

South Wigston Health 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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at South Wigston Health Centre on 22 April 2015. The overall rating for the practice was requires improvement. The full comprehensive report on the April 2015 report can be found by selecting the 'all reports' link for South Wigston Health Centre on our website at www.cqc.org.uk.

This inspection was an announced comprehensive carried out on 31 January 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 22 April 2015. This report will cover all the five key questions and include our findings in relation to those requirements and additional improvements made since our last inspection.

Following the most recent inspection we found that overall the practice was still rated as requires improvement. We acknowledged that improvements had been made but further work was required.

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

- There was a system in place for reporting and recording significant events. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded and reviewed although this was not always in depth so that learning could be maximised.
- At this recent inspection we found that risks to patients were now well assessed. However we found that some processes for the management of risks to patients and others against inappropriate or unsafe care were not effective. For example, maintenance of the cold chain and review of temperature monitoring of the refrigerators used to store vaccines, patient specific directions and some areas of infection control.
- Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Data showed patient outcomes were above local and national average.

Summary of findings

- Clinical audits had been carried out but further information was required to evidence the improvements to patient outcomes and shared learning with the practice team.
- Patients were positive about their interactions with staff and said they were treated with compassion dignity and respect.
- 95% of patients who responded to the national patient survey in July 2016 had confidence and trust in the last GP they saw. Only 39% of patients said they could get through easily to the practice by phone compared to the CCG average of 67% and national average of 73%. This was 20% worse than the results from the January 2015 survey.
- Comments cards we reviewed and patients we spoke with told us that the appointment systems were not working well. They did not find it easy to make an appointment with a named GP but urgent appointments were available the same day.
- The national patient survey results had not been reviewed and actions put in place to improve the areas of concerns identified by the patients registered at the practice.
- Information about services and how to complain was available and easy to understand.
- There was a leadership structure in place and staff felt supported by management.
- The provider was aware of and complied with the requirements of the duty of candour.
- The governance framework currently in place to support the delivery of strategy and good quality care need to be reviewed.

The areas where the provider must make improvements are:

- Implement governance arrangements to ensure appropriate systems are in place for assessing and monitoring the quality of services provided. For example, maintenance of the cold chain and review of temperature monitoring of the refrigerators used to store vaccines, authorisations for staff to administer medicines and some areas of infection control. Improve the process in place to ensure staff training is monitored and all staff are up to date with mandatory training appropriate to their role.

- Ensure there are formal governance arrangements in place including systems for assessing and monitoring risks and the quality of the service provision. Gather patient views and experiences to ensure the services provided reflect the needs of the population served and ensure flexibility, choice and continuity of care.
- Develop ways to monitor impact and improve patient satisfaction with particular regard to phone access and routine appointments.

In addition the provider should:

- Ensure sharps bins are assembled, signed, dated and replaced as per national guidance.
- Monitor the triage call back system to evidence the prioritisation of clinical need.
- Review and develop the current systems in place to ensure all clinicians are kept up to date with national guidance and guidelines.
- Improve the process for clinical meeting minutes to include audits and updates on NICE guidance.
- Ensure there is information for carers available in the practice.
- Ensure policies and procedures include information such as date, date of review and name of responsible person.
- Put an action plan in place in response to information from the national patient survey, East Leicestershire and Rutland CCG listening booth comments.
- Review the current processes in place for the recording and reporting of themes and trends from significant events and complaints, review of safeguarding registers and the use of special patient notes.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

In addition to this I have issued a warning notice to the practice in regard to Regulation 17 Good Governance which the practice will have had to comply with by 5 May 2017.

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 requires improvement for providing safe services.

Requires improvement



- The practice had made improvements to the system for significant events. All information was now kept on a new computer management system called Intradoc 247.
- One significant event had been reported to the National Reporting and Learning System (NRLS) which is a central database of patient safety incident reports. Further work was required to ensure that incidents discussed in meeting minutes go through the SEA process where appropriate.
- The practice had a summary of significant events available and themes were evident but trends had not been identified and actions put in place. In meeting minutes we reviewed we did not see evidence of wider learning. Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Although the risks to patients who used the service were assessed, the systems and processes to address these issues were not implemented well enough to always keep patients safe. For example, maintenance of the cold chain. Fridge thermometers were not being checked and reset correctly on a daily basis to ensure that vaccines and medicines were stored at the appropriate temperature. Actions had not been taken when the temperatures were above the recommended guidance.
- The patient specific directions authorising staff to give medicines and vaccines did not include enough information to ensure they were always administered safely.

Are services effective?

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

Requires improvement



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff told us they assessed needs and delivered care in line with current evidence based guidance but minutes of meetings we reviewed did not reflect this.

Summary of findings

- Clinical audits had taken place. More work was required to evidence the improvement in patient outcomes and the shared learning with the practice team
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- The system and process in place for training did not ensure all staff training was monitored and all staff were up to date with training appropriate to their role. For example, adult safeguarding, fire safety and information governance.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- All of the 42 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service
- There were some improvements in the national patient survey, however some results remained slightly lower than the clinical commissioning group (CCG) and national average.
- Patients we spoke with said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

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

Requires improvement



- Although the practice had reviewed the needs of its local population, it had not put in place a plan to secure improvements for all of the areas identified.
- The practice offered extended hours on a Monday to Thursday from 7.30am to 8am and 6.30pm to 7pm for working patients who could not attend during normal opening hours.
- Feedback from patients and comments cards we reviewed reported that access to appointments were still not available quickly, although urgent appointments were usually available the same day.

Summary of findings

- At this inspection we reviewed patient feedback from the July 2016 patient survey results. We found that 21 areas out of 23 were below CCG and national average. Only 39% of patients said they could get through easily to the practice by phone compared to the CCG average of 67% and national average of 73%. This was 20% worse than the results from the January 2015 survey.
- The practice had a system in place for complaints. Learning from complaints was shared with staff. A summary of complaints was available and themes were evident but trends had not been identified and actions put in place.

Are services well-led?

The practice is rated as requires improvement for being well-led.

- Since the last inspection we found that the practice had put an organisational and document management system in place called Intradoc247 where most of the evidence and governance records were stored. We found a lot of improvements had been made as a result of the last CQC inspection. However some governance processes still required improvement and some were not always adhered to.
- We saw that clinically the partners in the practice demonstrated they had the experience, capacity and capability to deliver quality care.
- Most risks to patients were now well assessed. However some processes in place for the management of risks to patients and others against inappropriate or unsafe care were not effective. For example, maintenance of the cold chain and review of temperature monitoring of the refrigerators used to store vaccines, authorisations for staff to administer medicines and some areas of infection control.
- Systems and processes to monitor and identify training needs of staff were still not effective. However appraisals had taken place since the last inspection.
- Regular meetings were now held and minuted. However meeting minutes we looked at required more detail and did not include discussions on NICE guidance and audits
- Steps had been taken to improve services for patients, for example, in access to appointments and in patients being able to get through to the practice by phone. When we spoke with the management team emphasis was placed on the possible move to new premises, but this was not a certainty and more work was required to improve patient access in the intervening period.

Requires improvement



Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice had a number of policies and procedures to govern activity, but some of these required further information.
- The patient reference group (PRG) was active.

Summary of findings

The six population groups and what we found

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

Older people

Following this inspection we found overall the practice was still rated as requires improvement. Safe, Effective, Responsive and Well-led are rated as requires improvement. Caring is rated as good.

These ratings applied to everyone using the practice, including this population group.

The practice is therefore rated as requires improvement for the care of older people.

However we did see examples of good practice:

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice told us they had a close working relationship with a local care home. A GP took overall lead and completed weekly ward rounds for patients registered with the practice.
- The practice had links with the integrated care team. They worked in partnership to prevent and manage long term conditions.
- The practice provided same day access to 2% of their most vulnerable patients.

5% of patients who had been assessed as being at risk had care plans which was above the required national target of 2%.

Requires improvement



People with long term conditions

Following this inspection we found overall the practice was still rated as requires improvement. Safe, Effective, Responsive and Well-led are rated as requires improvement. Caring is rated as good.

These ratings applied to everyone using the practice, including this population group.

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

However we did see examples of good practice:

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.

Requires improvement



Summary of findings

- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less was 86.1% which was 4.5% below the CCG average and 5.2% below the national average.
- The percentage of patients with asthma, on the register, who had had an asthma review in the preceding 12 months that includes an assessment of asthma was 82% which was 8.4% above the CCG average and 6.4% above the national average. Exception reporting was 18.1% which was 6.2% above the CCG average and 10.2% above national average.
- Longer appointments and home visits were available when needed.
- All patients had a named GP and a structured annual review to check their health needs were being met. Longer appointments were available. 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.
- 61% of patients have received a medication review for polypharmacy (on four medicines or more).
- The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening. 62% of patients eligible had attended for bowel cancer screening which was slightly below the CCG average of 64 % but above the national average of 58%. 76% of patients eligible had attended for breast cancer screening which was below the CCG average of 82% but above national average of 72%.

Families, children and young people

Following this inspection we found overall the practice was still rated as requires improvement. Safe, Effective, Responsive and Well-led are rated as requires improvement. Caring is rated as good.

These ratings applied to everyone using the practice, including this population group.

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

However we did see examples of good practice:

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances and those who had child protection plans.
- Appointments were available outside of school hours.

Requires improvement



Summary of findings

- Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 90% to 95% and five year olds from 93% to 99%.
- The practice's uptake for the cervical screening programme was 81% which was comparable to the CCG average of 82% and the national average of 81%. The practice ran a report every four months and send out reminders to those that have not attended.
- The practice offered a weekly walk-in family planning clinic.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- The practice worked closely with Family Steps – an organisation which offered support and advice to families, children and young people.

Working age people (including those recently retired and students)

Following this inspection we found overall the practice was still rated as requires improvement. Safe, Effective, Responsive and Well-led are rated as requires improvement. Caring is rated as good.

These ratings applied to everyone using the practice, including this population group.

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

However we did see examples of good practice:

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- 64% of patients registered with the practice are working age people.
- Extended practice hours were available Monday to Thursday 7.30am to 8am and 6.30pm to 7pm.

Requires improvement



People whose circumstances may make them vulnerable

Following this inspection we found overall the practice was still rated as requires improvement. Safe, Effective, Responsive and Well-led are rated as requires improvement. Caring is rated as good.

Requires improvement



Summary of findings

These ratings applied to everyone using the practice, including this population group.

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

However we did see examples of good practice:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- From data the practice sent us only 10% of patients with a learning disability had received a review in the last 12 months.
- 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.

People experiencing poor mental health (including people with dementia)

Following this inspection we found overall the practice was still rated as requires improvement. Safe, Effective, Responsive and well-led are rated as requires improvement. Caring is rated as good.

These ratings applied to everyone using the practice, including this population group.

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

However we did see examples of good practice:

- 81% of people experiencing poor mental health had received an annual physical health check in the last 12 months.
- From data the practice sent us only 38% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months.
- From data the practice sent us only 18% of patients diagnosed with depression had their care reviewed in a face to face meeting in the last 12 months.
- 94% of people who were vulnerable, for example, dependent on drugs and alcohol had received an annual physical health check in the last 12 months.

Requires improvement



Summary of findings

- The practice had a lead GP who worked closely with Turning Point, an organisation that supported vulnerable patients.
- 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 told patients experiencing poor mental health about how to access various support groups and voluntary organisations. For example, Turning Point.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results showed the practice was performing well below the local and national averages. 251 survey forms were distributed and 44% were returned. This represented 1.24% of the practice's patient list.

- 39% of patients found it easy to get through to this practice by phone compared to the CCG average of 67% and national average of 73%.
- 72% 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 87% and national average of 76%.
- 73% of patients described the overall experience of this GP practice as good compared to the CCG average of 84% and national average of 85%.

- 54% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG and 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 42 comment cards which were all very positive about the standard of care received. 16 had added a negative comment in regard to the difficulties they still had in getting an appointment and for some getting through to the practice by telephone.

We spoke with seven patients during the inspection. All seven patients said they were very satisfied with the care they received and thought staff were approachable, supportive and caring. They also told us that some staff go above and beyond and take time to listen with care and compassion. Four also expressed the problems they had getting through by phone and the availability of appointments if you did not get through to the practice at 8.30am.

Areas for improvement

Action the service **MUST** take to improve

- Implement governance arrangements to ensure appropriate systems are in place for assessing and monitoring the quality of services provided. For example, maintenance of the cold chain and review of temperature monitoring of the refrigerators used to store vaccines, authorisations for staff to administer medicines and some areas of infection control. Improve the process in place to ensure staff training is monitored and all staff are up to date with mandatory training appropriate to their role.
- Ensure there are formal governance arrangements in place including systems for assessing and monitoring risks and the quality of the service provision. Gather patient views and experiences to ensure the services provided reflect the needs of the population served and ensure flexibility, choice and continuity of care.

- Develop ways to monitor impact and improve patient satisfaction with particular regard to phone access and routine appointments.

Action the service **SHOULD** take to improve

- Ensure sharps bins are assembled, signed, dated and replaced as per national guidance.
- Monitor the triage call back system to evidence the prioritisation of clinical need.
- Review and develop the current systems in place to ensure all clinicians are kept up to date with national guidance and guidelines.
- Improve the process for clinical meeting minutes to include audits and updates on NICE guidance.
- Ensure there is information for carers available in the practice.
- Ensure policies and procedures include information such as date, date of review and name of responsible person.

Summary of findings

- Put an action plan in place in response to information from the national patient survey, East Leicestershire and Rutland CCG listening booth comments.
- Review the current processes in place for the recording and reporting of themes and trends from significant events and complaints, review of safeguarding registers and the use of special patient notes.

South Wigston Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a practice nurse specialist adviser and a practice manager specialist adviser.

Background to South Wigston Health Centre

South Wigston Health Centre is a GP practice which provides a range of primary medical services under a GMS contract to around 9,000 patients from a surgery in Wigston, Leicestershire.

South Wigston Health Centre is in an area of high socio-economic deprivation. The practice has a large number of patients with chronic co-morbidity. Co-morbidity is the presence of one or more additional disorders or diseases.

The practice's services are commissioned by East Leicestershire and Rutland Clinical Commissioning Group (ELR CCG). A CCG is an organisation that brings together local GP's and experience health professionals to take on commissioning responsibilities for local health services.

The service is provided by 7 GP's (4 female and 3 male), two part-time practice nurse, three health care assistants, one practice manager, one assistant practice manager, three administration staff and 10 receptionists.

The practice has one location registered with the Care Quality Commission (CQC) which is South Wigston Health Centre, 80 Blaby Road, Leicester. LE18 4SE.

The property in which South Wigston Health Centre occupy a number of rooms is owned by NHS Property Services. It is a single storey building with a small car park used by the health centre.

The practice is open between 8am and 12.30pm and 1.30pm to 6.30pm from Monday to Friday.

The reception desk is open from 8.30am to 12.30am and 1.30pm to 6.30pm. The emergency telephone line is open from 8am to 6.30pm Monday to Friday. Appointments were available from 8.30am until 11 am and from 3pm to 6 pm on weekdays.

Extended hours appointments were offered Monday to Thursday 7.30am to 8am and 6.30pm to 7pm.

In addition to pre-bookable appointments that could be booked up to one week in advance, urgent appointments were also available for people that needed them.

South Wigston Health Centre have opted out of providing out-of-hours services (OOH) to their own patients. The OOH service is provided to Derbyshire Health United.

The practice is a GP training practice. GP Trainees are qualified medical practitioners who receive specialist training in General Practice.

In April 2015 we had carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. At that inspection we found the practice requires improvement overall but specifically the rating for providing a safe, responsive and well led service. We carried out this further comprehensive inspection to ensure that sufficient improvement.

At our last inspection we also found the practice was registered incorrectly with the Care Quality Commission. Since then the provider had taken the necessary action and was now registered correctly.

Detailed findings

Why we carried out this inspection

In April 2015 we had carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. That inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. At that inspection we found the practice requires improvement overall but specifically the rating for providing a safe, responsive and well led service. We carried out this further comprehensive inspection to ensure that sufficient improvement had been made.

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 5 July 2016. During our visit we:

- Spoke with a range of staff and spoke with patients who used the service.
- Observed how patients were being interacted with and talked with family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.

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

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

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

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

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

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

Are services safe?

Our findings

At our previous inspection on 22 April 2015 we rated the practice as requires improvement for providing safe services as the practice were unable to demonstrate a safe track record over the long term. We found that the practice did not have processes in place to prioritise safety, identify risks and improve patient safety such as a process to learn from significant events near misses or complaints. The practice did not have a risk log and had not carried out assessments to identify risks and improve patient safety. The practice did not have a robust system in place for the dissemination of safety alerts or to ensure that actions were taken where appropriate. We issued a requirement notice in respect of these issues.

We found improvements had been made at a follow up inspection on 31 January 2017. However further work was required in respect some areas of infection control and the management of risk to patients who are registered with the practice.

The practice is still rated as requires improvement for providing safe services.

Safe track record and learning

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

We found the practice had made improvements to the system for significant events. All information was now kept on a new computer management system called Intradoc 247. The practice had a summary of significant events in which nine had been recorded for 2016. When we looked at the intradoc system we found 11 significant event forms. We reviewed five and found that investigations had taken place and actions had been identified. One significant event had been reported to the National Reporting and Learning System (NRLS) which is a central database of patient safety incident reports. A further significant event had been reported under Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR). We saw documentation of the event which had been investigated and actions put in place. In meeting minutes of 22 September 2016 we saw a description of an issue in regard to the scanning of patient records which fitted the criteria for a significant event but we did not see any evidence that this had been recorded and actions put in place.

- The practice had a summary of significant events available and themes were evident but trends had not been identified and actions put in place. In meeting minutes we reviewed we did not see evidence of wider learning. Since the inspection we have been told by the practice that they plan to do an annual report in July 2017.
- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and found that a new system was in place where all GP partners read and reviewed the alerts. Searches were carried out and action taken where appropriate. However we did not see evidence in meeting minutes where these were regularly discussed with the exception of 19 December 2016 where we saw the GP partners had discussed an alert received in regard to a medicine where dosage had been changed to improve its efficacy. Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There were two GP partner leads for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. We saw that the safeguarding registers needed an update to ensure that they only included current safeguarding and not historical concerns that

Are services safe?

had now been resolved. The management team told us they would review and update the register. GPs were trained to child protection or child safeguarding level 3 and nurses to level 2. A notice in the waiting room advised patients that chaperones were available if required.

- All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS)
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. A GP was the infection control clinical lead. Spot checks of cleaning were carried out by the external cleaning company but the practice did not undertake any themselves. There was an infection control policy in place and most staff had received up to date training. Annual infection control audits had been completed in December 2015 and January 2017. Patients we spoke with and comments cards we reviewed told us that although the building could do with an upgrade they found the practice clean and had no concerns about cleanliness or infection control.
- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The system in place for the management of high risk medicines such as warfarin, methotrexate and other disease modifying drugs, which included regular monitoring in accordance with national guidance was effective. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Medicines were stored securely and were only accessible to authorised staff.
- The systems and processes in place for the maintenance of the cold chain were not effective. We found that on some occasions the three refrigerators had not been reset after a reading had been taken. We found vaccines stored on the floor of the refrigerator which did not allow air to circulate around them and was against recommended guidance.
- The practice had data loggers in all three vaccine refrigerators. A data logger is a self-contained, miniature computer that continuously monitors refrigerator temperature, records the temperature at pre-set intervals and stores the data until it is downloaded to a

standard computer. Fridge temperatures had been recorded as out of safe range on more than fifty occasions, there were some occasions when the rationale or action taken was not recorded. Therefore the practice could not demonstrate the integrity and quality of the medicines were not compromised.

- The practice used cool bags when they carried out child vaccinations and immunisations for influenza and pneumonia. These cool bags could be out in the practice for one to three hours dependent on the clinic. On the day of the inspection we were unsure if these were validated cool bags (carriers). The practice did not monitor the maximum and minimum temperature whilst they were in use which is a recommendation of Public Health England. They did not mark vaccines removed for an external session before returning them to the refrigerator to ensure they were used at the earliest opportunity.
- We found urine specimens where kept in the small vaccine refrigerator overnight. We spoke with the management team and asked them to ensure that this was stopped immediately after the inspection.
- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription (PSD) or direction from a prescriber. They were not fully detailed and did not contain route of administration, dose or frequency of vaccination.
- Appropriate recruitment checks had been undertaken prior to employment.

Monitoring risks to patients

Most risks to patients were now assessed but some were not well managed.

- The practice was located in a health centre that was shared with other services and was maintained by NHS property services. We saw evidence that maintenance was undertaken as required, for example for gas, electric and fire safety systems.) and general clinical area environment.

Are services safe?

- An external company carried regular monthly fire checks of the whole building, for example, fire alarm, emergency lighting and fire equipment. Staff within the GP practice also carried out regular weekly and monthly of fire equipment and emergency fire exits.
- The practice had a fire safety policy. It did not identify who the fire officer and fire wardens within the practice. Some staff had not had recent fire safety training. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- The practice now had a policy which was implemented for the management, testing and investigation of legionella. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- A new practice nurse was due to start the day of the inspection which would then give the practice three part time practice nurses and three health care assistants.
- The meeting minutes we reviewed did not show that risks were discussed at GP partners' meetings and within team meetings.
- An instant messaging system was on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff had received annual basic life support training in 2016. Further training was planned for 2017.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- We saw the practice had a first aid kit and accident book were available. It had a contents list dated 4 January 2013 and no expiry dates or signatures to say when it was last checked. One dressing pack we found was out of date.
- 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.
- The practice had a comprehensive service continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Arrangements to deal with emergencies and major incidents

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

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 22 April 2015 we rated the practice as good for providing effective services. However we found that there had been no appraisals for staff for three years and little support for any additional training that may be required. Reference to National Institute for Care and Health Excellence guidance was shared with some staff. The practice had completed 7 audits but only one was a completed cycle.

Effective needs assessment

The practice told us they assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The management team who told us that they often had informal discussions when discussing individual patients. They told us they would ensure that future meeting minutes would include discussions of relevant NICE guidelines.

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 for 2015/16 were 97.6% of the total number of points available, with 11% exception reporting which was 1% above CCG average and 1.2% above 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).

For example:

- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less was 86.1% which was 4.5% below the CCG average and 5.2% below the national average. Exception reporting was 6.2% which was 0.3% above CCG average and 0.7% above national average.
- The percentage of patients with asthma, on the register, who had had an asthma review in the preceding 12 months that includes an assessment of asthma was

82% which was 8.4% above the CCG average and 6.4% above the national average. Exception reporting was 18.1% which was 6.2% above the CCG average and 10.2% above national average.

- The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less was 82% which was 0.9% below the CCG average and national average. Exception reporting was 6.3% which was 2.2% above the CCG average and 2.4% above national average.
- The percentage of patients with COPD who had had a review, undertaken by a healthcare professional was 89.6% which was 1.9% above the CCG average and the same as the national average. Exception reporting was 24.8% which was 9.9% above the CCG average and 13.3% above the national average.
- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 90.5% which was 10% above the CCG average and 6.7% the national average. Exception reporting was 8.7% which was 0.7% above the CCG average and 1.9 above the national average.

The practice was aware of all the areas where performance was not in line with national or CCG figures and the GPs told us they continued to address them. South Wigston Health Centre were in an area of high socio-economic deprivation and had a large number of patients with chronic co-morbidity. Co-morbidity is the presence of one or more additional disorders or diseases.

There was evidence of quality improvement including clinical audit. There had been six clinical audits completed in the last two years, three of these were completed audits where some improvements made were implemented and monitored. We spoke with the management team who acknowledged that more work was required to evidence the improvement in patient outcomes and the shared learning with the practice team, for example, the nursing team.

The practice told us they had a number of ongoing projects to improve patient safety and look at efficient and cost effective prescribing. For example, the prescribing of a medicine for neuropathic pain. Patients had been changed to a recommended brand in line with national guidance.

Are services effective?

(for example, treatment is effective)

The practice were looking at the recall of patients who received shared care medicines. The aim was to ensure they had timely blood tests. This was ongoing at the time of the inspection.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. We saw a reception training schedule which covered a number of areas including health and safety, office tasks and information governance. The practice had an online training programme which had role specific training which covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long term conditions such as diabetes and hypertension, cervical cytology and immunisations.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs.
- Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received appraisals in 2016 and further appraisals were planned in 2017.

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.
- The practice had 26 patients on a palliative care register. The practice had sent us the figures which stated that only 5% had received an annual review. The practice had palliative care meetings. These were internal as well as multidisciplinary meetings to discuss the care and support needs of patients and their families. Multi-disciplinary palliative care meetings were held every two months. They were attended by a number of GP's, nurses (practice, community and specialist) and social care.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The practice carried out minor surgery clinics once a week. We saw that consent had been obtained and was evident in patient's records we reviewed on the day of the inspection. The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

Are services effective?

(for example, treatment is effective)

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their smoking, drug and alcohol cessation and social care to support families. Patients were signposted to the relevant service.
- Patients were also given advice on how to refer to podiatry and improving access to physiological therapies (IAPT).
- The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG average of 82% and the national average of 81%. The practice run a report every four months and send out reminders to those that have not attended.

The practice also encouraged its patients to attend national screening programmes for bowel and breast

cancer screening. 62% of patients eligible had attended for bowel cancer screening which was slightly below the CCG average of 64 % but above the national average of 58%. 76% of patients eligible had attended for breast cancer screening which was below the CCG average of 82% but above national average of 72%.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 90% to 95% and five year olds from 93% to 99%.

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.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 42 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff approachable, supportive and caring. They also told us some staff went above and beyond and took time to listen with care and compassion.

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

Results from the July 2016 national GP patient survey showed mixed results on how patients felt they were treated with compassion, dignity and respect. Most results were below CCG and national average for its satisfaction scores on consultations with GPs and nurses. For example:

- 85% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%. These results were the same as the survey in January 2015.
- 84% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%. These results were the same as the survey in January 2015.

- 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%. This had improved by 3% on the results from January 2015 survey.
- 85% 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% national average of 85%. These results were the same as the survey in January 2015.
- 78% 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 national average of 91%. These results were the same as the survey in January 2015.
- 76% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%)

We spoke with the practice manager who was not aware of the national patient survey data and had not reviewed it and put actions in place.

Care planning and involvement in decisions about care and treatment

Comments cards we reviewed and patients we spoke with told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

Results from the national GP patient survey showed patients did not respond positively to questions about their involvement in planning and making decisions about their care and treatment. Results were below local and national averages. For example:

- 84% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%. This had improved by 6% since the survey in January 2015. .
- 76% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and national average of 82%. This had improved by 4% since the survey in January 2015.

Are services caring?

- 78% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 82% and national average of 85%. This had improved by 2% since the survey in January 2015.

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Patient Information leaflets were available in the waiting area of the health centre and outside the clinical rooms of the GP practice. For example, suggestions, comments and complaints, friends and family testing, travel vaccines, patient participation group (PPG).

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 106 patients as carers (1.19% of the practice list). On the day of the inspection we did not see any written information available to direct carers to the various avenues of support available to them and no information on the practice website.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 22 April 2015 we rated the practice as requires improvement for providing responsive services as the arrangements in respect of patient feedback in regard to appointments and recording, investigating and learning from complaints needed improving. We issued a requirement notice in respect of these issues.

Whilst we found improvements at a follow up inspection on 31 January 2017, further work was required. The practice therefore remains as requires improvement for providing responsive services.

Responding to and meeting people's needs

Although the practice had reviewed the needs of its local population, it had not put in place a plan to secure improvements for all of the areas identified.

- The practice offered extended hours on a Monday to Thursday from 7.30am to 8am and 6.30pm to 7pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS.
- There were disabled facilities and a hearing loop available.

At this inspection we reviewed patient feedback from the July 2016 patient survey results. Most areas were below CCG and national average. However these results were 2-3% above the January 2015 patient survey in most areas apart from getting through by phone which had deteriorated to 39%.

We also looked at the NHS choices website and found that there were three negative reviews about appointments. The practice had not responded to any of the reviews. We spoke to seven patients. Four patients said it was difficult to get through by phone and get an appointment.

East Leicestershire and Rutland Clinical Commissioning Group (ELRCCG) visited the practice on 2nd and 7 November 2016 to hear the views of patients registered at the practice. A Listening Booth allowed staff from the CCG to speak to patients and carers about their experiences at the GP practice. Of 26 patients, 6 were positive about the appointment system. Patients said they were happy with the choice of flu clinics, appointment booking system and one also said how easy it was to get an appointment when they call at 8:30am, they could be seen by 10am. Many patients reported finding it difficult to get through on the phone at 8.30am especially on a Monday morning. Some patients reported that when they do get through, they were told that the appointments have gone for that day. Other patients reported that they walk to the surgery to book appointments in person rather than calling up.

Access to the service

The practice is open between 8am and 12.30pm and 1.30pm to 6.30pm from Monday to Friday. The reception desk is open from 8.30am to 12.30am and 1.30pm to 6.30pm. The emergency telephone line is open from 8am to 6.30pm Monday to Friday. Appointments were available from 8.30am until 11 am and from 3pm to 6 pm on weekdays. Same day appointments accounted for 40% of those available.

Extended hours appointments were offered Monday to Thursday 7.30am to 8am and 6.30pm to 7pm. These appointments were staggered during the week to ensure that all patient population groups had the opportunity to book appointments to suit their lifestyle.

In addition to pre-bookable appointments that could be booked up to one week in advance, urgent appointments were also available for people that needed them.

Results from the July 2016 national GP patient survey showed that patient's satisfaction with how they could access care and treatment were below local and national averages.

- 66% of patients were satisfied with the practice's opening hours compared to CCG average of 74% and the national average of 76%. This was 1.5% worse than the results from the January 2015 survey.
- 39% of patients said they could get through easily to the practice by phone compared to the CCG average of 67% and national average of 73%. This was 20% worse than the results from the January 2015 survey.

Are services responsive to people's needs?

(for example, to feedback?)

Four of the seven people who we spoke with on the day of inspection said the appointment system had not improved since the practice had put changes in place. Getting through by telephone and speaking to a receptionist could take up to 30 minutes but the telephone system did tell them what number they were in a queue.

Most patients we spoke with and comments cards we reviewed were not satisfied with the appointments system and said it was not easy to get an appointment. They confirmed that on most occasions they could see a doctor on the same day if they felt their need was urgent although this might not be their GP of choice. One told us that they had often used the local walk in centre when they could not get an appointment at the practice

The practice had taken several actions to address the issues regarding access, additional telephone lines had been added, hours had been extended and appointments could be booked online. A duty doctor system is also available from 8am to 6.30pm to triage according to clinical need.

Following the change to appointments the practice did an audit on Did not attend (DNA) and cancellations over 2015 and 2016. They found that the DNA rate had slightly reduced by 0.5.% and cancelled appointments by 2%.

Listening and learning from concerns and complaints

At this inspection we found:-

- The complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system e.g. summary leaflet and on the practice website.

The practice had received 39 complaints from January to December 2016. We looked at three complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way.

A summary of complaints was available and themes were evident but trends had not been identified and actions put in place. In meeting minutes we reviewed we saw evidence of wider learning. The practice had a complaints procedure which states an annual review of complaints will take place and a report will be produced with any learning issues or changes to procedures which may have arisen. Since the inspection we have been told by the practice that they plan to do an annual report for complaints in July 2017.

Are services well-led?

Requires improvement 

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

Our findings

At our previous inspection on 22 April 2015, we rated the practice as requires improvement for providing well-led services as there was no overarching governance structure.

We issued a requirement notice in respect of these issues. Whilst we found improvements at a follow up inspection on 31 January 2017, further work was required. The practice therefore remains as requires improvement for well-led.

Vision and strategy

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

They told us they had plans in place to build a new practice which would enable them to have a more purpose built practice and expand on the services they provide for patients. Discussions would take place on succession planning for a GP and practice manager.

- On the practice website the practice describe their ethos is to provide good medical care whilst offering patients personal caring attention.

Governance arrangements

The practice had put an organisational and document management system in place called Intradoc247 where most of the evidence and governance records were stored.

We found:-

- The practice had made improvements to the system for significant events and complaints since the last inspection. A summary was available but themes and trends had not been recorded as per the practice policies and meeting.
- Systems and processes in place in regard to infection control were now effective. The practice had carried out an audit in January 2017 and had actions identified.
- Emergency equipment and medicines were now in a secure area of the practice.
- Some processes in place for the management of risks to patients and others against inappropriate or unsafe care needed were not effective. For example, maintenance of the cold chain and review of temperature monitoring of the refrigerators used to store vaccines, some areas of infection control and authorisations to administer some medication.

- The use of special patient notes had not been continued since an out of hours service had changed provider in May 2016.
- Despite the practice making changes to telephone access and appointments they still received a negative comments in regard to both these areas.
- Quality improvement including clinical audit took place but we saw limited evidence of discussion and wider learning shared with all clinical staff.
- Safeguarding Coding needed to be updated to ensure it was current and when patients are discussed a note added to the patient record.
- Regular meetings were now held and minuted. However meeting minutes we looked at required more detail and did not include discussions on NICE guidance and audits.
- We saw that the practice had completed significant work to improve policies and procedures, some further work was required.

Leadership and culture

The partners demonstrated they had the experience, capacity and capability to deliver quality care. They told us they prioritised safe and compassionate care. We saw evidence that the systems and processes for the management of risk, maintenance of equipment and staff appraisals had improved. There was evidence of steps taken to improve services for patients, for example, in access to appointments and in patients being able to get through to the practice by phone.

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

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

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

Are services well-led?

Requires improvement 

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

- The partners in the practice were visible in the practice and staff told us that most were approachable and always take the time to listen to all members of staff.
- Staff told us and we saw evidence that the practice held regular team meetings. The practice had external and internal practice learning time meetings. We saw meeting minutes where discussion of significant events, complaints and training took place.
- Staff we spoke with told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. They also told us they felt involved and engaged in the practice to improve outcomes for both staff and patients.

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

The practice encouraged feedback from patients. It had an active patient reference group (PRG) and gathered feedback from patients through the PRG surveys and complaints received. (A PRG is a group of patients registered with a practice who work with the practice to improve services and the quality of care).

We spoke with the chairperson of the PRG and they were very positive about the role they played and told us they felt engaged with the practice.

The national patient survey results had not been reviewed and actions put in place to improve the areas of concerns identified by the patients registered at the practice.

The practice had a General Practice Assessment Questionnaire (GPAQ) survey for 2016 but the practice had only received 36 responses (0.4% of the patients registered at the practice).

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice.

Since the last inspection the practice had introduced a management system called Intradoc247 which enabled them to have a central area where all documentation could be kept and accessed by key staff.

The practice had commenced practice learning time (PLT) afternoons where the practice was closed and all staff could attend for training and updates. In 2016 they had four internal and four external PLT's where staff got the opportunity to discuss significant events, complaints and undertake further training.

A further practice nurse had been recruited and was due to commence her role on 1st February 2017.

Customer Service training was planned for the reception team.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 17 HSCA (RA) Regulations 2014 Good governance
Family planning services	The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users.
Surgical procedures	This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Treatment of disease, disorder or injury	