local area was 49% compared to the national average of 80%
- 75% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 85% and the national average of 89%.
- 67% said the nurse was good at listening to them compared to the CCG average of 85% and national average of 91%.
- 67% said the nurse gave them enough time compared to the CCG average of 84% and national average of 91%.
- 80% said they had confidence and trust in the last nurse they saw compared to the CCG average of 94% and national average of 97%
- 70% of patients said the GP gave them enough time compared to the CCG average of 82% and the national average of 87%.
- 84% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.
- 72% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 70% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 65% of patients said they found the receptionists at the practice helpful compared to the CCG average of 85% and the national average of 87%.

We spoke to staff at the practice about the comparatively low national patient survey ratings in respect of clinical care. Staff appeared to be unaware of the National Patient Survey and therefore no action had been taken to address areas where the practice had scored poorly.

Low patient satisfaction scores had been cited as an area which required improvement at the time of our last inspection. The practice had completed their own internal survey in February 2016. Eighty eight patients had responded. Seventy six percent of patients said they found the doctors and nurses caring and empathetic and 80%

found the administrative staff in the practice helpful and attentive. Though the practice had created an action plan to improve on areas where the practice had scored particularly poorly there was no proposed action to improve patient satisfaction with the care provided by clinicians.

Care planning and involvement in decisions about care and treatment

Most patients told us they felt involved in decision making about the care and treatment they received. One patient told us they did not always feel listened to and another said that clinical staff had previously been quite dismissive but they had noticed significant improvement within the last 12 months. Patients told us they felt 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.

Results from the national GP patient survey showed that patients rated the practice below average when responding to questions about their involvement in planning and making decisions about their care and treatment. For example:

- 62% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 82% and the national average of 86%.
- 62% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 64% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%
- 71% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 82% and national average of 90%.

Again there was no evidence of an action plan to address concerns in these areas.

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 though there were no notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.

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 51 patients as carers (0.8% of the practice list). Written information was available to direct carers to the various avenues of support available to them. The practice had held a talk for staff from a national carer's charity in October 2016 who provided information on how to offer better support to patients in the practice who acted as carers.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card and that patients could request a consultation at a flexible time and location to meet the family's needs or by giving them advice on how to find a support service. There was no information in the practice waiting area about support available to patients who had been recently bereaved.

Inadequate

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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. The practice worked closely with health visitors who were based in the practice, providing joint baby clinics with the GPs.

- The practice offered a 'Commuter's Clinic' on Tuesday evening between 6.30 pm and 8 pm 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.
- The practice did not provide online appointments. The practice were considering piloting this but felt that this may disadvantage the high proportion of patients in their population who could not communicate in English.
- Staff told us that patients could email repeat prescription requests.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- The practice was accessible for people who used a wheelchair or walking aids and translation services were available. The practice told us that they did not have a hearing loop but were currently considering purchasing one.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were offered from 9am to 12.30pm every morning and 3pm to 5.15pm every afternoon. Extended surgery hours were offered from 6.30pm to 8pm with a GP and a practice nurse on Tuesday. In addition to pre-bookable appointments that could be booked up to three weeks in advance, urgent appointments were also available for people that needed them. Patients were able to access same day appointments which could be booked via telephone or in person, as well as the walk-in morning surgery that could be booked in person and emergency appointments were also offered. The practice told us that they had considered changing their appointment system and removing the walk in service but this had been rejected by PPG members who were consulted about the proposed change. Some staff at the practice told us that they felt the variety of appointments offered made the appointment system too complex and that this was not working for patients.

Online booking was not available at the time of our inspection but we were told that the practice planned to introduce this service and it had been discussed with the Patient Participation Group.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was below local and national averages. Although these figures had shown some improvement since our last inspection.

- 67% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 47% of patients said they could get through easily to the practice by phone compared to the national average of 73%).
- 43% describe their experience of making an appointment as good compared with a CCG average of 67% and a national average of 73%.

However patient survey data indicated that satisfaction in other areas had dropped:

- 69% say the last appointment they got was convenient compared with a CCG average of 86% and a national average of 92%.
- 29% with a preferred GP usually get to see or speak to that GP compared with a national average of 35%.

These figures had dropped slightly since our last inspection. The practice had put an action plan in place in response to the practice's own patient survey which raised concerns regarding telephone access, access to appointments and waiting times. The practice placed more reception staff on the telephones in the morning and were in discussions about upgrading the telephone system with the CCG. The partner's management sessions had been reduced from four to two per week making an additional 56 appointment slots per month available. In respect of waiting times; clinicians were having their start times

Inadequate

Are services responsive to people's needs?

(for example, to feedback?)

tracked to ensure they started on time each day. We were told that one clinician would frequently start their surgeries late; sometimes up to an hour after the scheduled start time. The practice were now logging staff start times and we were told there had been improvement in their timekeeping within the last four weeks. The practice manager told us that they had noticed a reduction in negative feedback regarding access to appointments since these initiatives had been implemented.

Although most patients we spoke with told us they were happy with access to appointments. Three patients raised concerns. Two said that it was difficult to get an appointment with a nurse and one told us that they had their appointment cancelled last minute and rescheduled.

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 a 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.

The practice manager indicated that the number of complaints submitted to the practice had reduced significantly as a result of changes made in the practice. Complaints was cited as an area of concern at the time of our last inspection. We looked at seven complaints out of a total of fourteen received in the last 12 months and found that there had been significant improvement in the practice's management of complaints. All responses reviewed were dealt with in a timely and open and transparent fashion. However the tone of one response, drafted by one of the partners was inappropriate. Lessons were learnt from individual concerns and complaints were reviewed annually. Action was taken to as a result to improve the quality of care. For example several patients complained about not being informed that their GP's clinic was running late. As a result reception staff would now inform patients if a clinician's surgery was running late.

Are services well-led?

Inadequate

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

Our findings

Vision and strategy

The practice aspired to be effective and high performing delivering safe, accessible and high quality patient care. However there were aspects of concern identified at the previous CQC inspections that were not included as action points within the practice's development plan, particularly around patient safety and the management of risk. We found concerns identified at the previous inspection had not been addressed.

- The practice had a mission statement and staff knew and understood the values. We saw evidence of a meeting where staff had been encouraged to put forward suggestions for the practice's vision. The recent staff survey found that around 91% of staff understood how their work impacted on the organisation's goals
- The practice had a strategy and supporting business plans which reflected the aims of the practice. This included a focus to provide stable leadership within the practice by making one of the existing salaried GPs a partner when one of the current partners retired in December 2016. The strategy outlined leadership roles that the new partner would take responsibility for in addition to skills that they would bring to the practice. The provider told us they hoped the new partnership would produce an effective working relationship and this would further assist in improving deficiencies in leadership identified during the two previous CQC inspections. We spoke with the partner who would remain at the practice and the incoming partner. Both were positive about the prospect of working together and outlined ideas about how they would improve services and financial viability including weekend surgeries and increasing telephone consultations. The retiring partner had begun to compile a handover folder to ensure that the change in partnership was as smooth as possible.
- In spite of the significant improvements made there were areas cited for improvement in the last two CQC inspection that were not addressed in the practice's development plan including ensuring action was taken in response to patient safety alerts, that infection control risks were assessed and mitigating action was taken and that all staff had professional indemnity insurance.

Governance arrangements

The practice had a clear staffing structure in place and policies which underpinned the running of the practice. There had been continued work with support organisations to improve on areas of concern highlighted in the previous inspection report. However, it was evident that there were still areas of poor governance and oversight which undermined the practice's ability to provide high quality safe care:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. Each room had a chart outlining the practice leads and their areas of responsibility and we saw evidence of an all staff meeting where staff were told of the new leadership structure. However, one staff member we spoke with was not aware of the practice's safeguarding lead.
- Practice specific policies were implemented. At the time of our last inspection we had found that policies were not accessible to all staff. The practice had placed a copy of all their policies on both the practice shared drive and staff member's computer desktops to ensure ease of access. Although the practice's adult safeguarding policy did not contain leads or external contacts this information was displayed in every room within the practice and staff were aware of where to look for this information.
- We saw evidence that the practice was making improvements in terms of its clinical performance with respect to adherence to national targets and working with other services to manage the care of complex patients.
- There was little of evidence of any quality improvement activities used to improve clinical standards within the practice since our last inspection.
- The arrangements in place to identify and address risk were not always effective for example there were gaps in staff mandatory training including basic life support training and adult safeguarding training, the practice had not implemented all of the recommendations in their health and safety risk assessment and there had

Are services well-led?

Inadequate

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

been no infection control audit undertaken within the last 12 months. The systems for monitoring prescriptions did not ensure patient safety and emergency medicines were not securely stored.

- There were no processes in place to ensure the practice adhered to all medico legal requirements. For example there was no evidence of any medical indemnity insurance in place for one of the GP partners and all but one of the nurse's Patient Group Directions had either expired or were not signed by an authorising prescriber.
- Though it was evident that there were still some difficulties with the working relationship of the partners there was evidence of considerable improvement since our last inspection. For instance, we saw evidence that the partners regularly met with one another to discuss clinical and governance issues and that extensive work had been undertaken to improve performance and ensure the viability of the practice after one of the partners retired. Some staff told us there had been noticeable improvements since our last inspection and that the practice was supported by a governance framework which staff were now adhering to in practice.

Leadership and culture

The partners had received continued support and mediation from external agencies since our last inspection. We were told by staff that there had generally been improvement in the way staff interacted and related to one another, including the partners, and this was reflected in feedback from the most recent staff survey.

However one staff member told us they sometimes felt it was difficult to discuss things with one of the partners and that it was sometimes challenging to get them to co-operate for example when providing information necessary for the CQC inspection and attending staff training. We were told that salaried clinicians did not get sufficient time to undertake administrative tasks while the partners had two sessions of administrative time per week and this had caused salaried clinical staff to feel demotivated. We were also told that one of the partners still did not always attend work on time resulting lengthy waiting times for patients and additional stress for reception staff who had to deal with dissatisfied patients. We were told that this situation had improved within the last four weeks. Staff told us that there was still sometimes conflict between the partners, particularly when financial issues required discussion, but they were hopeful that these would be rectified once the new partnership was in place. We did see evidence of numerous governance meetings involving both partners where decisions where taken and implemented including those related to financial issues.

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). The practice had systems in place to ensure that when things went wrong with care and treatment:

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

The practice had implemented a clear leadership structure and most staff felt supported by management.

- Staff told us the practice held regular team meetings and we saw evidence to support this.
- Staff told us they had the opportunity to raise any issues at team meetings and felt confident in doing so.
- Most of the staff we spoke with said they felt supported and valued by both the clinical staff and the practice manager. The staff had recently introduced a zero tolerance policy to support staff who were subject to abuse from patients. However, one member of staff told us that they did not feel valued and another that they did not feel very supported. Both of these staff members told us that they had witnessed concerns with staff performance being raised in front of other members of staff which they did not feel was appropriate and that management sometimes displayed preferential treatment towards some staff members. It was acknowledged by all staff we spoke with that the working environment and atmosphere in general had improved since the last inspection.
- We saw evidence of whole practice meetings were staff were involved in discussions about how to run and develop the practice.

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

Are services well-led?

Inadequate

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

The practice encouraged feedback from patients, the public and staff. It was proactively seeking 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, had carried out a patient survey and submitted proposals for improvements to the practice management team. In response to the patient survey which highlighted problems with telephone access the practice ensured that there was additional staff taking telephone calls at the start of the day to ease congestion on the phones. The practice had a board in the reception area which told patients what action the practice had taken in response to patient feedback. The practice had also introduced a service which prompted patients to feedback by text message.
- Action had been taken since the last inspection to gather feedback from staff. A suggestion box had been placed in the reception area and the practice had undertaken a staff survey. On the basis of the staff survey and feedback given in one of the staff meetings; non clinical staff had been given a pay rise. Staff told us they would feel comfortable giving feedback and discuss any concerns or issues with colleagues and management.