

Bredbury Medical Centre

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

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

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Overall summary

Letter from the Chief Inspector of General Practice

We previously inspected Bredbury Medical Centre in October 2015 and the practice was rated as requiring improvement overall. We found there were gaps in assessment and management of risks and that governance arrangements were not comprehensive. We carried out a further announced comprehensive inspection at the practice on 8 November 2016 where we found continued concerns and that appropriate action had not been taken. The overall rating for the practice was inadequate and the practice was placed in special measures for a period of six months following the publication of the inspection report. The full comprehensive report on the November 2016 inspection can be found by selecting the 'all reports' link for Bredbury Medical Centre on our website at www.cqc.org.uk.

Following the inspection in November 2016 we issued one warning notice and imposed a condition on the registration of the provider. These required the provider to take action to improve the quality of service provided and to provide the CQC with monthly progress reports.

This inspection was undertaken following the period of special measures and was an announced comprehensive inspection on 26 July 2017. Overall the practice is now rated as good.

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

- Previously the practice had not taken action to improve the service they provided. This inspection provided evidence that the practice had taken action and had implemented a programme of effective improvements.
- We identified previously a number of areas of potential risk to both patients and staff including the lack of risk assessments for fire safety, legionella and infection control and prevention. Evidence at this inspection demonstrated that safe effective systems had been implemented to address these areas.
- Appropriate recruitment checks were now in place for all staff
- Systems to securely store and monitor the use of prescription paper had improved.

Summary of findings

- Instructions to enable nurses to administer medicines safely were signed and dated by GPs and the practice nurse.
- Systems to recognise, record, and respond to significant events had improved and these were supported by an incident policy. Evidence was available that demonstrated outcomes and learning from significant events and complaints were shared.
- Governance arrangement had improved significantly and there was a clear staffing structure with identifiable roles and responsibilities.
- Records of staff training showed that staff had benefited from a range of training including fire safety and safeguarding. Additional training was planned.
- Action continued to ensure the practice had appropriate policies and procedures available for staff and team meeting minutes demonstrated these were shared and discussed with all the practice team.
- Patients were positive about their interactions with staff and said they were treated with compassion and dignity.

- Systems to improve patient feedback had been implemented and this included developing the patient reference group, and providing patients with opportunities to make suggestions, compliments, and complaints.

The areas where the provider should make improvement are:

- Continue to improve achievements with screening of patients including those with long term conditions, cervical screening and cancer screening.
- Implement a planned programme of clinical audit and re-audit.
- Continue to promote and develop the patient participation group for the practice.
- Continue efforts to identify patients who have caring responsibilities in order to facilitate their access to appropriate support.

I am taking this service out of special measures.

This recognises the significant improvements made to the quality of care provided by the service.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

At our previous inspection on 8 November 2016, we rated the practice as inadequate for providing safe services. The arrangements to manage and reduce risks to patients were not good enough. For example, risk assessments for fire, legionella and infection control and prevention were not available; learning from significant events was not shared; some aspects of medicines management needed improving; appropriate recruitment checks were not in place for all staff and training in safeguarding required improvement.

The practice had taken significant action to improve all these areas when we undertook a comprehensive follow up inspection on 26 July 2017. The provider is now rated as good for providing safe services.

- Systems to recognise, record, and respond to significant events had improved and these were supported by an incident policy. Evidence from team meeting minutes and speaking with staff confirmed learning was shared from incidents.
- Systems and processes to keep patients and staff safe had improved. Fire safety, legionella, and infection control and prevention risk assessments were in place and actions identified from these assessments had been responded to.
- Staff had easy access to safeguarding policies and procedures and all staff had received training for both children and adults safeguarding.
- Appropriate recruitment checks were now in place for all staff.
- Areas of medicine management had improved including instructions to enable nurses to administer medicines safely, and prescription security.

Good



Are services effective?

At our previous inspection on 8 November 2016, we rated the practice as requires improvement for providing effective services as achievements in undertaking reviews of patients with long term conditions were lower than both the local and national averages, and staff training and appraisal needed improving.

These arrangements had improved when we undertook a comprehensive follow up inspection on 26 July 2017. However, additional improvements were required. The provider remains rated as requires improvement for providing effective services.

Requires improvement



Summary of findings

- The practice had implemented action to improve patient outcomes. Unverified Quality and Outcomes Framework (QOF) data provided by the practice showed improvement in achievements within the first four months between April and July 2017 when compared to the available published QOF data for 2015/16. However further improvements were required.
- Data for cancer screening, including cervical cytology and bowel screening was lower than the national and local averages.
- Evidence was available that demonstrated staff assessed needs and delivered care in line with current evidence based guidance.
- Two available clinical audits demonstrated quality improvement. However, a planned programme of clinical audit and re-audit was not available.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Systems to support staff had been reviewed and new policies introduced to ensure staff received regular training, appraisal and personal development plans. Regular team meetings were held and these promoted teamwork and learning and development.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

At our previous inspection on 8 November 2016, we rated the practice as good for providing caring services as data showed patients were generally satisfied with the service they received.

Evidence reviewed at the comprehensive follow up inspection on 26 July 2017 confirmed the practice remained good for providing caring services.

- Data from the national GP patient survey published in July 2017 showed patients rated the practice in line with others for all 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 provided was available, easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice was working to improve the number of patients identified on their carers list. They confirmed that less than 1% of the patient population was registered as a carer. Since the

Good



Summary of findings

last inspection, the practice had allocated the responsibility of designated carers' lead to a staff member. They confirmed they were working to build the practice carers register. Information packs and posters were available for patients who were also carers.

Are services responsive to people's needs?

At our previous inspection on 8 November 2016, we rated the practice as requires improvement for providing responsive services as the practice did not respond to patients' complaints comprehensively or in accordance with their policy.

These arrangements had improved when we undertook a comprehensive follow up inspection on 26 July 2017. The provider is now 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.
- 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 good facilities and was well equipped to treat patients and meet their needs. Plans to refurbish and upgrade the practice facilities were in place.
- The practice had reviewed and improved how they responded to complaints. Action was taken to respond and acknowledge complaints within the timescales identified in the practice policy and evidence was available that demonstrated learning from complaints was shared with staff at team meetings and individually.
- The practice manager had provided an area within the practice waiting room for patients to provide feedback discreetly. Patients had the opportunity to make a written complaint, a written compliment, or a written suggestion.

Good



Are services well-led?

At our previous inspection on 8 November 2016, we rated the practice as inadequate for providing well led services as the arrangements to respond to shortfalls identified previously were not implemented or were ineffective. For example, the practice had not implemented their action plan to improve service quality and safety. Therefore, gaps in the governance arrangements, including risk assessment, oversight of the service, staff training and staff appraisal continued.

Good



Summary of findings

The practice had taken significant action to improve all these areas when we undertook a comprehensive follow up inspection on 26 July 2017. The provider is now rated as good for providing well led services.

- Since the last inspection, the governance arrangements at the practice had improved significantly. The practice had implemented a plan to improve the service they provided.
- An overarching governance framework was established which was underpinned by the practice's vision and strategy.
- A comprehensive review of the practice's policies, procedures and protocols had been undertaken and new policies and protocols continued to be developed.
- Systems of learning and development including promoting awareness and understanding of the new policies and procedures were established.
- Regular planned team meetings and learning and development away days had been undertaken.
- A review of staff roles and responsibilities had been undertaken and staff were now allocated lead roles. Staff were supported with the appropriate recruitment checks, appraisals and regular training that was recorded and monitored.
- Work place risk assessments for fire safety, infection prevention and control and legionella were in place and subject to regular review. Actions to mitigate risk had been implemented.
- Policies for safeguarding patients were accessible and up to date and staff had received training for both adults and children.
- Action had been taken to improve the monitoring of patients with long term conditions. Unverified data for the partial year April to July 2017 indicated the practice's performance had improved however additional work was required.
- Action had been taken to recruit patients to a virtual patient reference group. Three patients we spoke with confirmed they were part of this group. They looked forward to working with the practice.
- Patients had been provided with opportunities to provide feedback at the practice in a dedicated area, with complaints, compliments and suggestion forms available.

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



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- It was responsive to the needs of older people, and offered a mixture of pre-bookable, on the day urgent appointments and telephone appointments.
- Home visits were available for those with enhanced needs.
- Planned weekly visits to a local care homes were undertaken by the GPs. This provided continuity of care.
- Regular palliative care meetings were held with the district nurses and Macmillan nurses.

People with long term conditions

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

Good



- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- Data from 2015/16 indicated the practice's performance was below that of local and national averages when monitoring and supporting patients with diabetes. However, the practice was implementing action to improve this and unverified data supplied on the inspection indicated significant improvements. For example, the percentage of patients on the diabetes register with a record of a foot examination and risk classification within the last 12 months in 2015/16 was 46% compared to the local average of 88% and national average of 89%. Unverified QOF data for this indicator for the four months from 1 April 2017 to 26 July 2017 showed the practice's achievement as 81%.
- The practice pharmacist supported the clinical team to ensure medicine reviews were undertaken and they monitored prescribed medicines to ensure patients received the optimal clinical dosage.
- Longer appointments and home visits were available when needed.

Summary of findings

- All patients had a named GP and 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.

- From the sample of documented examples we reviewed we found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- Data from 2015/16 indicated that immunisation rates were above the local average for all standard childhood immunisations.
- Quality and Outcome Framework (QOF) 2015/16 data showed patients with asthma who had an asthma review in the preceding 12 months that included an appropriate assessment of asthma control was 74%, compared to the CCG average of 75% and national average of 76%. Unverified QOF data for this indicator for the four months from 1 April 2017 to 26 July 2017 showed the practice's achievement as 80%.
- The practice had recognised that the uptake for the cervical screening programme was, at 71%, much lower than the local and the national average of 82%. The practice had implemented a plan to improve this and unverified data for this year from 1 April 2017 to 26 July 2017 showed a 74% achievement. This showed these changes were having a positive impact.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives, health visitors and school nurses to support this population group.

Good



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).

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care,

Good



Summary of findings

- The practice offered flexible surgery times including, morning, afternoon and evening surgeries. Early morning appointments were available from 7.30am three mornings each week and late night appointments until 9pm were offered once a week.
- 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.

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 those with a learning disability.
- The practice offered longer appointments for patients who were vulnerable and those 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 good for the care of people experiencing poor mental health (including people with dementia).

- Data from 2015/16 showed that 71% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the previous 12 months, was below the local average of 85% and national average of 84%. Unverified QOF data for this indicator, supplied by the practice for the four months from 1 April 2017 to 26 July 2017 showed the practice's achievement as 95%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- 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.

Good



Summary of findings

- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2017. The results showed the practice was performing in line with local and national averages. A total of 273 survey forms were distributed and 115 were returned. This represented a response rate of 42% and was just over 2.5% of the practice's patient list.

- 77% of patients found it easy to get through to this practice by phone which reflected the clinical commissioning group (CCG) average of 77% and was higher than the national average of 73%.
- 89% 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 88% and national average of 84%.
- 88% of patients described the overall experience of this GP practice as good compared to the CCG average of 89% 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 83% and national average of 77%.

As part of our inspection, we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 29 comment cards, all of which were positive about the standard of care received. Comment cards described the reception staff as being responsive, caring and willing to listen and named GPs as being responsive to individual circumstances. The service provided at the practice was described as 'excellent' and patients said they had no problems getting appointments.

We spoke with one patient on the day of the inspection and three patients who were also members of the newly formed virtual patient participation group (PPG). All were extremely complimentary about the quality of care they received from the GPs and their comments reflected the information we received from the CQC comment cards. The patients we spoke with also told us that car parking was now very good and that they liked the electronic booking-in screen in reception.

Areas for improvement

Action the service **SHOULD** take to improve

- Continue to improve achievements with screening of patients including those with long term conditions, cervical screening and cancer screening.
- Implement a planned programme of clinical audit and re-audit.
- Continue to promote and develop the patient participation group for the practice.
- Continue efforts to identify patients who have caring responsibilities in order to facilitate their access to appropriate support.

Bredbury Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team also included a GP specialist adviser.

Background to Bredbury Medical Centre

Bredbury Medical Centre (1 Auburn Avenue, Stockport, SK6 2AH) is situated in a purpose built building in Bredbury, in Stockport. Since the last inspection renovation work had been undertaken to upgrade and update sections of the building. Plans were in place to upgrade the building and facilities further.

The practice has a patient list size of 4551. The practice is part of the NHS Stockport Clinical Commissioning Group (CCG) and services are provided under a Personal Medical Services Contract (PMS).

The age profile of the practice population broadly mirrors those of local and national averages, although the practice does have a slightly higher proportion of patients over the age of 65 years (19.9% compared to the national average of 17.2%). The proportion of the practice's patient list who suffer from a long standing health condition is higher at 64% than the local and national averages of 53% and 54% respectively.

Information published by Public Health England rates the level of deprivation within the practice population group as five on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

There are two male GP partners. The practice also employs a practice nurse and health care assistant (both female) as well as a pharmacist for one day per week. Non-clinical staff consisted of a practice manager, a Quality and Outcomes Framework (QOF) manager, a finance manager, office manager and a number of administrative and reception staff. One of the reception staff team has commenced training to become a phlebotomist (taking blood samples).

Bredbury Medical Practice is a teaching practice, supporting medical students.

The practice reception opens at 8.00am Monday to Friday, and closes at 6.30pm on Tuesdays and Thursdays. The practice closed its doors at 6.00pm on Mondays, Wednesdays and Fridays, however patients could still telephone the practice for an appointment or advice until 6.30pm.

GP appointments are offered between 7.30am and 11.30am each morning on Tuesdays, Wednesdays and Thursdays and on Fridays and Mondays between 8.00am and 12 midday. Afternoon GP appointments are offered from 3.30pm on Mondays and Fridays, from 4.00pm on Tuesdays and Thursdays and from 5pm on Wednesdays. Appointments are provided until 6pm each evening except on Tuesdays when appointment are available until 9pm.

Routine appointments are not offered on a Wednesday afternoons, but the reception and GPs are available for patients visiting the practice and requiring an urgent appointment.

The practice provides a range of on the day, urgent and prebookable routine appointments and there is provision for children to be seen the same day. The practice provides online patient access that allows patients to book appointments and order prescriptions.

Detailed findings

When the practice is closed, patients are able to access out of hour's services offered locally by the provider Mastercall.

Why we carried out this inspection

We undertook a comprehensive inspection of Bredbury Medical Centre on 8 November 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as inadequate for providing safe and well led services and requires improvement for providing effective and responsive services.

The practice was placed into special measures for a period of six months. We issued a warning notice to the provider in respect of providing safe care and treatment and imposed a condition on the provider's registration that required them to take action in response to the areas identified. This included supplying the CQC with a monthly report of the progress the practice was making in improving the services they provided. The full comprehensive report on the November 2016 inspection can be found by selecting the 'all reports' link for Bredbury Medical Centre on our website at www.cqc.org.uk.

We undertook a further announced comprehensive inspection of Bredbury Medical Centre on 26 July 2017. This inspection was carried out following the period of special measures to ensure improvements had been made and to assess whether the practice could come out of special measures.

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 26 July 2016.

During our visit we:

- Spoke with a range of staff including both GP partners, the practice nurse, the practice QOF manager, the health care assistant, the trainee phlebotomist and reception and administration staff.
- Spoke with one patient on the inspection visit day and three patients by telephone the day after the inspection.
- Observed how reception staff communicated with patients.
- Reviewed a sample of patients' personal care or treatment records.
- Reviewed comment cards where patients 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

At our previous inspection on 8 November 2016, we rated the practice as inadequate for providing safe services, as the arrangements to manage and reduce risks to patients were not good enough. For example, there were no risk assessments for fire, legionella and infection control and prevention; learning from significant events was not shared; some aspects of medicine management needed improving; appropriate recruitment checks were not in place for all staff and some staff had not received training in safeguarding.

The practice had taken significant action to improve all these areas when we undertook a follow up inspection on 26 July 2017. The provider is now rated as good for providing safe services.

Safe track record and learning

There was a system for reporting and recording significant events and clear evidence was available these were discussed regularly at team meetings and were used to improve the quality of service provided.

- 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. Different staff told us of incidents which they were aware of. For example one practice nurse told us about an issue with a sharps bin and a member of the admin team told us about an issue with a local pharmacy.
- Staff confirmed there was an open, safe environment to raise issues. A policy was in place to support 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).
- Records of significant events showed that detailed investigation had been carried out and actions to improve service delivery recorded. All incidents and some complaints were also investigated as significant events. A log of significant events was maintained and a record of the investigation into each incident recorded. Monthly clinical and administrative team meetings provided evidence that learning from significant events and complaints was shared as appropriate.

- The practice manager had introduced a significant events policy and this required an annual review and analysis to identify themes and to respond to these accordingly.

Overview of safety systems and processes

The practice had introduced clearly defined systems and processes to keep patients safe and safeguarded from abuse.

- Arrangements to safeguard children and vulnerable adults had improved and all staff spoken with were aware of, and how to access the practice's safeguarding policies, procedures and safeguarding contact telephone numbers.
- There was a lead member of staff for safeguarding. GPs were trained to child protection or child safeguarding level 3. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities in relation to safeguarding and all had received training on safeguarding children and vulnerable adults relevant to their role. Clinical and administrative team meeting minutes showed that safeguarding was discussed regularly. Evidence was also available which showed that the practice manager, the lead GP and practice nurse had met in June 2016 with the head of safeguarding in Stockport Clinical Commissioning Group (CCG) to review and improve the practice's safeguarding systems.
- There was a notice in the waiting room advising patients that chaperones were available if required. All but two of the administrative staff had received training in chaperoning. Training was scheduled for later in the year for these two staff and it was confirmed that until they had received this training they would not undertake chaperoning duties. All staff who carried out the chaperoning role now had 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. We observed the premises to be clean and tidy. Regular monitoring and recorded checks of the building and facilities were undertaken. The practice had undertaken some refurbishment on

Are services safe?

the first floor, which included replacement of the roof and windows. A new spacious staff room had also been created. Additional building work and refurbishment for other parts of the building was also scheduled.

- Following our last inspection, the practice had sought support from the local infection control and prevention nurse. An infection control and prevention audit had been carried out in February 2017. This identified some advisory areas for improvement such as a bare below the elbows policy and a cold chain maintenance policy. These policies and a comprehensive list of clinical infection control policies were now available alongside the environmental infection control policies. The practice's refurbishment plans included the other advisory areas for improvement that were identified in the infection control audit. One of the GP partners was the infection control lead and they were supported by the practice nurse. The practice nurse liaised with the local infection prevention teams to keep up to date with best practice. They carried out regular handwashing audits with staff. Records of staff training in infection control and prevention were available.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines such as disease-modifying anti-rheumatic drugs (DMARDs) and medicines to thin blood such as Warfarin. A sample check on patient records showed that these patients received all the required health checks such as blood tests to ensure the medicines were safe for continued use.
- Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred and a system to check prescriptions had been collected by patients was implemented.
- The practice employed a pharmacist for one day per week who supported the practice to undertake patient medicine reviews. In addition, regular medicines audits were undertaken with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.

- Prescription paper and pads were stored securely and systems to record and monitor the use of these had improved since the last inspections.
- The practice nurse was a non medical prescriber and could therefore prescribe medicines for specific clinical conditions. They received support from the GPs and the practice pharmacist as required. The practice nurse also attended regular update meetings provided by the CCG for this extended role.
- Patient group directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. We noted that the GP and the practice nurse had now signed these appropriately.

Recruitment policies and procedures had been updated and implemented. We reviewed three staff recruitment files and noted that the personnel files had been organised methodically with a front sheet detailing the records held for each staff member. Improvements were evident in the three files we reviewed and these now contained evidence of personal identification, references and DBS checks.

Monitoring risks to patients

Risks to patients were now assessed and managed effectively.

- The practice now had a comprehensive fire safety policy and risk assessment in place. Action had been taken in response to the areas identified in the fire risk assessment to mitigate potential risks. This included replacing door seals to four doors and fitting a magnetic self closer on one fire door. Staff had also received face to face fire safety training. Records showed that regular monitoring checks on the fire alarm and other fire safety equipment was implemented.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- Other risk assessments to monitor safety of the premises such as control of substances hazardous to health (COSHH) and legionella (legionella is a term for a particular bacterium which can contaminate water systems in buildings) were now available for the inspection team to view.
- The practice had completed security workplace risk assessments in December 2016 and staff members had visual display risk assessments 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. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

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 annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely. A record to monitor stock and expiry dates was maintained. An appropriate risk assessment was provided which identified the emergency medicines held by the practice.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan had been updated since the last inspection to include emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 8 November 2016, we rated the practice as requires improvement for providing effective services as achievements in undertaking reviews of patients with long term conditions were lower than both the local and national averages, and staff training and appraisal needed improving.

These arrangements had improved when we undertook a follow up inspection on 26 July 2017. However additional improvements were required the provider remains rated as requires improvement for providing effective services.

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. Clinical staff told us how they accessed up to date clinical guidance on appropriate websites. We also heard that the practice pharmacist notified staff of relevant updates from the Medicines and Healthcare products Regulatory Agency (MHRA) which regulates medicines, medical devices and blood components for transfusion in the UK. Following these medicine updates we heard that searches were undertaken on patient records to identify those prescribed these medicines or equipment and, following discussion with a GP, action taken accordingly. This included inviting patients in for a medicine review. Recent examples included reviewing patients using the insulin pen Novapen 5 in accordance with updated guidance.

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 from 2015/16 were 91.3% of the total number of points available, which was 5.8% lower than the local CCG average and 4% below the national average. The practice recorded an exception reporting rate of 4.3% across the clinical domains, which was 2.9% below the local average and 5.5% below the national average

(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).

Unverified data supplied by the practice for 2016/17 showed a slight improvement in overall achievement with 92.2% of the total number of points available.

Following our inspection in November 2016 the practice had taken action to improve their performance in monitoring patients with chronic health conditions. They had created a dedicated QOF manager position that was responsible for monitoring the practice's progress and achievement in reviewing patient's with a long term condition. They also ensured patients were invited in for long term condition reviews and monitored attendance at appointments. In addition, a patient recall policy of sending out patient reminder letters was implemented. Reminder letters had been reviewed and updated to ensure they were relevant and worded appropriately.

At this inspection, the practice recognised further improvements were required and provided unverified data that showed improvements in achievements for this current period of four months out of the usual 12 months. For comparison the most recent verified data available (2015/16) is recorded below alongside more recent 2017/18 unverified data (provided by the practice).

For example:

- In 2015/16 the percentage of patients with diabetes on the register in whom the last IFCC-HbA1c was 64mmol/mol or less in the preceding 12 months was 72% compared to the clinical commissioning group (CCG) average of 80% and national average of 78%. Unverified QOF data for this indicator from 1 April 2017 to 26 July 2017 showed the practice's achievement as 77%.
- In 2015/16 the percentage of patients with diabetes on the register in whom the last blood pressure reading (measured in the last year) was 140/80 mmHg or less was 71%, compared to the CCG average of 81% and national average of 78%. Unverified QOF data for this indicator from 1 April 2017 to 26 July 2017 showed the practice's achievement as 72%.
- In 2015/16 the percentage of patients with diabetes on the register whose last measured total cholesterol (measured in the preceding 12 months) was five mmol/l

Are services effective?

(for example, treatment is effective)

or less was 78% compared to the CCG average of 85% and national average of 80%. Unverified QOF data for this indicator from 1 April 2017 to 26 July 2017 showed the practice's achievement as 77%.

- In 2015/16 the percentage of patients with diabetes on the register who had had influenza immunisation in the preceding 1 August to 31 March was 86% compared to the CCG average of 96% and national average of 95%. Unverified QOF data for this indicator from 1 April 2017 to 26 July 2017 showed the practice's achievement as 83%.
- In 2015/16 the percentage of patients on the diabetes register with a record of a foot examination and risk classification within the last 12 months was 46% compared to the CCG average of 88% and national average of 89%. Unverified QOF data for this indicator from 1 April 2017 to 26 July 2017 showed the practice's achievement as 81%.

Other data from 2015/16 showed the practice performance was generally below the local and national averages. However, the unverified data supplied at this inspection also showed improvements in achievements. For example:

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record in the preceding 12 months was 85% compared to the CCG average of 93% and national average of 89%. Unverified QOF data for this indicator from 1 April 2017 to 26 July 2017 showed the practice's achievement as 88%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months was 93% compared to the CCG average of 93% and national average of 89%. Unverified QOF data for this indicator from 1 April 2017 to 26 July 2017 showed the practice's achievement as 85%.
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face to face review in the preceding 12 months was 71% compared to the CCG average of 85% and national average of 84%. Unverified QOF data for this indicator from 1 April 2017 to 26 July 2017 showed the practice's achievement as 95%.
- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months was 150/90mmHg or less was 78%

compared to the CCG average of 84% and national average of 83%. Unverified QOF data for this indicator from 1 April 2017 to 26 July 2017 showed the practice's achievement as 78%.

- The percentage of patients with asthma on the register who had an asthma review in the preceding 12 months that included an appropriate assessment of asthma control was 74%, compared to the CCG average of 75% and national average of 76%. Unverified QOF data for this indicator from 1 April 2017 to 26 July 2017 showed the practice's achievement as 80%.

There was evidence of quality improvement including clinical audit although a rolling programme of regular clinical audit and re-audit was not established.

- Evidence from two clinical audits was available which demonstrated improvements were implemented and monitored. One of these audits was available at our previous inspection and this reviewed the dementia prevalence of registered patients at the practice. The second clinical audit reviewed the place of death of registered patients living in a local care home. The outcome of the audit identified areas for learning including ensuring new patients to the care home and the practice patient register are reviewed as soon as possible and ensuring an awareness of patient end of life decisions.
- The practice participated in local audits, national benchmarking and accreditation.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. Following the previous inspection in November 2016 the practice had introduced a comprehensive training policy, a training plan and a training matrix for all staff. Some of the monthly reports supplied by the practice to the CQC provided updated copies of the staff training matrix which gave us evidence of ongoing training. Staff spoken with were able to tell us about the recent training they had received.

- The practice had reviewed and improved the induction training it provided to new staff. It had introduced an induction training policy and a weekly programme of required training. The programme included mandatory training such as safeguarding children and adults; health and safety, fire safety, infection control and prevention, information governance and confidentiality.

Are services effective?

(for example, treatment is effective)

- Team meeting minutes also included specific areas of training and staff development. For example minutes from May 2017 included discussion about significant events, safeguarding and chaperoning. Team minutes from July 2017 included the practice's training and induction policy and the agenda for the staff training planned for August 2017 included data security, information governance and carers. Practice staff confirmed they had access to online training as well as face to face training.
- The practice could demonstrate how it ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training, which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to online resources, discussion at practice meetings and attendance at regular training updates.
- Since the last inspection, all staff had received an appraisal and a planned schedule of future staff appraisals had been established. Staff also had personal development plans in place.
- The practice had involved staff in reviewing staff roles and responsibilities and, following individual discussions, staff were allocated clear roles and responsibilities. One staff member told us how they were being supported and trained to undertake the role of phlebotomist. The staff member confirmed that following completion of a phlebotomy competency assessment the practice was going to support them to undertake a twelve week care certificate course.
- The practice was a GP teaching practice for year 4 and year 5 undergraduate medical students. The practice had recently been awarded a silver certificate from the link university for the quality of teaching provided.

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 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.

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 regular basis including palliative care meetings, multi-disciplinary complex care meetings and safeguarding 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 (MCA). Clinical staff had recently received training about the MCA.
- 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.
- Data from 2015/16 showed that the practice's uptake for the cervical screening programme was 71%, which was lower than the CCG and the national averages of 81%. Following our inspection in November 2016 the practice had reviewed how they encouraged patients to attend for this screening. They developed an action plan to address the low uptake of cervical screening. The practice had updated its cervical screening protocol, reviewed and amended its patient recall letters and

Are services effective?

(for example, treatment is effective)

planned to introduce text messaging reminders. The QOF manager regularly reviewed the practice's progress in getting patients to attend for this screening. They provided unverified data for this year to 26 July 2017 that showed a 74% achievement. This showed these changes were having a positive impact. The practice nurse also told us the practice encouraged uptake of the screening programme by ensuring a female sample taker was available and offering this screening opportunistically when patients attended the practice for other appointments. 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 referred its patients to attend national screening programmes for bowel and breast cancer screening. The practice patient uptake of these tests was below the CCG and national average. For example, data from 2015/16 showed that 62% of females aged between 50 and 70 years of age were screened for breast cancer within six months of invitation compared

the CCG average of 67% and the England average of 74%. Unverified data supplied by the practice after the inspection visit and dated October 2016 indicated the practice had a 66% uptake rate for breast screening.

- Data also showed screening for bowel cancer at the practice was 52% for people screened within the last 30 months compared to 57% for the CCG and the England averages.
- Data available for childhood immunisation rates for the vaccinations given in 2015/16 indicated that the practice was achieving at or above the level expected with 90% or more in all the four indicators.
- The practice had commenced planning to target and improve uptake for the children flu vaccinations for later this year.
- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 35–75. 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

At our previous inspection on 8 November 2016, we rated the practice as good for providing caring services as data showed patients were generally satisfied with the service they received.

Evidence reviewed at the follow up comprehensive inspection on 26 July 2017 confirmed the practice remained good for providing caring services.

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.

As part of our inspection, we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 29 comment cards, all of which were positive about the standard of care received. Comment cards described the reception staff as being responsive, caring and willing to listen and they named GPs specifically describing them as being responsive to individual circumstances. The service provided at the practice was described as 'excellent' and patients said they had no problems getting appointments.

We spoke with one patient on the day of the inspection and three patients who were also members of the newly formed virtual patient participation group (PPG). All were extremely complimentary about the quality of care they received from the GPs and their comments reflected the information we received from the CQC comment cards. The patients we spoke with also told us that car parking was now very good following the introduction of a car parking electronic monitoring system. (This required patients to log their car registration electronically inside the practice to avoid

receiving a car parking fine). Patients also said they liked the electronic booking-in screen in reception and they believed this improved the practice's telephone response times.

Results from the national GP patient survey (July 2017) showed patients felt they were treated with compassion, dignity and respect. The practice was in line with local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 87% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 92% and the national average of 89%.
- 88% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 86%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 83% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and national average of 86%.
- 95% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 94% and national average of 91%.
- 92% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% 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 decisions. Patient feedback from the comment cards we received was also positive and aligned with these views.

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 similar to the local and national averages. For example:

- 87% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.

Are services caring?

- 80% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 86% and national average of 82%.
- 93% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 89% 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.
- 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. The practice website also provided information and links to support groups for a range of illnesses and bereavement support.

The patients we spoke with provided specific examples of how the GPs had supported them to manage their health alongside their individual circumstances.

The practice had a staff member who was designated as the lead for carers. They were involved in identifying patients who were carers and this included sending out letters to patients offering support and signposting them to other support networks. The practice waiting room had information displays for MIND carers' support and a local charity 'Signpost Stockport For Carers'. The practice had identified 35 patients as carers, which was less than 1% of the practice population. The staff lead for patients who were also carers anticipated increasing this number. The patients' electronic record alerted GPs and staff if a patient was also a carer. The practice website also provided information and links to other avenues of support and advice for patients who were also carers.

Staff told us that if families had suffered bereavement, they provided support in accordance with the patient's wishes and this included signposting to available support services.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 8 November 2016, we rated the practice as requires improvement for providing responsive services as the practice did not respond to patients' complaints comprehensively or in accordance with their policy.

These arrangements had improved when we undertook a comprehensive follow up inspection on 26 July 2017. The provider is now rated as good for providing responsive services.

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 offered extended hours appointments from 7.30am three mornings each week, and one evening until 9pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients who were vulnerable and those 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 provided care and treatment to patients living in a local care home. Planned weekly visits were undertaken by a GP. This reduced the number of requests by the care home for home visits and ensured continuity of care for patients. Additional visits were provided in an emergency.
- Patients were able to receive travel vaccinations available on the NHS.
- There were disabled facilities and translation services available.
- All consultation and treatment rooms were situated on the ground floor of the premises and so were accessible to those patients experiencing difficulties with mobility.

- Midwives offered clinics from the surgery premises. The practice's in-house pharmacist undertook medication reviews to ensure patients' medicine was the most appropriate and effective.

Access to the service

The practice reception opened at 8.00am Monday to Friday, and closed at 6.30pm on Tuesdays and Thursdays. The practice closed its doors at 6.00pm on Mondays, Wednesdays and Fridays, however patients could still telephone the practice for an appointment or advice until 6.30pm.

GP appointments were offered between 7.30am and 11.30am each morning on Tuesday, Wednesday and Thursday and on Fridays and Mondays between 8.00am and 12 midday. Afternoon GP appointments were offered from 3.30pm on Mondays and Fridays, and from 4.00pm on Tuesdays and Thursdays and from 5pm on Wednesdays. Appointments were provided until 6pm each evening except on Tuesdays when appointment were available until 9pm. Routine appointments were not offered on a Wednesday afternoon, but the reception and GPs were available for patients visiting the practice and requiring an urgent appointment.

The practice provided a range of on the day, urgent and prebookable routine appointments. The GPs carried out telephone consultations and patient triage for those requiring an urgent appointment. The practice also provided online access so patients could book appointments and order prescriptions.

On the day of inspection, the next available pre-bookable appointment was available within one week, however there were a number of on the day appointments still available.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was higher than or reflected local and national averages.

- 88% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 76%.
- 77% of patients said they could get through easily to the practice by phone compared to the CCG average of 77% and national average of 71%.

Are services responsive to people's needs?

(for example, to feedback?)

The four patients we spoke with told us 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.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Since the last inspection the practice had reviewed its complaint handling procedure..

- Its complaints policy and procedures was in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated responsible person who handled all complaints in the practice.
- The practice manager had set up a patient feedback corner in the patient waiting area. This was a discreet

area, not visible to reception staff. A simple brightly coloured wall display provided patients with opportunities to make a complaint, make a suggestion or make a compliment. Individual recording slips and pens were available for each subject. Since this system had been set up, the practice had received a number of suggestions and compliments but no complaints.

We looked at three recent complaints and noted that complaint acknowledgement letters were sent to complainants within the timescale detailed in the complaints policy. The practice manager had commenced a log of complaints and this detailed the actions undertaken by the practice in response to the outcome of complaint investigations. Actions included discussing the complaint with the individual staff members as required and sharing learning at practice team meetings. One complaint was also investigated under the practice's significant incident procedure.

Are services well-led?

Good 

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

Our findings

At our previous inspection on 8 November 2016, we rated the practice as inadequate for providing well led services as the arrangements to respond to shortfalls identified previously were not implemented or were ineffective. For example the practice had not implemented their action plan to improve service quality and safety. Therefore gaps in the governance arrangements, including risk assessment, oversight of the service, staff training and staff appraisal continued.

During our inspection in July 2017, we found the practice's action plan had been implemented to effectively improve these areas. The provider is now rated as good for providing well led services

Vision and strategy

The practice vision was documented in the practice information leaflet that was available to patients from reception. It detailed that the practice aspired to provide a well organised, responsive service while maintaining the highest possible standards of medical care. Since the last inspection the GPs had recruited a new practice manager and together they had developed and implemented an action plan to improve the quality of the service provided to patients and to staff. There was recognition by the GP partners that this was a continuous process and they were committed to developing the service they provided.

Governance arrangements

Since the last inspection, the governance arrangements at the practice had improved. The practice had implemented a plan to improve the service they provided. Evidence from this inspection showed the plan to be effective. For example:

- Work place risk assessments for fire safety, infection prevention and control and legionella were in place, actioned and subject to regular review.
- Policies for safeguarding patients were accessible and up to date and staff had received training for both adults and children.
- Staff were supported with the appropriate recruitment checks, appraisals and regular training that was recorded and monitored.
- A staff structure had been implemented following discussion with team members. This included reviewing

staff roles and responsibilities and led to a review of staff job descriptions. As a result, staff now had lead roles and responsibilities. For example, there was now a QOF manager and a carers' lead.

- A comprehensive review of the practice's policies, procedures and protocols had been undertaken and further development continued. These were shared with staff at regular team meetings and a half day's training in May 2017 had been undertaken to share these and provide opportunities for staff to discuss. When asked, staff were aware of the policies and their role and responsibilities in following these.
- Systems to improve medicine management were implemented. This included monitoring and security of prescriptions and the appropriate signing of instructions so the practice nurse was legitimately able to administer agreed medicines.
- Action had been taken to improve the monitoring of patients with long term conditions. Unverified practice data for the year to July 2017 indicated the practice's performance had improved. There was recognition that further work was required to improve this.
- Since the last inspection, the practice had undertaken some refurbishment work on the first floor of the building. Additional plans for further refurbishment and development of facilities was in place for the ground floor.

Leadership and culture

During this inspection, we noted that the GP partners had obtained support and advice both from the local medical council (LMC) and the Clinical Commissioning Group (CCG). A new practice manager had been employed and a comprehensive review of the service undertaken and action implemented to improve leadership and management at the practice. These changes were discussed and shared with the whole staff team.

At this inspection, the GP partners offered a strong partnership and they demonstrated they had the experience, capacity and capability to run this practice and ensure high quality care. The GPs told us they prioritised safe, high quality and compassionate care. Staff told us the partners were very approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements

Are services well-led?

Good 

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

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 gave affected people reasonable support, truthful information and a verbal and written apology.

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

- Staff told us the practice held regular team meetings. A range of meeting minutes were available and these demonstrated information sharing, evidence of learning and development from significant events and complaints and team building. The practice meeting agenda was accessible to all staff and they were encouraged to add items to this for discussion at the meeting. Meeting minutes were stored on a shared electronic drive, emailed to each staff member and displayed on the staff room wall.
- Staff told us there had been a number of changes in recent months which they said they had found difficult at times but they felt these had been effective in improving what and how they performed their jobs. They said there was an open culture within the practice and there were opportunities every day to raise any issues with the practice manager or GP partners. They said they felt confident and supported in doing so.
- Staff said they felt respected, valued, and supported. The partners and practice manager were proactive in supporting staff to undertake training to develop their skills and abilities.

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

The practice had taken action to develop and promote a patient participation group (PPG). The practice had

received 530 email addresses from patients, of these 43 had agreed to actively participate in the virtual group and would respond to patient surveys and provide feedback. Three of the patients we spoke with confirmed they had agreed to be members of the virtual PPG. They said they looked forward to providing their opinions and viewpoints.

The practice manager had set up a discreet table in the patient waiting room for patients to provide feedback to the practice anonymously if they preferred. Patients could provide suggestions, compliments and complaints. The compliment slips received from patients were displayed on the wall in the staff room and suggestions from patients had been collected and were tabled for discussion at the staff meeting planned for September 2017. Suggestions included improving the phone lines, reception staff offering a welcoming smile and recruiting a female GP.

Continuous improvement

The GP partners acknowledged that the previous inspections identified the areas where the practice needed to improve. They recognised the challenges to achieve this and obtained support from local external organisations. This inspection acknowledged the improvements the practice had made, however the GP partners were clear that further work to improve the service was required including embedding the new policies and procedures into the culture of the practice; improving performance for long term conditions reviews and cancer screening.

The practice had developed plans to further increase the range of roles and skills of the staff team, to continue with the re-development and refurbishment of the practice buildings and facilities and to forge closer working links and relationships with other practices and community and social care teams.