

# Longford Primary Care Centre

## Quality Report

Longford Road  
Longford  
Coventry  
CV6 6DR

Tel: 02476 646 720

Website: [www.longfordprimarycarecentre.co.uk](http://www.longfordprimarycarecentre.co.uk)

Date of inspection visit: 03/05/2017

Date of publication: 11/07/2017

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

Requires improvement



Are services safe?

Good



Are services effective?

Requires improvement



Are services caring?

Requires improvement



Are services responsive to people's needs?

Good



Are services well-led?

Good



# Summary of findings

## Contents

### Summary of this inspection

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

### Detailed findings from this inspection

Our inspection team	13
Background to Longford Primary Care Centre	13
Why we carried out this inspection	13
How we carried out this inspection	13
Detailed findings	15

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of Longford Primary Care Centre on 7 June 2016. A total of two breaches of legal requirements were found. After the comprehensive inspection, the practice was rated as requires improvement overall.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Longford Primary Care Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook an announced comprehensive inspection on 3 May 2017 to check that the practice now met legal requirements. Overall the practice is now rated as requires improvement.

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

- There was an effective system in place for reporting and recording significant events. Incidents and significant events were discussed at monthly meetings where all staff came together to ensure learning outcomes were shared.
- We saw that there were measures in place to safeguard children and vulnerable adults from abuse, and these were in line with current legislation and requirements.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were similar to or lower than CCG and national averages. The most recent published results (for 2015/2016) showed the practice had achieved 80% of the total number of points available, compared with the Clinical Commissioning Group (CCG) and the national averages of 95%. The practice provided evidence of their QOF data for the year 2016/2017 which was not yet published which showed their overall achievement had increased to 87%, a significant improvement.
- There was evidence of quality improvement including clinical audit. The practice also participated in benchmarking and best practice sharing with other local GPs.
- The induction programme for non-clinical staff did not include safeguarding training. The practice manager told us that newly appointed non-clinical staff did not work unsupervised until all of their mandatory training

# Summary of findings

had been completed. We were provided with evidence immediately following the inspection that all staff had completed this training, and that the induction programme had also been updated to include this.

- We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect. Feedback we received from patients on the day of the inspection reflected this.
- The practice was keen to improve patient satisfaction and had carried out a patient questionnaire at both the main location and the branch site during December 2016. The results of the survey did show an improvement in overall patient satisfaction, but also identified areas where further improvement was needed. During the inspection the practice was following an action plan to address some of these areas, but there was not yet evidence of the impact of these changes. There was also a lack of specific action to improve patient experiences of consultations with clinical staff.
- Two of the patients we spoke with on the day of the inspection told us that access to appointments had improved during the past six months and all eight patients we spoke with said they found it easy to get an appointment. All eight patients told us they were satisfied overall with the service they received from the practice and particularly commented on the caring and friendly nature of staff.

- Information was available to help patients understand the complaints system. A printed leaflet about how to make a complaint was available to help patients understand the system if they had a concern. Information about making a complaint was also published on the practice website.
- The practice had recruited two new GP partners and made significant improvements in its performance during the previous year. We saw that the areas of concern raised during the previous CQC inspection had been rectified. The practice had a supporting business plan and was committed to continue addressing the challenges it faced.

The areas where the practice should make improvements are:

- Assure itself that newly appointed staff members have completed the training required to work safely.
- Continue to review QOF performance in order to target areas for improvement.
- Continue to encourage patients to engage with cervical, breast and bowel screening programmes.
- Improve care planning for mental health patients.
- Continue to review patient satisfaction results and take measures to improve these.

**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?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events. Incidents and significant events were discussed at monthly meetings where all staff came together to ensure learning outcomes were shared.
- We saw that there were measures in place to safeguard children and vulnerable adults from abuse, and these were in line with current legislation and requirements. Staff we spoke with demonstrated that they understood their safeguarding responsibilities and knew how to escalate concerns.
- The practice had a system in place for managing patient safety alerts issued by external agencies including the Medicines and Healthcare products Regulatory Agency (MHRA). We checked a sample of recent alerts and saw that action had been taken as a result.
- We saw evidence that when things went wrong with care and treatment, any patients affected were informed of the incident and received a written apology.
- There were arrangements to respond appropriately to emergencies and major incidents.

### Are services effective?

The practice is rated as requires improvement for providing effective services. While arrangements had improved since the previous inspection on 7 June 2016 the practice's performance for patients with mental health issues, long term conditions, and working aged people, was still significantly lower than average.

Requires improvement



- The practice assessed patient 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.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were similar to or lower than CCG and national averages. The most recent published results (for 2015/2016) showed the practice had achieved 80% of the total number of points available, compared with the Clinical Commissioning Group (CCG) and the national averages of 95%.

# Summary of findings

The practice provided evidence of their QOF data for the year 2016/2017 which was not yet published which showed their overall achievement had increased to 87%, a significant improvement.

- There was evidence of quality improvement including clinical audit. The practice also participated in benchmarking and best practice sharing with other local GPs.
- The induction programme for non-clinical staff did not include safeguarding training. The practice manager told us that newly appointed non-clinical staff did not work unsupervised until all of their mandatory training had been completed. We were provided with evidence immediately following the inspection that all staff had completed this training, and that the induction programme had also been updated to include this.
- All staff had received an appraisal and four supervision sessions within the last 12 months.
- Staff sought patients' consent to care and treatment in line with legislation and guidance.

## Are services caring?

The practice is rated as requires improvement for providing caring services. Though the practice had taken steps to improve patient experience since the previous inspection on 7 June 2016, there was little evidence of impact. There was also a lack of action to improve patient experiences of consultations with clinical staff.

- We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.
- The National GP Patient Survey, published in July 2016, showed that not all patients were satisfied with how they were treated. The practice was above average for its satisfaction scores on consultations with nurses; whereas scores for GPs and reception staff were generally below average.
- The practice was keen to improve patient satisfaction and had been working through an action plan to recover this during 2016 in spite of operating with a reduced number of clinicians. The practice carried out a patient questionnaire at both the main location and the branch site during December 2016. The results of the survey showed a significant improvement in patient satisfaction overall.
- Although there was no data available to reflect more recent improvements to customer service and the appointment system, two patients we spoke with on the day of the inspection did particularly comment that access to appointments had improved during the past six months and all eight patients we spoke with said they found it easy to get an

## Requires improvement



# Summary of findings

appointment. All eight patients told us they were satisfied overall with the service they received from the practice and particularly commented on the caring and friendly nature of staff.

- We received five patient comment cards which all commented on the friendly and caring attitudes of reception staff and expressed confidence in the GPs.
- The practice made information available to patients with a range of needs to ensure they could be informed about their care.
- When things went wrong with care and treatment the practice took action to notify the patients involved and offer support if appropriate.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- 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.
- Telephone consultations, longer appointments, home visits and same day appointments were made available to patients who needed them.
- The practice was a member of a local federation and had recently delivered additional clinics as part of its General Practice Improving Access Winter Pressure Scheme. This allowed patients registered with other practices within the federation to attend the clinics, which were held during January and February when there was an additional demand on appointments.
- Results from the National GP Patient Survey showed that patients' satisfaction with how they could access care and treatment was similar to or lower than local and national averages.
- Information was available to help patients understand the complaints system. A printed leaflet about how to make a complaint was available to help patients understand the system if they had a concern. Information about making a complaint was also published on the practice website.

Good



## Are services well-led?

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

- The practice had recruited two new GP partners and made significant improvements in its performance during the

Good



# Summary of findings

previous year. We saw that the areas of concern raised during the previous CQC inspection had been rectified. The practice had a supporting business plan and was committed to continue addressing the challenges it faced.

- Staff we spoke with understood their roles and responsibilities, and there was a clearly defined structure.
- Staff told us the practice held monthly whole practice and clinical staff meetings. We were provided with copies of meeting minutes which were available for staff to review.
- Staff told us there was an open door policy and that they found the practice manager and GP partners professional and approachable.
- The practice was proactive in seeking to engage with and obtain feedback from patients, the public and staff.

# 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 was responsive to the needs of older people, and offered home visits, longer appointments and urgent appointments for those with enhanced needs.
- We spoke with a senior team member at one care home which had a patient registered with the practice. They told us that the practice responded to visit requests on the same day and medicine requests within 24 hours.
- The practice offered flu vaccinations to patients aged over 75.
- The practice held monthly multidisciplinary care team meetings which the district nurses attended to discuss older patients who received home visits.

### People with long term conditions

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

Requires improvement



- The practice offered combined clinics to patients who had multiple long term conditions.
- Longer appointments and home visits were available when needed.
- Clinicians had lead roles in managing long term conditions such as diabetes, and liaised with a diabetes consultant and Diabetes UK. Patients had access to a diabetes specialist nurse and a dietician through the practice.
- Performance for indicators related to long term conditions was below average, but there was evidence of improvement. For example, QOF data published for 2015/2016 showed that the percentage of patients on the diabetes register in whom the last measured cholesterol was within an acceptable range was 63%, lower than the CCG and national averages of 80%. The unpublished data for 2016/17 showed that the practice's performance for this indicator had improved to 72%. Clinicians were working collaboratively with a diabetes specialist in an effort to better control the condition in its patient group.
- The percentage of patients with hypertension in whom the last blood pressure reading measured within an acceptable range in the preceding 12 months was 66%, compared with the CCG average of 83% and the national 87%. The unpublished data for 2016/17 showed that the practice's performance for this indicator had improved to 74%.



# Summary of findings

## Families, children and young people

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

Good



- Appointments were accessible outside of school hours and the practice offered same day appointments for children.
- The practice liaised with local health visitors monthly to coordinate care for families, and the practice used alerts to identify children on their child protection and safeguarding registers.
- Childhood immunisation rates for the vaccinations given were higher than average. For example, for the vaccinations given to under two year olds the practice had surpassed the nationally required vaccination rate of 90%, scoring between 94% and 96% in all indicators. The practice achieved an overall score of 9.5 out of 10, compared with the national average score of 9.1.

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

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

Requires improvement



- Patients could access telephone consultations in addition to face to face consultations.
- Patients could register with the online booking service to book routine GP appointment and order repeat prescriptions at a time that was convenient for them.
- Appointments were pre-bookable two weeks in advance as well as on the day.
- The practice was a member of a local federation which allowed patients who worked during normal opening hours to be referred to services provided by several nearby Extended Hours Hubs. These offered appointments from 6.30pm to 9pm on weekdays as well as during variable hours on Saturday and Sunday mornings.
- 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.
- The practice's uptake for the cervical screening programme was 69% during the QOF year 2015/2016, which was below the CCG average of 81% and the national average of 81%. Unpublished data for the year 2016/17 showed that the practice's uptake of cervical screening had improved to 74%. The practice encouraged uptake by offering a variety of appointments and

# Summary of findings

ensuring a female sample taker was available. The practice was also working with input from a local cytology lead to help improve this, and had introduced a new a poster campaign to help raise awareness.

## People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

- Longer appointments were available for patients with a learning disability.
- The practice met monthly with other health care professionals to manage the care of patients living in circumstances that made them vulnerable.
- The practice informed vulnerable patients how to access relevant support groups and voluntary organisations.
- Staff we spoke with demonstrated their awareness of how to recognise signs of abuse in vulnerable adults. Staff were aware of their safeguarding responsibilities and knew how to contact external agencies to report concerns.
- The practice had no travellers or homeless people on their patient list at the time of our visit but explained their protocols to register people from these groups.

Good



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

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

- Performance for mental health related indicators were below average. For instance, 75% of patients with schizophrenia, bipolar affective disorder and other psychosis had their alcohol consumption recorded in the previous 12 months, compared with an 89% average across the CCG and nationally. The unpublished data for 2016/17 showed that the practice's performance for this indicator had improved to 83%.
- 67% of patients with schizophrenia, bipolar affective disorder and other psychoses had had a comprehensive, agreed care plan documented in the record in the preceding 12 months. This was lower than the CCG average of 86% and the national average result of 89%. The unpublished data for 2016/17 showed that the practice's performance for this indicator had dropped further to 57%.
- Clinical staff at the practice liaised with local multi-disciplinary teams to provide continuity of care to patients experiencing poor mental health, including those with dementia.

Requires improvement



# Summary of findings

- Patients experiencing poor mental health were given information about how to access support groups and voluntary organisations.
- The practice had previously undergone a building survey by a local dementia lead and had made improvements to the premises as a result. Practice staff had also completed dementia friends training to increase their awareness and understanding of the illness.

# Summary of findings

## What people who use the service say

The national GP patient survey results reviewed during the inspection were published in July 2016. The results showed that patient satisfaction with the practice was mixed. 303 survey forms were distributed and 100 were returned. This represented a 33% completion rate and 1% of the practice's patient list.

- 76% of patients found it easy to get through to this practice by phone compared to the Clinical Commissioning Group (CCG) average of 73% and the national average of 73%.
- 80% of patients were able to get an appointment to see or speak to someone the last time they tried, compared to the CCG average of 83% and the national average of 85%.
- 67% of patients described the overall experience of this GP practice as good compared to the CCG average of 84% and 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 CCG average of 75% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received five comment cards which all commented on the friendly and caring attitudes of reception staff and expressed confidence in the GPs.

We spoke with eight patients during the inspection, all of whom gave positive feedback about the standard of care they had received from the practice. Patients commented that appointment availability had improved over the previous six months, and all said they were able to get an appointment in an emergency. Patients felt they had enough time during their consultations and said they were given information and options for their care and treatment where appropriate. Patients gave positive feedback about staff at the main premises but opinions were mixed regarding staff attitudes at the branch site.

The practice had been working to establish a patient participation group (PPG), and had so far recruited one member who had agreed to act as chairperson. The chairperson told us the practice was committed to listening to patients and acting on feedback, and was happy with the standard of care they received.

We spoke with a senior team member at one care home which had a patient registered with the practice. They provided very positive feedback about the practice, and told us that they responded quickly to requests and all the staff were helpful and caring.

## Areas for improvement

### Action the service **SHOULD** take to improve

- Assure itself that newly appointed staff members have completed the training required to work safely.
- Continue to review QOF performance in order to target areas for improvement.
- Continue to encourage patients to engage with cervical, breast and bowel screening programmes.
- Improve care planning for mental health patients.
- Continue to review patient satisfaction results and take measures to improve these.

# Longford Primary Care Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

A CQC Lead Inspector and included a GP specialist advisor, a practice nurse specialist advisor and a second CQC Inspector.

## Background to Longford Primary Care Centre

Longford Primary Care Centre provides primary healthcare services to patients in the Longford area of Coventry under a General Medical Services (GMS) contract with NHS England.

The practice is based within the Longford Primary Care Centre and shares modern facilities with other local health services. The building has a car park and accessible facilities for patients with disabilities.

The practice has one branch surgery located at Bell Green Health Centre in the Bell Green area of Coventry. The branch was not visited as part of this inspection.

Longford Primary Care Centre has a patient list size of 7,914 including some patients who live in four local care homes. The patient population age range is broadly in line with the national average, and there is a high level of social deprivation and a shorter than average life expectancy in the locality. The practice patient list includes a higher than average population of patients from black and minority ethnic backgrounds. There is also a slightly higher than average population receiving Disability Living Allowance, and a larger than average Sikh community.

The practice has expanded its contracted obligations to provide some enhanced services to patients. An enhanced

service is above the contractual requirement of the practice and is commissioned to improve the range of services available to patients. For example, the practice offers the childhood vaccination and immunisation scheme and minor surgery.

The practice partnership currently consists of three male GPs. The practice was operating with a reduced number of GPs until recently, and the clinical team continues to use a long term male locum GP in addition to the partnership. The team also includes three female practice nurses and is supported by a practice manager and 12 administrative staff.

Longford Primary Care Centre's reception operates between 8am and 6.30pm on Monday, Tuesday, Wednesday and Friday. It is open 8am to 1pm on Thursdays. The branch mirrors these hours and a range of appointments are available at both locations between these times. On Thursday afternoons a telephone triage service is provided by West Midlands Ambulance Service and any urgent requests are referred to one of the GP partners who remains on call. The practice was a member of the Coventry and Rugby GP Alliance and could refer patients to services provided by several nearby Extended Hours Hubs. These offer appointments from 6.30pm to 9pm on weekdays as well as during variable hours on Saturday and Sunday mornings.

There are further arrangements in place to direct patients to the out-of-hours NHS 111 service when the practice is closed.

## Why we carried out this inspection

We carried out an announced comprehensive inspection of Longford Primary Care Centre on 7 June 2016 under

# Detailed findings

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 services, and as requires improvement for providing effective, caring, responsive and well-led services.

We also issued two requirement notices to the provider in respect of safe care and treatment and good governance. We undertook a follow up announced comprehensive inspection on 3 May 2017 to check whether action had been taken to comply with these legal requirements.

## 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 3 May 2017. During our visit we:

- Spoke with staff and patients.
- Reviewed five patient comment cards.
- Reviewed the practice's policies and procedures.
- Carried out visual checks of the premises, equipment, and medicines stored on site.

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 7 June 2016, we rated the practice as inadequate for providing safe services. This was because arrangements for maintaining a sufficient supply of emergency medicines were not adequate and because the practice had not fully addressed the risks associated with patients prescribed high risk medicines. Arrangements to assess and mitigate risks to health and safety were also inadequate, the practice's approach to safety alerts was inconsistent and there were gaps in the practice's recruitment procedures.

These arrangements had significantly improved when we undertook a follow up inspection on 3 May 2017. The practice is now rated as good for providing safe services.

### Safe track record and learning

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

- Staff were aware of the procedure for reporting incidents and had access to a policy and recording form on the practice's computer system. They told us they would inform the practice manager of any incidents. 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.
- The practice recorded eight significant events from May 2016 to May 2017. We reviewed the practice's significant event log, which included a summary of each event, the action taken, analysis of why the event happened and what lessons had been learned, along with action taken to prevent further instances where appropriate. We saw that appropriate action had been taken by the practice. For example, staff had received further training as a result of an incident which resulted in a patient complaint.
- Significant events were a regular standing item on the practice's monthly meeting agendas. The practice had also completed an annual audit of significant events that occurred between April 2016 and March 2017 to consolidate learning.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident and received a written apology.

- The practice received safety alerts issued by external agencies, for example from the Medicines and Healthcare products Regulatory Agency (MHRA) and The National Institute for Health and Care Excellence (NICE). During our previous inspection alerts were circulated and discussed informally, but there was no system to ensure any alerts requiring action were responded to. The practice manager and GPs now received these by email and circulated them to relevant staff. The practice manager also maintained a log of alerts received and the action taken to ensure these were acted upon where necessary. Clinical staff discussed these on the day if urgent action was required, as well as during monthly meetings. We checked a sample of recent alerts and saw that these had been properly dealt with.

### Overview of safety systems and processes

- The practice's arrangements to safeguard children and vulnerable adults from abuse reflected current legislation and local requirements. Policies were accessible to all staff and outlined who to contact for further guidance if there were concerns about a patient's welfare. There was a lead member of staff for safeguarding and staff we spoke with demonstrated that they understood their responsibilities. All staff had received training on safeguarding children and vulnerable adults relevant to their role. For example, GPs and nurses had completed level three safeguarding training in respect of child protection. Non-clinical staff had completed safeguarding training to level two in addition to the level one training required for their roles. Safeguarding was a standing item on the practice's monthly meeting agenda.
- Posters were displayed in the patient waiting area and in treatment rooms to inform patients that chaperones were available. It was the practice policy for the practice nurses to act as chaperones when they were available, but all non-clinical staff had received training to allow them to conduct this role if necessary. All members of staff 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. We saw that the premises were visibly clean and tidy. One of the practice nurses had been appointed infection control lead for the practice.



## Are services safe?

Staff had received infection control training as part of their induction and the infection control lead had attended updates during protected learning time. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

- The practice logged the temperatures of fridges for medicines that required cold storage, to ensure that the correct temperature was maintained. We looked at a sample of the medicines stored and found that had these had been rotated and had not passed their expiry date. Staff knew what action to take if cold storage medicines deviated from the recommended temperature range, and we were shown evidence of a recent significant event of this nature that had been properly managed.
- There were procedures to ensure the security of prescription stationery was managed and that usage was monitored. Clinicians were responsible for ensuring repeat prescription requests were dealt with and ensuring medicine reviews were conducted at the required intervals. Uncollected prescriptions were returned these to the GPs for review to ensure that any patients who needed their medicine urgently were contacted.
- Staff told us that they kept non-patient areas and clinical rooms locked when they were not in use. Staff removed computer access cards when they left their computers unattended. Paper patient records were securely stored in lockable cabinets in an area that was not accessible to the public.
- The GPs had made suitable arrangements to protect patients who were prescribed high risk medicines (medicines that have a high risk of causing patient harm if they are not monitored closely), some of whom also received treatment from specialists in their particular illness under shared care agreements. During our previous inspection the system for managing high risk medicines did not adequately monitor patient safety. The practice had since developed an algorithm for guidance on prescribing with the support of the local medicines management team. The practice ran a search on a set day every month to identify the patients prescribed each type of high risk medicine, and GPs reviewed secondary care monitoring results to confirm they were satisfactory. There was a protocol for GPs to

follow before repeat prescriptions were issued, to ensure this was appropriate. We reviewed an example of an algorithm and checked a sample of records, and we were satisfied that monitoring was up to date.

- The practice had adopted Patient Group Directions (PGDs) to let nurses administer medicines in line with legislation. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.
- During our inspection in June 2016 we found gaps in the information the practice had recorded in two staff files in relation to conduct in previous employment and proof of identity. One long serving staff member's file also did not contain evidence of a risk assessment regarding whether a criminal records check should be undertaken. During our recent inspection we reviewed three staff files and were satisfied that they contained documentation which evidenced that appropriate recruitment checks had been undertaken before staff commenced employment. For example the practice had obtained references, proof of identity, qualifications, registration with the appropriate professional body for clinical staff, and DBS checks. All members of staff had received a Disclosure and Barring Service (DBS) check to ensure they were safe to work with patients.

### Monitoring risks to patients

- Policies and procedures were used to identify and control any potential risks to patient and staff safety. During the previous inspection there was no evidence that a health and safety risk assessment been carried out for the premises. We saw that an annual health and safety premises risk assessment had since been implemented, and the practice's health and safety policy had been recently updated in April 2017. Additionally all staff had been provided with an Employee Safety Handbook. There was a fire procedure and an annual fire risk assessment which had last been completed in February 2017. The practice had provided all staff with fire safety training including two staff who were trained to act as fire marshalls. We saw evidence that fire drills and fire alarm tests had been undertaken. The practices fire extinguishers were last checked in November 2016.
- The practice arranged for electrical equipment to be checked at regular intervals to ensure it was safe to use. We saw records which showed that portable appliances



## Are services safe?

had recently been tested in December 2016. We checked a sample of equipment to confirm this. Clinical equipment had been calibrated in June 2016 to ensure that it was working correctly. There was a record of Legionella testing carried out in September 2016. Legionella is a term for a particular bacterium which can contaminate water systems in buildings. The practice used a variety of other risk assessments and regular professional visits in place to monitor safety of the premises, such as control of substances hazardous to health and infection control.

- A water temperature risk assessment for legionella had been conducted. Legionella is a term for a particular bacterium which can contaminate water systems in buildings.
- A rota system was used for members of non-clinical staff to ensure an adequate number were always available to patients. Clinical staff took annual leave on a rotational basis.

### **Arrangements to deal with 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. Staff also had a panic button installed in all clinical rooms and on key fobs for use if they required urgent assistance. Flow charts in the reception area directed staff in the event of a medical emergency.
- We saw that all staff had received annual basic life support training.
- On the inspection in June 2016 it was noted that the practice did not store an adequate supply of emergency medicines on site, and that some of the emergency equipment available was out of date. This had been rectified. A supply of oxygen with adult's and children's masks was available for use in the event of an emergency, as well as a defibrillator with adult's and children's pads. We checked that the equipment was properly stored and items had not passed their expiry date. This equipment was checked by staff regularly to ensure it was in good working order. A first aid kit and an accident book were also available.
- The practice also had a suitable supply of emergency medicines on site which were stored in a secure area of the practice which staff could easily access when required. We saw evidence that staff carried out a monthly check of emergency medicines to confirm they were present and had not passed their expiry date
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. The GPs and practice manager all kept hard copies of the plan off site so that the information was always available.

# Are services effective?

(for example, treatment is effective)

## Our findings

At our previous inspection on 7 June 2016, we rated the practice as requires improvement for providing effective services. This was because the practice's performance was lower than local and national averages for patient outcomes and there was no targeted quality improvement programme in place. The outcomes of patients' care and treatment were not always monitored regularly and we saw gaps in the processes for ensuring staff remained suitable to work with patients.

These arrangements had improved when we undertook a follow up inspection on 3 May 2017, but the practice's performance for patients with mental health issues, long term conditions, and working aged people was still significantly lower than average. The practice is 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, such as National Institute for Health and Care Excellence (NICE) best practice guidelines. Staff could access to up to date guidelines via the NICE website. New guidance was discussed at clinical meetings, to ensure the care and treatment provided met patients' needs. We checked a sample of recent updates and saw that action had been taken, for example by conducting clinical audits.

### 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 recently published results from 2015/2016 showed the practice had achieved 80% of the total number of points available, which was lower than the CCG and national averages of 95%. The practice provided evidence of their QOF data for the year 2016/2017 which was not yet published and this had increased to 87%.

One of the GP partners was the QOF lead for the practice and took responsibility for monitoring its performance. A member of non-clinical staff had also been appointed as a prescription-clerk to support the achievement of QOF targets and improved outcomes for patients.

For the QOF year 2015/2016, the practice's exception reporting was higher than the CCG and national averages in respect of indicators for depression, dementia, cancer and mental health. 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. The practice told us that they had recognised these areas for improvement and made a concerted effort to improve during the previous year. QOF data was reviewed monthly and patients were invited for a review, as well as opportunistically discussing this with patients during routine appointments. As a result the practice had significantly reduced its exception reporting, and we saw unpublished data during the inspection that showed exception reporting for depression and mental health had reduced to 1%, and for cancer and dementia to 0%.

The 2015/2016 QOF data for Longford Primary Care Centre showed lower than average results, but unpublished data we were provided evidence of for 2016/2017 showed improvements had been made in most areas:

- Performance for diabetes related indicators was below the national average. For example, the percentage of patients with diabetes, on the register, in whom the last blood pressure reading was within the target range was 52%, significantly lower than the CCG average of 79% and the national average of 78%. The practice had exception reported 5% of patients, significantly lower than the CCG average of 12% and the national average of 13%. The unpublished data for 2016/17 showed that the practice's performance for this indicator had improved to 60%. The percentage of patients with diabetes, on the register, in whom the last measured cholesterol was within an acceptable range was 63%, again lower than the CCG average of 80% and the national average which was also 80%. The practice had exception reported 5% of patients, significantly lower than the CCG average of 12% and the national average of 13%. The unpublished data for 2016/17 showed that the practice's performance for this indicator had improved to 72%. Clinicians were working

# Are services effective?

## (for example, treatment is effective)

collaboratively with a diabetes specialist in an effort to better control the condition in its patient group. The practice provided unpublished data following the inspection that showed exception reporting for diabetes overall had reduced to 1%.

- Performance for mental health related indicators were also consistently below the national average. For instance, 67% of patients with schizophrenia, bipolar affective disorder and other psychoses had had a comprehensive, agreed care plan documented in the record in the preceding 12 months. This was lower than the CCG average of 86% and the national average result of 89%. Exception reporting was higher than average at 27%, compared with the CCG average of 10% and the national average of 13%. The unpublished data for 2016/17 showed that the practice's performance for this indicator had dropped further to 57%. 75% of patients with schizophrenia, bipolar affective disorder and other psychosis had their alcohol consumption recorded in the previous 12 months, compared with an 89% average across the CCG and nationally. The practice had exception reported 17% of patients, higher than the CCG average of 8% and the national average of 10%. The unpublished data for 2016/17 showed that the practice's performance for this indicator had improved to 83%. The practice provided unpublished data following the inspection that showed exception reporting for patients with depression had reduced to 1%.
- The percentage of patients with asthma who had a review undertaken including an assessment of breathlessness in the preceding 12 months was 69%, lower than the CCG figure of 77% and the national 76%. The practice had exception reported 16% of patients, higher than the CCG average of 11% and the national average of 12%. The unpublished data for 2016/17 showed that the practice's performance for this indicator had improved to 85%. The practice provided unpublished data following the inspection that showed exception reporting for patients with asthma had reduced to 1%.
- The percentage of patients with hypertension in whom the last blood pressure reading measured within an acceptable range in the preceding 12 months was 66%, compared with the CCG average of 83% and the national 87%. The practice had exception reported 12% of patients, in line with the CCG average of 12% and the national average of 10%. The unpublished data for 2016/17 showed that the practice's performance for this

indicator had improved to 74%. The practice provided unpublished data following the inspection that showed exception reporting for patients with hypertension had reduced to 1%.

There was evidence of quality improvement including clinical audit.

- We saw evidence of three clinical audits the practice had completed over the previous year, two of which were planned full cycle audits to be re-completed later in the year. The GP Specialist Advisor reviewed these and found them to be of a high quality, showing evidence of planning, measuring outcomes and implementing change.
- The practice identified areas for audit in response to NICE updates and prescribing guidelines as well as through clinical interest.
- The practice also participated in benchmarking.
- The practice used its findings to improve services for patients. For example an audit was carried out in relation to prescribing guidelines by reviewing their prescribing practice for particular medicines and taking action where any discrepancies were identified. This helped to ensure that patients received care in line with current best clinical practice.

### Effective staffing

- The practice had a comprehensive employee handbook and an induction programme for all newly appointed staff. The induction covered such topics as fire safety, health and safety and confidentiality. The induction programme for non-clinical staff did not include safeguarding training. This meant that some members of recently appointed non-clinical staff had not completed safeguarding training. The practice manager told us that newly appointed non-clinical staff did not work unsupervised until all of their mandatory training had been completed. The practice manager maintained a staff training log to track this. We were provided with evidence immediately following the inspection that all staff had completed this training, and that the induction programme had also been updated to include this.
- Clinical staff that administered vaccines and took samples for the cervical screening programme had completed training which included a competency assessment. Those who administered vaccines used online updates to stay up to date with changes to immunisation programmes.

# Are services effective?

## (for example, treatment is effective)

- Appraisals, meetings and discussions, and learning from significant events were used to identify training needs. All staff had received an appraisal within the last 12 months. Staff had access to online learning as well as in-house and external courses.
- The practice facilitated and supported the revalidation process for GPs and the practice nurse.
- The practice helped to facilitate revalidation for GPs and nurses.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

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. Multidisciplinary meetings took place with other health care professionals on a monthly basis to review 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 (MCA). The MCA provides a legal framework for acting and making decisions on behalf of adults who lacked the capacity to make decisions for themselves. Written consent for minor surgery was recorded.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support during consultations by reviewing hospital discharge letters. They maintained registers of specific patient groups including carers, patients nearing the end of life, those with a learning disability and those with a mental health issue.

The practice's uptake for the cervical screening programme was 69%, which was below the CCG average of 81% and the national average of 81%. Unpublished data for the year 2016/17 showed that the practice's uptake of cervical screening had improved to 74%. The practice explained how they encouraged uptake of the screening programme by offering appointments on a variety of dates and times and ensuring a female sample taker was available. The practice was working with input from the recently appointed Coventry Cytology Lead to help improve cytology screening. The practice told us they had introduced a new a poster campaign to help improve screening rates. 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 with women who were referred as a result of abnormal results.

Uptakes for breast and bowel cancer screening were lower than average, with 48% of the targeted patient group screened for bowel in the last 30 months compared with the CCG rate of 57% and the national average of 58%. The practice had screened 62% of targeted patients for breast cancer, again lower than the CCG average achievement of 70% and the national 73%. The practice had made a display area in the waiting room with the assistance of a staff member from the Breast Screening Unit at the local hospital. Clinical staff told us they were pro-active in advising patients of the importance of screening, and also discussed this with patients attending for NHS Health checks.

Childhood immunisation rates for the vaccinations given were higher than average. For example, for the vaccinations given to under two year olds the practice had surpassed the nationally required vaccination rate of 90%, scoring between 94% and 96% in all indicators. The practice achieved an overall score of 9.5 out of 10, compared with the national average score of 9.1.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

# Are services effective?

(for example, treatment is effective)

NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

At our previous inspection on 7 June 2016, we rated the practice as requires improvement for providing caring services. This was because patient satisfaction scores were below average for reception staff and consultations with GPs. The practice was not proactive in identifying and supporting carers within the patient population.

We undertook a follow up inspection on 3 May 2017, during which we saw that the practice had taken steps to improve patient experience but that as yet there was little evidence of the impact of these changes. There was also a lack of action to improve patient experiences of consultations with clinical staff. The practice is now rated as requires improvement 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.

- The practice had installed curtains in consulting and treatment rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Clinical staff closed consultation and treatment room doors during patient consultations, and conversations taking place in these rooms could not be overheard.
- Reception staff told us that they offered patients a private room to discuss their needs if required.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received five comment cards which were entirely positive, and all commented on the friendly and caring attitudes of reception staff and expressed confidence in the GPs. Two of the comment cards described the service they received from the practice as excellent.

We spoke with eight patients during the inspection, all of whom gave positive feedback about the standard of care they had received from the practice. Patients gave positive feedback about staff at the main premises but opinions were mixed regarding staff attitudes at the branch site.

We spoke with a senior team member at one care home which had a patient registered with the practice. They commented that the reception team were very polite and the GPs were thorough and nice.

The National GP Patient Survey, published in July 2016, showed that not all patients were satisfied with how they were treated. The practice was above average for its satisfaction scores on consultations with nurses; whereas scores for GPs and reception staff were generally below average. For example:

- 67% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 63% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%.
- 85% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 64% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average of 85%.
- 94% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and the national average of 91%.
- 75% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

The practice was keen to improve patient satisfaction and had been working through an action plan to recover this during 2016 in spite of operating with a reduced number of clinicians. The practice carried out a patient questionnaire at both the main location and the branch site during December 2016. There were 192 responses to the survey in total which the practice used to conduct a patient satisfaction audit which analysed the responses and also the difference between their two sites. The results of the survey showed that over 85% of patients rated the practice either good, very good, or excellent. 93% of patients responding to the survey said they would recommend the practice to friends.

The practice had also used the survey results to identify a number of areas where further action could be taken and created a further action plan which was due to be completed in May 2017. The actions included additional training in customer service and complaints, a new website to promote the use of online access for patients, and the creation of an appointment availability rota to redistribute some appointments from the branch site to the main



## Are services caring?

location. The practice planned to complete the survey and a second audit in December 2017 to measure the effectiveness of the improvements. Although there was no data available to reflect these more recent improvements to customer service and the appointment system, two patients we spoke with on the day of the inspection did particularly comment that access to appointments had improved during the past six months and all eight patients said they found it easy to get an appointment. All eight patients told us they were satisfied overall with the service they received from the practice and particularly commented on the caring and friendly nature of staff.

### Care planning and involvement in decisions about care and treatment

The five patient comment cards we received did not specifically comment on their involvement in decisions about their care, but comments about clinical staff were positive. The eight patients we spoke with said that they were given information and options for their care and treatment where appropriate.

Results from the national GP patient survey showed patients were not always happy with their involvement in planning and making decisions about their care and treatment though. For example:

- 62% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 49% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and the national average of 82%.
- 85% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG and national averages of 85%.

Staff told us that translation services were available for patients who did not have English as a first language. A number of different information leaflets were available to inform patients about services available.

### Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area. These told patients how to contact support groups and organisations for a variety of long term physical conditions and mental health services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 91 patients as carers (1.1% of the practice's patient list). The practice had only ten carers on its register during our previous inspection in June 2016, so this was a significant improvement. The practice had achieved this by writing to patients who may have a carer to prompt contact. A representative from a local carer's clinic had visited the practice to give a presentation to staff, to increase their awareness of carers. Written information was available to direct carers to the various avenues of support available to them, and this was also provided in different languages to make it more accessible. The practice's new website also provided information and allowed patients to register themselves as carers electronically.

Staff told us that if families had suffered bereavement their GP contacted them by phone to discuss their needs and invite them to attend a consultation. The practice also carried out a monthly audit of patient deaths, which it used to identify and follow up with bereaved families at regular interviews.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

At our previous inspection on 7 June 2016, we rated the practice as requires improvement for providing responsive services. This was because patients' satisfaction with how they could access care and treatment was below average in some areas and people told us on the day of the inspection that they often found it difficult to get through to the practice by phone.

These arrangements had significantly improved when we undertook a follow up inspection on 3 May 2017. The practice 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.

- Patients could access telephone consultations in addition to face to face consultations. Appointments could be booked over the telephone, in person and online.
- Same day appointments were provided for children and patients who needed an urgent consultation.
- Longer appointments were available for patients who required them, including those with a learning disability, older patients, and patients with multiple or complex medical conditions.
- The practice offered home visits for older patients and patients whose clinical needs made it difficult to attend the practice.
- The practice was a member of a local federation and could refer patients to services provided by several nearby Extended Hours Hubs. These offered appointments from 6.30pm to 9pm on weekdays as well as during variable hours on Saturday and Sunday mornings.
- The practice had also recently delivered additional clinics as part of the federation's General Practice Improving Access Winter Pressure Scheme. This allowed patients registered with other practices within the federation to attend the clinics, which were held during January and February when there was an additional demand on appointments.

- There were disabled toilet facilities and step free access to assist patients with physical disabilities, and a hearing loop for patients who used hearing aids.
- The practice used a translation service for consultations with patients who did not speak or understand English with confidence, and non-clinical staff we spoke with knew how to arrange this.
- Patients were able to obtain travel vaccinations available on the NHS and including those only available privately.
- The practice had previously undergone a building survey by a local dementia lead and had made improvements to the premises as a result. Practice staff had also completed dementia friends training to increase their awareness and understanding of the illness.
- The practice did not have a female GP, but occasionally made a female locum available for patients who preferred this.
- The practice was keen to improve patient satisfaction and had carried out an audit which analysed responses to a patient questionnaire distributed in December 2016. The practice had used this to identify a number of areas where improvements could be made and created an action plan to achieve this. For example staff were completing additional training in customer service and complaints, and a new website had been launched to promote the use of online access for patients. One of the GP partners was also leading on an appointment availability rota to redistribute appointments from the branch site to the main location as needed. The practice planned to conduct the survey again and re-audit in December 2017 to measure the effectiveness of the improvements.

### Access to the service

The practice was open between 8am and 6.30pm on Monday, Tuesday, Wednesday and Friday. It opened from 8am to 1pm on Thursdays. The branch maintained the same hours during which a range of appointments were available at both locations. On Thursday afternoons a telephone triage service provided by West Midlands Ambulance Service directed any urgent requests to one of the GP partners who remained on call. The practice was a member of the Coventry and Rugby GP Alliance and could refer patients to services provided by several nearby Extended Hours Hubs which operated between 6.30pm and 9pm on weekdays, and for variable hours on Saturday



# Are services responsive to people's needs?

## (for example, to feedback?)

and Sunday mornings. There were also arrangements to direct patients to the out-of-hours NHS 111 service when the practice was closed from 6.30pm to 8am. In addition to pre-bookable appointments that could be made up to two weeks in advance, urgent appointments were also available on the same day for people who needed them.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was in line with or lower than local and national averages:

- 76% of patients said they could get through easily to the practice by phone, in line with the CCG average of 73% and the national average which was also 73%.
- 63% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and the national average of 76%.
- 80% of patients were able to get an appointment to see or speak to someone the last time they tried, compared to the CCG average of 83% and the national average of 85%.

The practice had also completed its own patient survey in December 2016. Of 192 patients who responded, 93% said they found it easy to get through to the practice by phone.

Patients commented that appointment availability had improved over the previous six months, and all said they were able to get an appointment in an emergency.

We spoke with a senior team member at one care home which had a patient registered with the practice. They told us that the practice responded to visit requests on the same day and medicine requests within 24 hours.

There was an established system for reception staff to assess the urgency of each patient's need for medical attention when handling appointment requests. In cases

where the urgency of need was supposed to be so great that an emergency appointment or home visit would not be appropriate the reception team phoned an ambulance for the patient and explained this to them.

### Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns.

- The complaints policy and procedures used supported recognised guidance and contractual obligations for GPs in England.
- The practice manager was the complaints lead for the practice, and involved the senior GP partner in all complaint resolutions.
- A printed leaflet about how to make a complaint was available to help patients understand the system if they had a concern. Information about making a complaint was also published on the practice website.
- We reviewed nine complaints received over the previous 12 months and saw evidence that the practice had investigated these and responded to complaints in writing and within their target timeframe. Eight of the complaints had been received in writing and one verbally. Staff told us that when concerns were raised verbally, they made a record of the issue raised and added details to the patient's record also to ensure staff were aware of any preferences or important circumstances. Reception staff told us that if they resolved a verbal concern they informed the practice manager about it, and escalated any complaints or concerns that they were not able to resolve.
- The practice had carried out an annual review of complaints and analysed recurring issues. As a result it had created an action plan to improve in these areas. Learning from complaints had been shared with staff and complaints were a standing item on the monthly staff meeting agenda.

# 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 7 June 2016, we rated the practice as requires improvement for providing well led services. This was because the practice did not have effective systems to enable them to identify, assess and mitigate risk. The systems used to assess and monitor the quality of the service being provided were also not effective.

These arrangements had significantly improved when we undertook a follow up inspection on 3 May 2017. The practice is now rated as good for providing well led services.

### Vision and strategy

The practice had values to deliver good quality care to patients in a timely way, and staff we spoke with demonstrated their commitment to this.

The practice had recruited two new GP partners and made significant improvements in some areas of its performance during the previous year. We saw that the main areas of concern raised during the previous CQC inspection had been rectified, though the practice was still working on areas such as patient satisfaction and elements of its clinical performance. The practice had a supporting business plan and was committed to continue address the challenges it faced.

### Governance arrangements

The practice had a set of governance arrangements which support of the delivery of its future plans and good quality care.

- Staff we spoke with understood their roles and responsibilities, and there was a clearly defined structure to ensure everyone knew how to report information to the lead members of staff.
- The practice had a range of policies which were specific to the practice, and which all staff were able to access. We saw examples of how these were used, for example to handle incidents and complaints.
- Practice meetings were held monthly and were used as a forum to discuss significant events and complaints. Clinical staff also met monthly to review clinical issues.

- The practice used benchmarking and clinical audit to monitor its performance and quality of service. Outcomes were used to identify areas for improvement and implement changes.
- Processes were in place to manage risks and protect staff and patients from harm.

### Leadership and culture

The inspection team met with the GP partners who demonstrated that they had the knowledge and experience needed to operate the practice effectively. Staff told us there was an open door policy and that they found the practice manager and GP partners professional and approachable. We noted that the practice had experienced significant difficulties during 2016 with unexpected bereavement, a GP leaving and retirement of a GP. During that time the practice worked to achieve adequate GP cover and in January 2017 they had a full complement of clinical staff. Since that time they had started to implement systems and processes to improve the service, and unpublished data for 2016/17 QOF indicated an improvement which they reported should increase further over the next year.

The practice had systems in place to ensure their compliance with the requirements of the duty of candour. The duty of candour is a specific legal requirement that providers of services must follow when things go wrong with care and treatment. The practice manager encouraged a culture of openness and honesty, and there were systems in place for knowing about notifiable safety incidents.

The practice had a system for dealing with sudden or accidental safety incidents:

- The practice provided reasonable support, information and a verbal and written apology to the people affected.
- The practice kept records of serious events and discussed and revisited these at meetings to consolidate learning outcomes.

There was a clear leadership structure and staff said they were supported by management:

- We interviewed a range of staff during the inspection, who told us that there was an open culture within the practice and they were able to approach management directly if they wanted to discuss anything.

# Are services well-led?

Good 

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

- Staff said they felt appreciated and respected in their roles, and would be able to suggest ideas for improvements if they wished to.
- The practice held monthly meetings that included all staff, and offered an opportunity for all members to contribute to the meeting agenda if there was anything they wished to raise.

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

The practice actively tried to engage with and obtain feedback from patients, the public and staff:

- The practice used the NHS Friends and Family Test to gather patient feedback, and had also carried out an audit which analysed responses to a patient questionnaire distributed in December 2016. There were 192 responses to the survey in total. The results of the survey showed that over 85% of patients rated the practice either good, very good, or excellent. 93% of patients responding to the survey found it easy to get through to the practice by phone and would recommend the practice to friends. The practice also used the results to identify a number of areas where

further action could be taken and create an action plan. The actions included additional training in customer service and complaints, a new website to promote the use of online access for patients, and the creation of an appointment availability rota to redistribute some appointments from the branch site to the main location. Two patients we spoke with on the day of the inspection did particularly comment that access to appointments had improved during the past six months. All eight patients told us they were satisfied overall with the service they received from the practice.

- The practice had been attempting to set up a patient participation group and had recruited a chairperson, but was still trying to attract additional members. We saw signs in the patient waiting area encouraging people to join. We spoke with the chairperson member who told us that the practice was committed to listening to and acting on patient opinions.
- The practice collected internal feedback through regular staff meetings, appraisals and informal discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.