Lockstown Practice

Quality Report

Willenhall Medical Centre
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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?	Inadequate
Are services effective?	Requires improvement
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Requires improvement

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Lockstown Practice on 26 September 2016. Overall the practice is rated as requires improvement. There are two surgery locations that form the practice; these consist of the main practice at Gomer Street and the branch practice at Fisher Street. Systems and processes are shared across both sites. During the inspection we visited the main site at Gomer Street and Fisher Street Surgery.

During 2015 Lockstown practice merged with Fisher Street Practice to form on patient list. There was ongoing work and development to bring the two practices together to ensure a consistent approach to care delivery.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Most risks to patients were assessed and well managed. For example, the practice had arrangements in place to respond to major incidents; however, in the absence of some emergency medicines at Fisher Street Surgery the practice had not carried out a risk assessment.
- The practice had some systems, processes and practices in place to keep patients safe and safeguarded from abuse. However, the practice did not demonstrate that appropriate training had taken place.
- The practice did not operate an effective process to ensure specific pre-employment checks and clinicians' registration with the appropriate professional body were being carried out.
- Patients in receipt of prescriptions for medicines, which required closer monitoring, were not always receiving a review of their treatment in line with prescribing recommendations.

Summary of findings

- The systems for managing information received from secondary care were not effective. For example, GPs were not viewing all incoming information such as secondary care letters.
- Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment in most areas. However, the practice did not establish an effective system to ensure that mandatory training as defined by the practice had been completed.
- Data from the national GP patient survey showed patients rated the practice higher than others for some aspects of care. However, there were questions relating to patients involvement in planning and making decisions, which were lower than local and national averages. Patients we spoke with during the inspection said they were involved in their care and decisions about their treatment.
- Although the practice were aware of their Quality and Outcomes' Framework performance and explored ways to improve identified areas, data published since the inspections showed areas which required further improvements.
- Information about services and how to complain was available and easy to understand. Although there were evidence of Improvements made to the quality of care as a result of complaints and concerns, there were inconsistencies in the following of the complaints process.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.

The areas where the provider must make improvement are:

- Ensure an effective system is in place to ensure all staff have received the necessary knowledge and training appropriate to their role. For example, staff must receive and complete training as is necessary to enable staff to carry out their duties effectively and the practice must gain assurance that locums have completed training.
- The practice must establish an effective system to ensure the appropriate monitoring of patients in receipt of prescriptions for high risk medicines is being carried out within recommended time frames as part of, and align with, patients' care and treatment plans.
- Ensure that hospital correspondence are viewed by staff with the appropriate skills and competences to understand the significance; and implement an effective system for ensuring appropriate actions are taken when required.
- Ensure that risks associated with the absence of some emergency medicines are carried out to mitigate risks associated with anticipated emergencies.
- The practice must ensure the proper safe management of prescription stationary and pads to allow for monitoring and tracking through the practice.

The areas where the provider should make improvement are:

- Implement processes aimed at increasing the number of care plans, medicines and face-to-face reviews carried out with patients in receipt of interventions for substance and alcohol dependency.
- Continue to establish effective processes.
- Establish an effective system to ensure appraisals are carried out as part of a regular cycle.
- Review national GP patient survey results and explore effective ways to improve patient satisfaction.

Where a service is rated as inadequate for one of the five key questions or one of the six population groups or overall, it will be re-inspected within six months after the report is published. If, after re-inspection, the service has failed to make sufficient improvement, and is still rated as inadequate for any key question or population group or overall, we will place the service into special measures. Being placed into special measures represents a decision by CQC that a service has to improve within six months to avoid CQC taking steps to cancel the provider's registration.

Summary of findings

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Inadequate

- The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse. However, in some areas these systems were not well established or effective. For example, there were gaps in the systems to monitor the completion of appropriate safeguarding training.
- The practice did not operate an effective process to ensure specific pre-employment checks were carried. The practice did not establish effective processes to ensure clinicians' registration with the appropriate professional body were being carried out.
- Processes for managing repeat prescriptions were not effective. For example, clinicians did not demonstrate that they had either reviewed or carried out blood tests within recommended time frames when managing patients in receipt of medicines, which required closer monitoring.
- Risks to patients were assessed and in most areas well managed. However, the systems and processes to address some risks were not implemented well enough to ensure patients were kept safe. For example, fire checks had not been carried out and risks associated with the absence of some emergency medicines at Fisher Street had not been carried out.
- There was an effective system in place for reporting and recording significant events. Lessons learnt from incidents were shared to make sure action was taken to improve safety in the practice.
- Systems for reporting ensured that when things went wrong patients were informed and were told about any actions to improve processes to prevent the same thing happening again.

Are services effective?

Requires improvement

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- The practice were aware of their higher than average exception reporting rates (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) and measures were in place to reduce the number of patients who were exception reported.

Summary of findings

- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- On the day staff demonstrated that they had the skills, knowledge and experience to deliver effective care and treatment. However, a review of training records showed that not all staff had received fire safety, safeguarding, information governance and health and safety training.
- There was evidence of appraisals and personal development plans; however, this was not consistent for all staff. For example, appraisals were not always routinely carried out on a regular cycle.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs. However the process for managing information received from secondary care did not ensure that GPs received all incoming information.
- Staff understood the relevant consent and decision-making requirements of legislation.

Are services caring?

Good

- Data from the national GP patient survey showed patients rated the practice higher than others for some aspects of care. For example, treating patients with care and concern and helpfulness of receptionists.
- However, there were questions relating to patients involvement in planning and making decisions which were lower than local and national averages. Although the practice developed an action plan to address the 2015 patient survey results they did not have an action plan to address the most recent results.
- Patients we spoke with as part of the inspection 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?

Good

- Information about how to complain was available and easy to understand.

Summary of findings

- Although evidence showed the practice responded quickly to issues raised there were inconsistencies in the following of the complaints process. For example, complaints managed by the branch location were not recorded on the practice complaints log and apology letters had limited detail.
- There were clear evidence that learning from complaints was shared with staff and other stakeholders.
- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. The GPs carry out two ward rounds every week to two local nursing care homes as part of Walsall Local Enhanced Service (LES).
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Are services well-led?

Requires improvement

- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk. However, there were some areas where we saw gaps in governance arrangements such as ineffective monitoring and implementation of effective procedures; and an absence of some assessments to mitigation of risks.
- The process for managing information received from secondary care did not ensure that GPs received and reviewed all incoming information such as hospital letters.
- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- 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.

Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. However, the practice did not analyse the most recent national GP patient survey results or develop an action plan to address performance which were below local and national averages.
- The patient participation group was active.

Summary of findings

The six population groups and what we found

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

Older people

Requires improvement

The provider was rated as inadequate for providing safe services and requires improvement for effective and well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.'

- The practice offered proactive, personalised care to meet the needs of the older people in its population. All patients had a named GP.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- There was a dedicated practice nurse to do home visits for any medical condition such as ear syringing, spirometry and annual health checks
- The practice was part of a pilot where they carry out nursing home ward rounds twice weekly where they also meet with community colleagues such as community matron, hospital admission avoidance nurse practitioner and the trained nurses at the nursing home.
- Hearing Tests for patients aged over 55 were available at Fisher Street Practice from an external service.
- A dedicated 'hot-line' phone number was issued to care homes for residents at risk of hospital admission.
- The practice provided health promotion advice and literature which signposted patients to local community groups and charities such as Age UK. Data provided by the practice showed that 80% of patients aged over 75 received a health check in the last three years.
- The practice was accessible to those with mobility difficulties.

People with long term conditions

Requires improvement

The provider was rated as inadequate for providing safe services and requires improvement for effective and well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, 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.

Summary of findings

- Performance for diabetes related indicators was similar to the national average. For example, 79% had a specific blood glucose reading within acceptable range in the preceding 12 months (01/04/2014 to 31/03/2015) compared to the CCG and national average of 78%. With an exception reporting rate of 25%, compared to CCG average of 9% and national average of 12%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice offered a range of services in-house to support the diagnosis and monitoring of patients with long term conditions including spirometry, phlebotomy and followed recognised asthma pathways.

Families, children and young people

Requires improvement

The provider was rated as inadequate for providing safe services and requires improvement for effective and well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.'

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were relatively high for all standard childhood immunisations. Eight week baby checks seen in one clinic run by the practice nurse and GP every Thursday morning. Patients who miss these appointments were closely monitored and referred to the Health Visiting Team following three missed appointments.
- The practice was accessible for pushchairs, had baby changing facilities and supported breast feeding
- Staff we spoke with were able to demonstrate how they would ensure children and young people were treated in an age-appropriate way and that they would recognise them as individuals.
- The practice's uptake for the cervical screening programme was 91%, which was above the CCG average of 81% and the national average of 82%.

Summary of findings

- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice held a midwife clinic twice a week and work closely with the midwife to share any information about patients. The practice implemented a system for the Pertussis (whopping Cough) immunisation.

Working age people (including those recently retired and students)

Requires improvement

The provider was rated as inadequate for providing safe services and requires improvement for effective and well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, 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.
- For accessibility, telephone consultation appointments were available with either a GP or Advanced Nurse Practitioner.
- 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.
- The practice offered yellow fever vaccinations (a vaccination for a tropical virus disease transmitted by mosquitoes which affects the liver and kidneys).
- The practice provided new patient health checks and routine NHS health checks for patients aged 40-74 years.
- Data from the national GP patient survey indicated that the practice were above local and national average regarding phone access and comparable regarding opening times.

People whose circumstances may make them vulnerable

Requires improvement

The provider was rated as inadequate for providing safe services and requires improvement for effective and well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, 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 (LD).

Summary of findings

- The practice provided patient specific clinics. For example, longer appointments available for patients with a learning disability were available on Mondays at the main branch and Thursdays at Fisher Street.
- An alert system was used to identify patients at risk or with special requirements that needed additional support.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients. For example, they provided a shared care service in partnership with the local addiction service for patients with opiate dependency allowing them to obtain their medicine at the surgery.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff we spoke with 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.
- Carers of patients registered with the practice had access to a range of services, for example annual health checks, flu vaccinations and a review of their stress levels. Data provided by the practice showed that 2% of the practice list were carers.

People experiencing poor mental health (including people with dementia)

Requires improvement

The provider was rated as inadequate for providing safe services and requires improvement for effective and well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.'

- Nationally reported data for 2014/15 showed 84% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months. This was comparable to the local and national average.
- Nationally reported data for 2014/15 showed 100% of patients on the practice mental health related indicators was above the national average. For example, had a comprehensive, agreed care plan documented in the preceding 12 months. This was above the CCG and national average, with a 0% exception reporting rate.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.

Summary of findings

- The practice carried out advance care planning for patients with dementia.
- A Community Mental Health Nurse offered counselling services within the practice and staff told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff we spoke with had a good understanding of how to support patients with mental health needs and dementia and there were a designated lead responsible for this population group.

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 in line with local and national averages. Three-hundred and forty-two survey forms were distributed and 112 were returned. This represented a 33% completion rate.

- 79% of patients found it easy to get through to this practice by phone compared to the CCG average of 76% and national average of 73%.
- 84% 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 82% and national average of 85%.
- 84% of patients described the overall experience of this GP practice as good compared to the CCG average of 86% and national average of 85%.
- 75% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 76% 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 18 comment cards which were mainly positive about the standard of care received. Staff were described as good listeners, helpful, polite and respectful. Patient were complimentary of the appointment system and felt this worked well.

We spoke with 12 patients during the inspection (including two members of the practice's patient participation group). Patients and PPG members said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Patients had rated the practice four out of five stars on the NHS Choices website.

Areas for improvement

Action the service MUST take to improve

- Ensure an effective system is in place to ensure all staff have received the necessary knowledge and training appropriate to their role. For example, staff must receive and complete training as is necessary to enable staff to carry out their duties effectively and the practice must gain assurance that locums have completed training.
- The practice must establish an effective system to ensure the appropriate monitoring of patients in receipt of prescriptions for high risk medicines is being carried out within recommended time frames as part of, and align with, patients' care and treatment plans.
- Ensure that hospital correspondence are viewed by staff with the appropriate skills and competences to understand the significance; and implement an effective system for ensuring appropriate actions are taken when required.
- Ensure that risks associated with the absence of some emergency medicines are carried out to mitigate risks associated with anticipated emergencies.
- The practice must ensure the proper safe management of prescription stationary and pads to allow for monitoring and tracking through the practice.

Action the service SHOULD take to improve

- Implement processes aimed at increasing the number of care plans, medicines and face-to-face reviews carried out with patients in receipt of interventions for substance and alcohol dependency.
- Continue to establish effective processes to improve Quality and Outcomes' Framework performance and reduce the number of patients who are exception reported.

Summary of findings

- Establish an effective system to ensure appraisals are carried out as part of a regular cycle.
- Review national GP patient survey results and explore effective ways to improve patient satisfaction.

Lockstown Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector**.** The team included a GP specialist adviser, a second CQC inspector, a practice nurse specialist adviser, a practice manager specialist adviser and an Expert by Experience.

Background to Lockstown Practice

Lockstown Practice is located in Walsall, West Midlands situated in a multipurpose modern built Private Finance Initiative (PFI) owned building, providing NHS services to the local community. There are two sites that form Lockstown Practice; these consist of the main practice at Gomer Street and the branch site at Fisher Street.

Based on data available from Public Health England, the levels of deprivation in the area served by Lockstown Practice are below the national average, ranked at three out of 10, with 10 being the least deprived. Deprivation covers a broad range of issues and refers to unmet needs caused by a lack of resources of all kinds, not just financial. The practice serves a higher than average patient population aged between zero to four, 25 to 30, 50 to 60 and 70 to 85 plus.

The patient list is approximately 7,590 of various ages registered and cared for at the practice. Services to patients are provided under a General Medical Services (GMS) contract with the Clinical Commissioning Group (CCG). GMS is a contract between general practices and the CCG for delivering primary care services to local communities.

The surgery has expanded its contracted obligations to provide enhanced services to patients. An enhanced service is above the contractual requirement of the practice and is commissioned to improve the range of services available to patients.

The surgery is situated on the ground floor of a multipurpose building shared with other health care providers. Parking is available for cyclists and patients who display a disabled blue badge. The surgery has automatic entrance doors and is accessible to patients using a wheelchair.

The practice staffing comprises of four male GPs, one female GP, one senior practice nurse, one nurse practitioner, one advanced nurse practitioner (independent & supplementary prescriber), one health care assistant (HCA), a practice manager and an assistant manager; and eight receptionists who worked across both locations. The practice is also an approved training practice and provided training to medical students. There were two female trainee GPs (GPs in training).

The practice is open between 7.30am and 6.30pm daily except for Wednesdays where the practice is open between 8am and 1pm. The Fisher street branch is closed on Wednesdays and Friday afternoons; during this time patients are directed to call the main branch at Gomer for medical advice.

GP consulting hours are from 7.30am to 12.30pm and 2pm to 6pm on Mondays, Tuesdays, Thursdays, Fridays and 7.30am to 8am. The practice has opted out of providing cover to patients in their out of hours period. During this time services are provided by NHS 111 Primecare. On Wednesdays from 1pm to 8am services are provided by WALDOC (Walsall doctors on call).

Detailed findings

Why we carried out this inspection

We 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. The inspection was planned to check whether the provider is 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.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 26 September 2016. During our visit we:

- Spoke with a range of staff such as GPs, nurses, health care assistant, receptionists, administrators, managers and spoke with patients who used the service.
- Observed how patients were being cared for.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Inadequate

Are services safe?

Our findings

Safe track record and learning

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

- Staff we spoke with 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.
- There was a designated clinical lead responsible for reviewing and monitoring significant events to ensure they were acted on as appropriate. Lessons from incidents and significant events were routinely shared through clinical meetings and staff we spoke with were able to provide examples of incidents that had been discussed and acted on.
- The practice carried out a thorough analysis of significant events. There were clear evidence of where the practice had worked with local networks; closed learning loops and implemented changes to practice protocols. For example, tighter measures regarding monitoring locum GPs awareness of the practice locum pack were introduced and the practice implemented new treatment templates.

There were a designated GP lead responsible for reviewing safety alerts received and sharing with other clinical staff, these were all documented with evidence of action taken. We reviewed patient safety alerts received from Medicines and Healthcare products Regulatory Agency (MHRA) and minutes of meetings where these were discussed. We saw evidence that appropriate actions was taken to improve safety in the practice.

Overview of safety systems and processes

The practice had some systems, processes and practices in place to keep patients safe and safeguarded from abuse. For example:

- Arrangements were generally in place to safeguard children and vulnerable adults from abuse. Arrangements reflected relevant legislation and local requirements; for example, policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. Policies were accessible to all staff electronically and there was a lead member of staff responsible for safeguarding. The GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies. GP partners and practice nurses were trained to child protection or child safeguarding level 3; however, the practice did not gain assurance that three out of four long term locum GPs had received sufficient training. We also saw that some non-clinical staff had not received the appropriate level of training. However, the safe we spoke with demonstrated that they understood their roles and responsibilities in relation to safeguarding of children and vulnerable adults.
- A notice in the waiting room advised patients that chaperones were available if required. However, during the inspection we found that there were inconsistencies in staff knowledge of the role and responsibility of the chaperone. Training records provided by the practice demonstrated that not all staff had completed appropriate training for the role.
- Staff files we checked showed that staff acting as a chaperone had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. During our inspection we observed both Gomer Street and Fisher Street premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff we spoke with had received up to date training, however training records provided by the

practice showed that not all clinical and non-clinical staff had completed infection control training. However, staff we spoke to were able to explain procedures when handling specimens.

- Annual infection control audits were undertaken by an external infection control specialist. Gomer Street had scored 85% and Fisher Street scored 95%. We saw evidence that actions was taken to address any improvements identified as a result.
- There were systems in place for managing medicines (including obtaining, recording, handling, storing and security), including emergency medicines and vaccines. There were gaps in the processes for handling repeat prescriptions, which included the review of high risk medicines. We saw that medicines, which required closer monitoring, were not managed within recommended guidelines. For example, staff we spoke with were unable to demonstrate that they had either reviewed or carried out blood tests within recommended time frames to check how well specific medicine used to prevent blood clots were working.
- We saw that blank prescription forms and pads were securely stored and there were systems in place to monitor their use at the main branch Gomer Street. However, at Fisher Street prescriptions were not always secure.
- The practice received 10 hours of support spread over two days from the local CCG pharmacy team who carried out regular medicines audits to monitor cost efficiency and ensure prescribing was in line with best practice guidelines for safe prescribing.
- One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. 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 or direction from a prescriber.
- We reviewed five personnel files and found the practice did not operate an effective system to evidence that appropriate recruitment checks were undertaken prior to employment. For example, we checked staff recruited post 2013 and saw that proof of identity and references were located in one out of five files. Clinical staff qualifications were located in clinicians' files. The practice did not establish an effective system to monitor clinicians' registration with the appropriate professional body. For example, staff we spoke with were unable to demonstrate that they had checked clinician's registration status; however, during the inspection staff carried out a check and provided evidence.
- We saw that staff at Gomer Street followed processes to ensure patient information was kept secure; however, during our time at Fisher Street there were evidence, which showed that processes were not always being followed. For example, we saw that a smart card had been left in a clinic room. (Smartcards are 'chip and pin' cards which are placed in card readers attached to staffs computers, smartcards allow access to a range of information such as confidential patient care records).

Monitoring risks to patients

Risks to patients were mainly assessed and in most areas well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety, however the following of these arrangements was inconsistent across the two sites. For example, the practice had up to date fire risk assessments and we saw that Gomer Street carried out regular fire equipment checks and drills. However, although staff we spoke with at Fisher Street Were able to explain what to do in the event of a fire, staff were not aware of any fire checks carried out and unable to provide a record of completed checks.
- There was a health and safety policy available with a poster in the reception office, which identified local health and safety representatives.
- Electrical equipment was checked by a professional contractor to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. The clinical team included four

long term locums. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. Staff told us that they would cover for each other's leave and sickness.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to respond to major incidents and emergencies, however there were some gaps.

- Records we viewed showed that clinical staff had received annual basic life support training.
- Emergency medicines were available at both sites, however at Fisher Street, where minor surgery was undertaken the practice did not hold Atropine. Atropine is used to treat some types of slow heart rate and to decrease saliva production during surgery. The practice had not considered the risk against not having this medicine available.
- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- The practice had a defibrillator available at both premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

In most areas, the practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and generally used this information to deliver care and treatment that met patients' needs.
- Staff we spoke with demonstrated on-line access to the Green Book (a resource which has the latest information on vaccines and vaccination procedures) and accessed monthly publications produced by Public Health England regarding changes to immunisation programmes.
- Although the practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records, the practice did not gain assurance that appropriate reviews had taken place prior to repeating medicines, which require closer monitoring.
- Regular clinical meetings were held to enable the clinical staff to discuss and share best practice and some of the more complex cases they had seen.

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 at the time of the inspection showed the practice had achieved 99% of the total number of points available; this was above the national average of 95%. Exception reporting for clinical domains (combined overall total) was above CCG and 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 13%, compared to CCG average of 8% and national average of 9%. Since the inspection, published QOF data from 2015/16 showed the practice had achieved 96% of the total number of points available, with an exception reporting rate of 13%.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was similar to the national average. For example, 79% had a specific blood glucose reading within acceptable range in the preceding 12 months (01/04/2014 to 31/03/2015) compared to the CCG and national average of 78%. With an exception reporting rate of 25%, compared to CCG average of 9% and national average of 12%. Data from 2015/16 published since the inspection showed that exception reporting rate had reduced to 19%.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading was within acceptable (measured in the preceding 12 months) was 84%, compared to CCG average of 80% and national average of 78%. With an exception reporting rate of 12%, compared to CCG average of 5%, and national average of 9%.
- The percentage of patients with diabetes, on the register, who have had influenza immunisation in the preceding 1 August to 31 March (01/04/2014 to 31/03/2015), was 92%, compared to CCG average of 96% and national average of 94%.
- Performance for mental health related indicators was above the national average. For example, 100% had an agreed care plan documented in the record, in the preceding 12 months compared to CCG average of 92% and national average of 88%. With an exception reporting rate of 16%, compared to CCG average of 5% and national average of 13%.

Exception reporting for the following domains were higher than CCG and national average. For example, percentage of patients with diabetes, on the register, whose last measured total cholesterol was within range was 16%, compared to CCG average of 8% and national average of 12%. The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 23%, compared to CCG average of 5% and national average of 8%.

Requires improvement

Are services effective?

(for example, treatment is effective)

When asked staff we spoke with told us that the merger with Fisher Street Surgery in May 2015 had affected their QOF performance. We were told that two staff members were contacting patients who were overdue for QOF related reviews. The practice provided meeting minutes which demonstrated that QOF performance were routinely discussed during clinical meetings. Actions included implementing computer screen alerts for diabetes related performance and regular monitoring of outstanding alerts by clinicians. The practice's approach was to send three letters of invitation for a review to patients and operated a call and recall system. Staff we spoke to told us that they were only exception report after all options had been explored and we saw evidence to support this. The QOF lead regularly reviewed registers and targeted identified areas such as diabetes coding. 2015/16 exception reporting data published since the inspection showed an increase in exception reporting rates. For example, percentage of patients with diabetes, on the register, whose last measured total cholesterol was within range was 18% and exception reporting rates for patients with a record of a foot examination and risk classification was 32%.

There was evidence of quality improvement including clinical audit.

- The practice provided us with two clinical audits completed in the last two years, one of these were completed audits where the improvements made were implemented and monitored. For example, all patients in receipt of contraceptive medicine were invited for a review; repeat prescriptions were changed to acute (a prescription which is not on a regular repeat) and postnatal templates were amended.
- The practice attended Walsall CCG locality meetings and participated in local audits, benchmarking, accreditation and peer review.

Effective staffing

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. The practice were in the process of moving towards an electronic based training recording system. However, staff files and training records we viewed showed that not all staff had received training such as fire safety, safeguarding, information governance and health and safety.
- There were areas where the practice were able to demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. 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 practice nurse completed the Supporting Learning and Assessment in Practice (SLAiP) course which enabled her to mentor healthcare students.
- Staff received appraisals; however, they were not consistently being carried out as part of a regular cycle. We saw evidence that the GPs had undertaken appraisals and revalidation, which enables them to continue to practice as a GP and remain on the performers list with NHS England.

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. However the process for managing information from secondary care did not ensure that GPs received all incoming information. For example:

- Staff we spoke with told us that hospital correspondence with GP directions were sent to GPs; however, those with no specific GP directives were not being sent to the GPs to review. The practice were unable to demonstrate that safeguards were in place to ensure a clinician reviewed all appropriate correspondence.
- Risk assessments, care plans, medical records and investigation and test results were scanned and available on patients' records.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Requires improvement

Are services effective?

(for example, treatment is effective)

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. Staff we spoke with told us that meetings took place with other health care professionals on a regular basis when care plans were routinely reviewed and updated for patients with complex needs. We saw minutes of quarterly multi-disciplinary team meetings for patients with end of life care needs.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example: Patients receiving end of life care, carers, those with long term conditions and those at risk of developing a long-term condition such as diabetes.

- The practice provided access to services such as family planning, health promotion, healthy lifestyle and coronary heart disease clinics. They made use of health trainers, smoking cessation and weight management services.
- There were dedicated leads for diabetes, sexual health, Chronic Obstructive Pulmonary Disease (COPD), Bowl Cancer and patients with learning disability. There were patient specific clinics for vulnerable patients, for example patients on the learning disability register.
- There was a range of health promotion information displayed in the practice to support patients. Information was also available on the practice website.
- The percentage of patients with atrial fibrillation (an irregular and sometimes fast pulse) treated using recommended therapy was 100%, with a 6% exception reporting rate, compared to CCG average of 4% and national average of 6%.

The practice's uptake for the cervical screening programme was 91%, which was above the CCG average of 81% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. Exception reporting rate for women aged 25-64 whose notes recorded that a cervical screening test had been performed in the preceding five years was 12%, compared to CCG average of 7% and national average of 6%. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred because of abnormal results.

The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available.The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Data showed that:

- Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) was 73% compared to CCG and national average of 72%.
- Females, 50-70, screened for breast cancer in last 6 months of invitation was 59% compared to CCG average of 67% and national average of 73%.
- Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %) was 52%, compared to CCG average of 53% and national average of 58%.
- Persons, 60-69, screened for bowel cancer within 6 months of invitation (Uptake, %) was 51%, compared to CCG average of 73% and national average of 74%.

The practice were also involved in a local bowl screening pilot which started April 2016, this involved the HCA calling patients or using video link to discuss the screening process. The practice developed an invitation letter which they sent to eligible patients.

Childhood immunisation rates for the vaccinations given were above CCG. For example, childhood immunisation

Requires improvement

Are services effective?

(for example, treatment is effective)

rates for the vaccinations given to under two year olds ranged from 83% to 100% compared to the CCG average of 74% to 99% and five year olds from 80% to 99% compared to the CCG average of 73% 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. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 16 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 were helpful, caring and treated them with dignity and respect.

We spoke with 12 patients during the inspection (including two members of the practice's patient participation group). 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 patients needed help and provided support when required.

Results from the national GP patient survey showed mixed views relating to how patients felt they were treated with compassion, dignity and respect. The practice results were varied 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 CCG average of 88% and the national average of 89%.
- 82% of patients said the GP gave them enough time compared to the CCG and national average of 87%.
- 92% 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%.
- 79% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 85%.
- 91% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and the national average of 91%.
- 91% of patients said they found the receptionists at the practice helpful compared to the CCG and national average of 87%.

The practice carried out an internal survey in 2015 and we saw meeting minutes which evidenced where the practice had analysed the results. Staff we spoke with told us about action which had been taken to improve survey results. However, the practice did not carry out an analysis or develop an action plan to address issues identified following the 2016 national GP patient survey.

Care planning and involvement in decisions about care and treatment

Patients we spoke with on the day 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. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Results from the national GP patient survey showed patients had mixed views with how they responded to some questions about their involvement in planning and making decisions about their care and treatment. Results were mainly below local and national averages. For example:

- 79% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 79% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG and national average of 82%.

However, there were questions where survey results showed that satisfaction scores were above the CCG and national averages. For example:

Good

Are services caring?

- 91% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format and fact sheets were available in a wide variety of languages via the practice web site.

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, for example counselling and wellbeing services and third sector support. 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 188 patients as carers (2% of the practice list). Data provided by the practice showed that 67% had a flu vaccination in the past two years. Staff we spoke with told us that carers had access to annual health checks, flu vaccinations and a stress levels review. Data also showed that 37% had their stress levels reviewed. Written information was available within the reception area to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. 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, offering bereavement counselling.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The GPs carried out two ward rounds every week to two local nursing care homes as part of Walsall Local Enhanced Service (LES). The practice provided data from an analysis carried out by Walsall CCG which showed that 90% of patients who resided in Walsall nursing homes dad been admitted to hospital for conditions which may have been treated within the nursing home. Data from January 2015 to June 2015 provided by the practice demonstrated a 63% reduction in hospital admission rates from nursing homes in Walsall. Staff we spoke with told us that Walsall CCG were planning to present the findings to an independent charity who works to improve health care in England.
- The practice offered extended opening for appointments Mondays to Fridays from 7.30am to 8am for patients who could not attend during normal weekday opening hours.
- The practice provided patient specific clinics. For example, longer appointments available for patients with a learning disability were available on Mondays at the main branch and Thursdays at Fisher Street.
- 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 as well as those only available privately. The practice was a registered yellow fever centre (able to provide vaccination for a tropical virus disease transmitted by mosquitoes which affects the liver and kidneys)
- The practice had a hearing loop and made use of translation services when needed. Staff told us that if patients had any special needs this would be highlighted on the patient system.
- The premises were accessible for pushchairs, baby changing facilities were available and a notice displayed offered patient privacy for breast feeding.
- Patients with no fixed abode were able to register at the practice and we saw evidence of this.
- The practice worked with the local addiction service under a shared care agreement to manage the general health care of patients receiving interventions for substance and alcohol dependency. Data provided by the practice showed that 13% had care plans in place, 52% received a medicines review and 10% had a face-to-face review in the past 12 months.

Access to the service

The practice was open between 7am and 6.30pm Mondays and Tuesdays, 7am to 1pm Wednesdays and 7am to 6.30pm Thursdays and Fridays. On Wednesdays from 1pm to 8am services are provided by WALDOC (Walsall doctors on call).

Appointments were from 7.30am to 12.30pmevery morning and 2pm to 6pm on Mondays, Tuesdays, Thursdays and Fridays. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's' satisfaction with how they could access care and treatment was comparable to local and national averages.

- 76% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and the national average of 76%.
- 79% of patients said they could get through easily to the practice by phone compared to the CCG average of 76% and the national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

Staff we spoke with advised us that patients who requested a home visit would be triaged by a GP or the advanced nurse practitioner. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, we were told that alternative

Good

Are services responsive to people's needs?

(for example, to feedback?)

emergency care arrangements were made by the GP. Clinical and non-clinical staff we spoke with were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns. For example:

- Records we viewed showed that the practice had thoroughly recorded complaints received at the main site and sent patients a detailed response. However, complaints managed by the branch location were not recorded on the practice complaints log and apology letters had limited detail.
- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. For example, during our reception observation, we saw posters displayed in the reception area and the practice had a complaints leaflet available for patients to take away. This explained the complaints process, expected timescales for managing the complaint and what to do if they are unhappy with the response from the practice. Copies were placed in the new patient registration pack.

The practice received seven complaints in the last 12 months. We looked at four complaints and found that these were mainly satisfactorily handled, dealt with in a timely way, openness and transparency with dealing with the complaint. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, following confusions over booked appointments the practice had entered drop in clinics onto the electronic patient management system.

Are services well-led?

Requires improvement

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

Our findings

Vision and strategy

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

- The practice had a mission statement, which was displayed in the waiting area, and staff knew and understood the values.
- The practice had a robust strategy and supporting business plan, which reflected the vision and values and were regularly monitored.
- During our inspection, we saw that staff understood the needs of their population and strived to deliver services, which reflected those needs.
- Lockstown practice merged with Fisher Street Practice in 2015 to form on patient list. There was ongoing work and development being carried out to bring the two practices together to ensure a consistent approach to care delivery.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place, however there were some areas where we saw gaps in governance systems such as ineffective monitoring of training needs and an absence of some assessments to mitigation risks. We also saw that some processes were not effective. For example:

- The process for managing information received from secondary care did not demonstrate an effective system, which ensured all appropriate correspondence, was reviewed by clinicians.
- Arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were mainly documented. risks associated with anticipated emergencies in the absence of specific medicines were not fully recognised and the branch site did not maintain a log of fire safety checks carried out.
- Although the practice were able to demonstrate the completion of appropriate training in some areas, an effective system to ensure all staff had received the necessary knowledge and training appropriate to their role had not been fully established or embedded.
- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- An understanding of the performance of the practice was maintained. Audit and local benchmarking data was used to monitor quality and to make improvements. Performance against QOF was discussed at clinical meetings.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.

Leadership and culture

On the day of inspection, the partners in the practice demonstrated they had the experience, to run the practice. In 2015, the practice merged with another practice with historical challenges, which had not yet been put right. During the inspection, we found a number of issues relating to the branch site. Staff we spoke with were aware of the issues and were taking appropriate actions.

Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour, (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The 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
- The practice kept written records of verbal interactions as well as written correspondence and logged all incoming complaints onto the practice complaints spreadsheet.

Are services well-led?

Requires improvement

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had not analyse the July 2016 national GP patient survey results or develop an action plan to address performance which were below local and national averages.
- The practice had not analysed the July 2016 national GP patient survey results or developed an action plan to address performance in areas, which were below local and national averages. However, the practice had gathered feedback from patients through the patient participation group (PPG) and through complaints received. The PPG met regularly, supported the practice to carry out patient surveys and submitted proposals for improvements to the practice management team. For example, PPG members we spoke with told us that there were issues with car park access. We were told that the PPG successfully campaigned for the local council to introduce parking restrictions such as double yellow lines around the practice to improve patient access. The PPG also raised concerns regarding the number of missed appointments and the general feeling that this were restricting patient access to appointments. As a result, the practice implemented processes, which involved coding non-attenders, which alerted receptionists to call patients prior to their appointment.
- The practice had gathered feedback from staff through team building day's days and generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For examplefollowing feedback from the trainee GP the practice developed a daily action list, which all practitioners followed up on throughout the day. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice were involved in a local bowel screening pilot which started April 2016, this involved the HCA calling patients or using video link to discuss the screening process. The practice was part of a local pilot where GPs carried out nursing home ward rounds twice weekly. They also meet with community colleagues such as community matron, hospital admission avoidance nurse practitioner and the trained nurses located at the nursing home. Data provided by the practice showed a reduction in hospital admission.

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 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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment. **How the regulation was not being met:** The registered person did not ensure that medicine reviews were carried out as part of, and align with, patients care and treatment plans. Patients in receipt of a medicine which required closer monitoring had not been reviewed within recommended time frames. For example, patients in receipt of medicine used to prevent blood clots had not received a specific blood test within recommended time frames to check how well the medicines were working. The registered person did not do all that is reasonably practicable to mitigate risks. For example, in the absence of medicines required to treat a reduction in heart rate the practice did not carried out a risk assessment to mitigate anticipated risks. The registered person did not ensure the proper safe management of blank prescription pads. For example, blank prescriptions were left in clinic room printers at the branch site Fisher Street and doors were left unlocked. This was in breach of regulation 12(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services	Regulation 17 HSCA (RA) Regulations 2014 Good governance

This section is primarily information for the provider

Requirement notices

Surgical procedures Treatment of disease, disorder or injury	Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance. **How the regulation was not being met:** The registered person did not ensure that systems or processes were established and operated effectively. For example, the practice did not establish an effective system for gaining assurance that locum GPs had completed mandatory training as defined by the practice for their role. The registered person did not ensure that hospital correspondence were viewed by staff with the appropriate skills and competency to understand the significance; and implement an effectively system for ensuring appropriate actions are taken when required. For example, the practice were unable to demonstrate that safeguards were in place to ensure a clinician reviewed all clinical correspondence received. The branch location were not thoroughly following practice system and processes. For example, smart card were left in a clinic room. Fire safety checks had not been carried out. This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staffing. **How the regulation was not being met:** The registered person did not ensure staff had received appropriate training or learning to enable them to fulfil the requirements of their role. For example, some staff had not received chaperoning, safeguarding, basic life support, fire safety, information governance or health and safety training.

This section is primarily information for the provider

Requirement notices

The registered person did not establish a system to monitor the completion of all learning, development and required training completed; or establish a system to ensure appropriate action were taken quickly when training requirements were not being met.

This was in breach of regulation 18(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.