Care Quality Commission

Dr Narendra Patel

Inspection 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 location	Good
Are services safe?	Good
Are services effective?	Requires improvement
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Good

Overall summary

This practice is rated as Good overall. (The previous rating on 15 December 2017 was requires improvement).

The key questions at this inspection are rated as:

Are services safe? – Good

Are services effective? – Requires improvement

Are services caring? – Good

Are services responsive? – Good

Are services well-led? - Good

We previously carried out an announced comprehensive inspection at Dr Narendra Patel on 15 December 2017. The overall rating for the practice was requires improvement with requires improvement in safe, effective and well led and good in caring and responsive. Breaches of legal requirements were found and requirement notices were served in relation to safe care and treatment, good governance and staffing. The full comprehensive report on the December 2017 inspection can be found by selecting the 'all reports' link for Dr Narendra Patel on our website at www.cqc.org.uk.

We carried out an announced comprehensive follow up inspection at Dr Narendra Patel on 16 October 2018 to follow up on breaches of regulations we found at our previous inspection.

At this inspection we found:

- The practice had introduced systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice had appropriate systems to safeguard children and vulnerable adults from the risk of abuse. However, there were no processes in place for the practice to reconcile their safeguarding registers with the health visiting team.
- There had been improvements in the recruitment process however, the recruitment policy did not fully reflect legal guidance.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. However, the care provided to patients near the end of their life was not delivered according to evidence-based guidelines or supported through a coordinated approach between services.
- The practice worked with Age UK to provide 'The 80 Plus Service'. The service provided social support and liaison with other services.
- Unverified data showed that care and treatment provided for patients with asthma and high blood pressure was in line with the national average however, some care indicators for patients with diabetes or patients experiencing poor mental health remained below national averages.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system very easy to use and reported that they were able to access care when they needed it.
- There had been an improvement in governance procedures. Appropriate actions had been completed in response to risk assessments, policies were correctly dated and systems to act of safety alerts had been put in place.
- The practice had a virtual patient participation group however it was not active. We saw no evidence of feedback gathered from the group.

The areas where the provider **must** make improvements are:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

The areas where the provider **should** make improvements are:

- Update the recruitment policy so that it reflects legal requirements.
- Consider systems to reconcile safeguarding registers with the health visiting team.
- Complete a formal risk assessment to record the processes non-clinical staff followed to protect themselves and patients in the absence of immunisation for hepatitis B.
- Consider ways of gathering feedback from the virtual patient participation group to shape and improve services.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Please refer to the detailed report and the evidence tables for further information.

Population group ratings

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

Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector and included a GP specialist adviser.

Background to Dr Narendra Patel

We previously carried out an announced comprehensive inspection at Dr Narendra Patel on 15 December 2017. The overall rating for the practice was requires improvement with requires improvement in safe, effective and well led and good in caring and responsive. Breaches of legal requirements were found and requirement notices were served in relation to safe care and treatment, good governance and staffing. The full comprehensive report on the December 2017 inspection can be found by selecting the 'all reports' link for Dr Narendra Patel on our website at www.cqc.org.uk.

Dr Narendra Patel is registered with the Care Quality Commission (CQC) as a single-handed provider and is located in Betley near Crewe, Cheshire. It is a rural practice providing care and treatment to approximately 1,902 patients of all ages. The practice offers dispensing services to those patients on the practice list who live more than one mile (1.6km) from their nearest pharmacy. The practice holds a General Medical Services (GMS) contract. A GMS contract is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract.

The practice area is one of low deprivation when compared with the national and local Clinical Commissioning Group (CCG) area. Demographically the practice has a lower than average young population with 14% of patients being under 18 years old compared with CCG average of 18% and national average of 21%. Twenty-nine per cent of the practice population is above 65 years which is higher than the CCG average of 22% and the national average of 17%. The percentage of patients with a long-standing health condition is 57% which is comparable with the local CCG average of 56% and national average of 54%.

The practice staffing comprises of:

- One male GP
- Two practice nurses
- A practice manager
- Five members of administrative staff and dispensers working a range of hours.

GP telephone consultations are available for patients who are unable to attend the practice within normal opening hours. During the out-of-hours period services are provided by Staffordshire Doctors Urgent Care, patients access this service by calling NHS 111.

The practice offers a range of services for example, management of long-term conditions, child development checks and immunisations and travel immunisations.

Further details can be found by accessing the practice's website at www.betleysurgery.nhs.uk

Good

Are services safe?

At our previous inspection on 15 December 2017, we rated the practice as requires improvement for providing safe services. This was because:

- Safety policies were undated or dated incorrectly meaning staff could not be sure they accessed the most recent policies for guidance and support. The policy for safeguarding vulnerable adults did not reflect updated categories or definitions of the types of abuse or outline who to go to for further guidance.
- Staff recruitment checks did not meet legal requirements. Reception staff who chaperoned had not been subject to Disclosure and Barring Service (DBS) checks. A risk assessment to mitigate potential risks to patients had not been completed. A system to monitor professional registrations were in date was not in place.
- Not all members of staff were aware of where the emergency medicines were stored.
- Systems to monitor cervical screening results were received and acted upon were not effective.
- Not all staff who monitored the temperature of the medicine fridge were aware of the manufactures' temperature range guidelines.
- Guidelines for the receiving of controlled drugs into the practice were not always followed.
- Action plans or action to mitigate risks identified in the fire and legionella risk assessments had not been completed.
- Opportunities to identify, analyse, learn and identify trends in significant events were not always taken.
- Processes to act on alerts were not always followed.

These arrangements had improved when we undertook a comprehensive follow up inspection on 16 October 2018. The practice is now rated as good for providing safe services.

Safety systems and processes

The practice had clear systems to keep people safe and safeguarded from the risk of abuse.

- The practice had appropriate systems to safeguard children and vulnerable adults from the risk of abuse. All staff received up-to-date safeguarding and safety training at a level appropriate to their role. They knew how to identify and report concerns. Learning from safeguarding incidents was available to staff. Since our previous inspection, staff who acted as chaperones 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.) They were also trained for this role. However, there was no system in place to reconcile safeguarding registers with the health visiting team.
- The policy for safeguarding vulnerable adults had been updated to reflect updated categories or definitions of the types of abuse. Clinical staff had completed training in the updated categories, for example, modern slavery.
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis. Since our previous inspection, a system to monitor that professional registrations were in date had been put in place.
- There was an effective system to manage infection prevention and control. Non-clinical staff had not received immunisation against hepatitis B however, interviews with staff on the day of our inspection demonstrated they had a sound knowledge of the actions to take to mitigate potential risks to themselves and patients. A formal risk assessment had not been completed however to formally record this.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety.

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics. Staff we spoke with told us there was adequate staff to cover annual leave and sickness.
- There was an effective induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.

Good

Are services safe?

- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis. On the day of the inspection, the GP received a 'thank you' card from a patient who had been accurately diagnosed with sepsis by the GP who had taken urgent action to effectively respond to their condition.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

Appropriate and safe use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks. Staff we spoke with at this inspection were aware of the temperature range vaccines should be stored at.
- Staff prescribed, administered and dispensed medicines to patients and gave advice on medicines in line with current national guidance. Since our previous inspection, the practice had reviewed their systems for handling Medicines and Healthcare Products Regulatory Agency (MHRA) safety alerts. For example, they told us that following a recent alert, they had developed an information leaflet that they provided with a controlled drug, informing patients of the risks of this medicine, to children.
- The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance. Data from the CCG showed that the practice was below the national and CCG averages for prescribing antibiotics.
- Patients' health was monitored in relation to the use of medicines and followed up appropriately. Patients were involved in regular reviews of their medicines however, we found one example where a patient prescribed a high-risk medicine for depression had not received timely blood monitoring.
- Arrangements for dispensing medicines at the practice kept patients safe. However, we saw that the recorded number in the controlled drugs (CD) stock book for one of the CDs kept at the dispensary did not tally with the actual number kept at the practice.

Track record on safety

The practice had a good track record on safety.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed safety using information from a range of sources.

Lessons learned and improvements made

The practice learnt and made improvements when things went wrong.

- Since our previous inspection the practice had reviewed its systems for recording and learning from significant events. It was evident from staff meeting minutes that when significant events occurred staff were made aware of them however, it was not always clear what the learning for all staff was. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

Please refer to the evidence tables for further information.

Requires improvement

Are services effective?

At our previous inspection on 15 December 2018, we rated the practice as requires improvement for providing effective services. This was because:

- Protocols for the care of patients with diabetes or asthma had not been updated to reflect current National Institute for Health and Care Excellence (NICE) guidelines.
- The Quality Outcome Framework (QOF) results for 2016/17 showed that care and treatment provided for patients with long-term conditions, such as asthma, high blood pressure or diabetes, and patients experiencing poor mental health were below local and national averages. Their exception reporting of patients with asthma or patients experiencing poor mental health was significantly higher than local and national averages.
- Some staff had not received mandatory training as identified by the practice.
- Some clinical staff had not received training specific to their role to support them in providing appropriate treatment for people who lacked mental capacity.

Some of these arrangements had improved when we undertook a follow up inspection on 16 October 2018. However, we found ongoing issues:

- The care provided to patients near the end of their life was not delivered according to evidence-based guidelines or supported through a coordinated approach between services.
- Unverified quality indicators for patients with diabetes or patients experiencing poor mental health remained below national averages.

We rated the practice requires improvement for providing effective services overall and the population groups for people whose circumstances make them vulnerable and patients experiencing poor mental health. We rated all the other population groups as good.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- The practice used ambulatory blood pressure monitoring to confirm a diagnosis of high blood pressure.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.
- Following our previous inspection, protocols for the care of patients with diabetes or asthma had been updated to reflect current National Institute for Health and Care Excellence (NICE) guidelines.

Older people:

- Older patients who were frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. They also worked with Age UK to support this group of patients and their carers. Those identified as being frail had a clinical review including a review of medication.
- The practice followed up older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs. We saw that where required, patients were provided with a home visit from the GP. The practice told us they were engaging with a service to identify patients at a high risk of hospital admission. Four patients had been identified but none of these patients were able to engage with the service.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- The practice worked with a facilitator from Age UK who visited patients over 80 years to carry out an assessment of their social needs. A care plan was put in place to support these patients.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicine needs were being met. For patients with the most complex

Requires improvement

Are services effective?

needs, the GP worked with other health and care professionals to deliver a coordinated package of care. For example, the Integrated Local Care Team (ILCT), a team that included health and social care professionals.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training. For example, one practice nurse had completed a nationally recognised course in diabetes and the other practice nurse had completed modules in physical assessment.
- GPs followed up patients who had received treatment in hospital or through out-of-hours services for an acute exacerbation of asthma.
- Adults with newly diagnosed cardiovascular disease were offered statins for secondary prevention. People with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice was able to demonstrate how it identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- At our previous inspection we saw that the Quality Outcome Framework (QOF) indicators for patients with asthma, diabetes or high blood pressure were below local and national averages. At this inspection we reviewed unverified data and saw there had been an improvement in quality outcomes for patients with asthma and high blood pressure. However, the percentage of patients with diabetes in whom their last blood pressure reading was within recognised limits had fallen and was significantly below local and national averages. The GP told us they were reviewing additional medication for this group of patients to improve control of their blood pressure over time.

Families, children and young people:

- Childhood immunisation uptake rates were in line with the target percentage of 90% or above.
- The practice had arrangements for following up failed attendance of children's appointments for immunisation. The practice nurses maintained a list of children who failed to attend for immunisations and sent reminder letters to their parents to encourage them to attend. They also liaised with the health visitors.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care. For example, practice nurses received letters from the asthma nurse at the local hospital to inform them if a child had failed to attend their asthma appointment. The practice nurses followed up the children and also invited them to attend for a review of their asthma at the practice.

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

- The practice's uptake for cervical screening was 75.7%, which was slightly below the 80% coverage target for the national screening programme but comparable with local and national averages. We saw that the practice nurses had processes in place to follow up patients that did not attend.
- The practice's uptake for breast cancer screening was comparable with the national average. Alerts were added to the records of patients who failed to attend to encourage the patient to attend. The practice's uptake for bowel cancer screening was significantly above the national average. The practice sent letters to remind patients to attend for this screening and alerts were added to their records.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and new patient checks. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- The practice provided care and treatment for patients receiving end of life care. We saw they had shared information with the out-of-hours service to support this group of patients. However, the practice did not participate in multi-disciplinary team meetings to discuss a coordinated approach to their care nor did they use an appropriate template to assess the care of these patients.
- The practice held a register of patients living in vulnerable circumstances including carers and those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice offered annual health checks to patients with a learning disability.

Requires improvement

Are services effective?

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

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. There was a system for following up patients who failed to attend for administration of long-term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe and referred patients to appropriate services.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- At our previous inspection we found that quality indicators for patients experiencing poor mental health were significantly below local and national averages. We reviewed unverified QOF data for 2017/18 and despite a slight increase in the percentage of patients receiving appropriate care it remained significantly low compared to local and national averages. We also found that their exception reporting for this group of patients was significantly higher than local and national averages. We discussed this with the GP who told us this was due to the low number of patients treated by the practice and difficulty in encouraging patients to engage. We saw patients that had been exception reported had been done so appropriately.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.

- Overall QOF results were below the Clinical Commissioning Group (CCG) and national averages however unverified QOF data for 2017/18 showed there had been a slight increase in the total number of points achieved. However, their overall exception rate was below CCG and national averages meaning more people had been included.
- The practice used information about care and treatment to make improvements.
- The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long-term conditions, older people and people requiring contraceptive reviews.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Following our previous inspection, we saw that all staff had completed mandatory training as identified by the practice.
- On the day of our inspection we found that the fire marshals at the practice had not completed appropriate training to support them in this role. Following our inspection the practice forwarded evidence demonstrating that this training had been completed.
- The practice provided staff with ongoing support. There was an induction programme for new staff. This included one to one meetings, appraisals and revalidation.
- Dispensary staff were appropriately qualified. They could demonstrate how they kept up to date.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment, except care for those near the end of their lives.
- The practice shared clear and accurate information with relevant professionals when discussing care delivery for people with long-term conditions and when

Requires improvement

Are services effective?

coordinating healthcare for care home residents. They shared information with, and liaised, with community services, social services and carers for housebound patients.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients and Age UK to develop personal care plans that were shared with relevant agencies.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included older frail patients, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through cancer screening programmes.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

Please refer to the evidence tables for further information.

Good

Are services caring?

We rated the practice as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was extremely positive about the way staff treated patients with dignity and respect.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The practice's GP patient survey results were above local and national averages for all questions relating to kindness, respect and compassion. Patient's told us they appreciated the personal touch provided by the practice and the continuity of care.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment. They were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information that they are given.)

- Staff communicated with people in a way that they could understand, for example, communication aids and large print materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment. Patients told us the GP explained their treatment and care in a way they understood.
- At our previous inspection we identified that the practice had only identified two carers registered with the practice. At this inspection we saw that this had increased to 21 carers due to the support of Age UK.
- The practice's GP patient survey results were above local and national averages for all questions relating to involvement in decisions about care and treatment.

Privacy and dignity

The practice respected patients' privacy and dignity.

- When patients wanted to discuss sensitive issues or appeared distressed reception staff offered them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.

Please refer to the evidence tables for further information.

Good

Are services responsive to people's needs?

We rated the practice, and all of the population groups, as good for providing responsive services except for people whose circumstances make them vulnerable which we rated as requires improvement.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patients' needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. For example, the practice had a higher than average older population and were working with Age UK to provide support to patients over 80 years of age.
- Telephone GP consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The facilities were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. Following our previous inspection, a doorbell had been fitted to the entrance door so patients in wheelchairs could call for assistance into the practice.
- The practice provided care coordination for some patients who were more vulnerable or who had complex needs.
- Care and treatment for patients with multiple long-term conditions was coordinated with other services.
- The practice provided dispensary services for people who needed additional support with their medicines, for example large print labels and leaflets.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.
- The practice worked with Age UK to provide the 80 PLUS service which supported patients over 80 years old to live independently at home.
- Prior to our inspection we spoke with the manager of a residential care home where the practice provided care and treatment to 16 patients. They told us the practice always responded quickly to requests for a home visit or repeat prescriptions.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met.
- The practice held regular meetings with the Integrated Local Care Team (ILCT), a team that included health and social care professionals, to discuss and manage the needs of patients with complex medical issues.
- The practice had shared care arrangements in place with local hospitals to support patients with long-term conditions such as rheumatoid arthritis.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we reviewed confirmed patients had been followed up, however it was not always documented what action had been taken.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, online services to book appointments or request repeat prescriptions.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including carers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice.

Good

Are services responsive to people's needs?

However, an appropriate template to assess care for patients nearing the end of their life and multi-disciplinary team meetings to discuss a coordinated approach to their care were not in place.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- Patients with dementia were offered an annual health review.

Timely access to care and treatment

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was very easy to use.
- The practices GP patient survey results were above local and national averages for all questions relating to access to care and treatment.

Listening and learning from concerns and complaints

The practice had not received any complaints since our previous inspection.

- Following our previous inspection, a poster had been displayed in the waiting room informing patients they could complain however, it did not detail the complaint's process. Leaflets were available explaining the process but these were stored behind the reception desk. Before the end of our visit, the practice manager moved the leaflets into the reception area for patients to readily access.
- The complaint policy and procedures were in line with recognised guidance.

Please refer to the evidence tables for further information.

Good

Are services well-led?

At our previous inspection on 15 December 2017, we rated the practice as requires improvement for providing well-led services. This was because:

- A strategy, or formal system of monitoring that priorities within the practice were achieved, was not in place.
- Systems to support compliance with the requirements of the duty of candour were not always followed.
- Overarching governance systems were not always effective.
- A formal system of monitoring, sharing and acting on Medicines and Healthcare Products Regulatory Agency (MHRA) alerts was not in place. Some staff we spoke with within the practice were not aware of any alerts.
- Opportunities to assess, monitor and mitigate risks relating to safety were not always actioned. For example, receptionists who chaperoned but had not been subject to safeguarding checks.
- Systems to monitor standards and quality issues had identified issues but they had not been acted on.

We issued a requirement notice in respect of these issues and found arrangements had improved when we undertook a follow up inspection of the service on 16 October 2018. The practice is now rated as good for being well-led.

We rated the practice as good for providing a well-led service.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. For example, the GP was reviewing the care and treatment provided to patients with diabetes to improve control of their blood pressure over time.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills.

Vision and strategy

The practice had a clear vision to deliver high quality, sustainable care.

- There was a clear vision and set of values. However, the practice did not have a realistic strategy or supporting business plans to achieve or monitor priorities.
- Staff were aware of and understood the vision and values and their role in achieving them.
- The practice planned its services to meet the needs of the practice population.

Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Openness, honesty and transparency were demonstrated when responding to significant events. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Following our previous inspection all staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support governance and management.

- Structures, processes and systems to support good governance and management were clearly set out and understood. The governance and management of partnerships, joint working arrangements and shared services promoted co-ordinated person-centred care for most patients. However, systems to support coordinated care with other services for patients receiving end of life care were not in place.

Good

Are services well-led?

- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. Following our previous inspection, policies had been dated correctly to support staff to refer to the most up to date guidance.

Managing risks, issues and performance

There were clear processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current risks including risks to patient safety.
- The practice had processes to manage current and future performance. Practice leaders had oversight of safety alerts and significant events.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance.
- Quality was discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved staff and external partners to support high-quality sustainable services. However, it did not proactively seek out the views of patients or the public to shape and improve services.

- A range of staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.
- There was a virtual patient participation group however this was a one-way process. The practice occasionally sent information to members of the group however it did not actively encourage patient feedback. The practice was unable to demonstrate how patient feedback had shaped or improved services.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There was some evidence of systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement through staff training and appraisal.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents. Learning was shared with individuals and used to make improvements.
- The practice was considering training non-clinical staff in care navigation to support the work flow throughout the practice.

Please refer to the evidence tables for further information.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met:** The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular: The care provided to patients near the end of their life was not delivered according to evidence-based guidelines or supported through a coordinated approach between services. Unverified quality indicators for patients with diabetes or patients experiencing poor mental health remained below national averages. This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.