

Dr Louise Miller

Quality Report

Boyne Avenue Surgery
57 Boyne Avenue
Hendon
London
NW4 2JL

Tel: 020 8457 1540

Website: <http://www.boyneavenuesurgery.co.uk/>

Date of inspection visit: 25 January 2017

Date of publication: 10/04/2017

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



Summary of findings

Contents

Summary of this inspection

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

Detailed findings from this inspection

Our inspection team	13
Background to Dr Louise Miller	13
Why we carried out this inspection	13
How we carried out this inspection	13
Detailed findings	15

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Louise Miller on 20 April 2016. The overall rating for the practice was inadequate as safe and well led were rated inadequate and effective and responsive were rated as requires improvement; caring was rated good. The practice was placed in special measures for a period of six months.

The full comprehensive report on the 20 April 2016 inspection can be found by selecting the 'all reports' link for Dr Louise Miller on our website at www.cqc.org.uk.

This inspection was undertaken following the period of special measures and was an announced comprehensive inspection on 25 January 2017. Overall the practice is now rated as Good.

Our key findings were as follows:

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. However, formal business plans were yet to be developed to support the practice's need to improve clinical capacity and key indicator performance had reduced since our last inspection.

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients told us that they were involved in decisions about their care and treatment and that they were treated with compassion, dignity and respect.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- With the exception of patient satisfaction on appointments access, we noted that performance was comparable or above local and national averages.

Summary of findings

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

The areas where the provider should make improvement are:

- Consider reviewing the infection control audit so that it is clear who is leading actions and by when so that they are followed up in a timely way.
- Review processes for recording water temperatures in line with the legionella risk assessment.

- Continue to develop the practice's quality improvement programme by progressing from one cycle to two cycle clinical audit.
- Progress plans to purchase a hearing loop.
- Continue to improve access to appointments.
- Formalise business plans to support the practice's need to improve clinical capacity and key indicator performance.

I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by the service.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- When we inspected in April 2016, we noted a limited use of systems to record and report safety concerns, incidents and near misses. Some staff were unclear as to how to raise or report concerns and we noted that when things went wrong, reviews and investigations were not thorough and did not include all relevant people.
- At this inspection we noted that there was an effective system in place for reporting and recording significant events. For example, nine significant events had been recorded since our April 2016 inspection and we saw evidence that lessons were shared and actions taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- At our April 2016 inspection, we found that there were limited safety systems in place to identify, record and manage risks and issues and there was limited information on how actions were to be implemented or mitigated. For example in regard to fire safety and infection control.
- At this inspection we identified clearly defined and embedded systems, processes and practices in place to keep patients safe. For example, fire safety risks had been reviewed and actions implemented to mitigate them. Infection control processes had been reviewed and actions identified and put in place to ensure best practice was adhered to.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average compared to the national average.
- Staff were aware of current evidence based guidance.
- When we inspected in April 2016 we identified that the practice had not undertaken any completed clinical audit cycles and there was no clear audit strategy in place. At this inspection we

Summary of findings

found that a quality improvement plan had been developed and the practice had undertaken four audits since our last inspection with one having completed over two cycles, with the remaining due to complete in early 2017.

- During our April 2016 inspection we identified that staff induction, role specific training, and appraisal needed improving. For example, training records were incomplete and there was no mandatory training programme. At this inspection, we noted that an online training resource had been put in place and all staff had received training as appropriate to their role. We also found evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Survey information we reviewed showed that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia. For example, the practice reviewed its patients over the age of 75 and we saw well documented examples of care plans.
- Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was generally above or line with local and national averages. However, during our April 2016 inspection we

Good



Summary of findings

identified through the patient survey that 48% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared to the national average of 76%.

- At this inspection we noted that patient satisfaction remained generally above or line with local and national averages an improvement in survey results from 48% to 55% (national average remained 76%). The practice were aware and had plans in place to continue to improve access.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. However, there were no formal business plans to support the practice's need to improve clinical capacity and key indicator performance had reduced since our last inspection.
- During our April 2016 inspection we found that the delivery of high-quality care was not assured by the governance arrangements in place. At the time of the last inspection there were minimal structures and procedures to support an overarching governance framework. This included arrangements to monitor and improve quality and identify risk. For example, staff were not clear about individual roles and responsibilities. Significant concerns were not being properly identified, recorded and managed.
- At this inspection we found that practice leads had developed an effective governance framework to support the practice in delivering its mission. This included updates of policies and procedures that drive effective processes and procedure. For example, the GP lead encouraged a culture of openness and honesty notifiable safety incidents and complaints were being managed in accordance with good practice. However, despite this improvement we found that performance in key QOF (Quality outcomes framework) indicators such as hypertension, dementia and the management of diabetes had reduced since our April 2016 inspection.

Requires improvement



Summary of findings

- The provider was aware of the requirements of the duty of candour. We reviewed we saw evidence the practice complied with these requirements.
- Following our inspection in April 2016 the practice reviewed how it sought proactive feedback from staff and patients and re-established its patient participation group. In collaboration with Altogether Better (an organisation commissioned by the NHS) the practice had developed health champions; patients who are trained volunteers visit the practice and meet to support the health and wellbeing of the local patient population. For example, creating resources for patients on health and activities to live healthier lives.
- There was a focus on continuous learning and improvement at all levels. Staff training was a priority and was built into staff rotas.
- GPs who were skilled in specialist areas such as elderly care used their expertise to offer additional services to patients.

Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for the care of older people.

Good



- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice shared summary care records with local care services.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible.

People with long term conditions

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

Good



- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was similar to the national average. For example, the percentage of patients with diabetes, on the register, in whom the last blood sugar level is 64 mmol/mol or less in the preceding 12 months was 68% compared to a local CCG average of 77% and a national average of 78%. For the percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less was 80% compared to 80% nationally.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.

Summary of findings

- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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

- From the sample of documented examples we reviewed we found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.

Good



Working age people (including those recently retired and students)

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

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, extended opening hours and Saturday appointments.
- 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.

Good



People whose circumstances may make them vulnerable

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

Good



Summary of findings

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

- The practice carried out advance care planning for patients living with dementia.
- 86% of patients diagnosed with dementia had had their care reviewed in the preceding 12 months compared with a local CCG average of 85% and a national average of 84%.
- The practice specifically considered the physical health needs of patients with poor mental health and dementia.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- Performance for mental health related indicators were below the national average. For example, 75% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the last 12 months compared with a local CCG average of 91% and a national average of 89%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.

Good



Summary of findings

- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published July 2016. The results showed the practice was performing in line with local and national averages. Three hundred and thirty one survey forms were distributed and 107 were returned. This represented 5% of the practice's patient list.

- 81% of patients described the overall experience of this GP practice as good compared with the CCG average of 82% and the national average of 85%.
- 73% of patients described their experience of making an appointment as good compared with the CCG average of 70% and the national average of 73%.

- 73% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 75% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 42 comment cards which were all positive about the standard of care received. Patients told us that all staff were caring and genuine. They told us that the practice staff were was a friendly, polite and helpful and responsive to their needs and concerns.

We spoke with three patients during the inspection. All three patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Dr Louise Miller

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 and a second CQC inspector.

Background to Dr Louise Miller

Dr Louise Miller (also known as Boyne Avenue Surgery) is situated in Barnet, North London as is part of NHS Barnet Clinical Commissioning Group (CCG). The practice holds a General Medical Services contract (an agreement between NHS England and general practices for delivering primary medical services). The practice provides a range of enhanced services including adult and child immunisations, proactive support for people living with dementia, and identifying patients who are at high risk of avoidable unplanned admissions.

The practice is registered with the Care Quality Commission to carry on the regulated activities of Maternity and midwifery services, Treatment of disease, disorder or injury, Family planning, Surgical procedures and Diagnostic and screening procedures.

The practice had a patient list of approximately 2,000 at the time of our inspection.

The staff team at the practice includes one principal GP partner (female) working five sessions per week and one regular locum GP working one session per week (female). The practice is supported by additional locum staff who cover three sessions per week. There is one nurse practitioner (female) and one practice nurse (female)

providing two sessions per week. To support the practice and patients there are three staff in its administrative team; including a practice manager. All staff work a mix of part time hours. The practice provides placements for undergraduate medical students.

The practice opening hours are:

Monday 8am to 6:30pm

Tuesday 8am to 7:30pm

Wednesday 8am to 6:30pm

Thursday 8am to 1pm

Friday 8am to 6:30pm

Saturday Closed

Sunday Closed

Urgent appointments are available each day and GPs also complete telephone consultations for patients. In addition, the practice is a member of the Pan Barnet federated GPs network; a federation of local Barnet GP practices which was set up locally to provide appointments for patients at eight local hub practices between 8am and 8pm, providing additional access out of hours. There is also an out of hours service provided to cover the practice when it is closed. If patients call the practice when it is closed, an answerphone message gives the telephone number they should ring depending on their circumstances. Information on the out-of-hours service is provided to patients on the practice leaflet as well as through posters and leaflets available at the practice.

The practice has a higher percentage than the national average of people with a long standing health conditions (58% compared to a national average of 54%). The practice has a higher than the national average percentage of

Detailed findings

patients under the age of 18 (44% compared to 38% nationally). The average life expectancy for both females (87%) and males (82%) is higher than both the CCG (81%) and national average (84%).

Why we carried out this inspection

We undertook a comprehensive inspection of Dr Louise Miller on 20 April 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as inadequate for providing safe and well led services and was placed into special measures for a period of six months.

We also issued a warning notice to the provider in respect of safe care and treatment and informed them that they must become compliant with the law by 12 July 2016. We undertook a further announced comprehensive inspection of Dr Louise on 25 January 2017. This inspection was carried out following the period of special measures to ensure improvements had been made and to assess whether the practice could come out of special measures.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 25 January 2017. During our visit we:

- Spoke with a range of staff (GP, Practice Nurse, Practice Manager, and a Receptionist) and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area and talked with carers and/or family members

- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.

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

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

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

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

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

Are services safe?

Our findings

At our previous inspection on 20 April 2016, we rated the practice as inadequate for providing safe services as the arrangements in respect of learning from events or action to improve safety, safety systems and processes, monitoring of risks to patients such as cleanliness and infection control and arrangements to deal with emergencies were not adequate.

These arrangements had significantly improved when we undertook a follow up inspection on 25 January 2017. The practice is now rated as good for providing safe services.

Safe track record and learning

When we inspected in April 2016, we noted a limited use of systems to record and report safety concerns, incidents and near misses. Staff were not always clear what constituted an incident or significant event and we noted when things went wrong, reviews and investigations were not thorough and did not include all relevant people. We asked the provider to take action.

At this inspection we noted that there was an effective system in place for reporting and recording significant events. We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. Nine significant events had been recorded since our April 2016 inspection and we saw evidence that lessons were shared and action taken to improve safety in the practice.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

Staff told us that openness and transparency about safety was encouraged; they understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. For example, staff spoke positively about how learning from significant events was routinely discussed at team meetings and used to improve patient safety. Following an incident where the wrong blood test had been requested by a member of reception staff following a private patient consultation outside of the practice (non NHS), a discussion had taken place during a team meeting where the relevant protocol was reviewed and updated. It was agreed only clinicians requested blood tests in future.

Overview of safety systems and process

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. We found that arrangements reflected relevant legislation and local requirements. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities. At this inspection we noted that all staff had now received training on safeguarding children and vulnerable adults relevant to their role. GPs were all trained to child safeguarding level 3, practice nurses to level 2 and non-clinical staff to level 1.
- At the April 2016 inspection we noted that two staff members who acted as chaperones had not 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). We also found that the practice had not conducted a risk assessment to assess the risks associated with staff undertaking the role of a chaperone to determine who should have a DBS check in place. During this inspection we found that all staff working at the practice had received a DBS check to ensure they were all safe to act in the capacity as a chaperone.

Are services safe?

- At our April 2016 inspection, we noted that three members of staff including the practice's cleaning contractor, had not received up to date infection control training and although an annual infection control audit had been undertaken we noted that no actions had been identified. We also noted that there were no cleaning schedules to outline the frequency, or level of cleaning required for specific areas of the practice in line with national guidelines. At this inspection, we noted that all staff had received infection control training and an up to date audit had taken place following our 2016 inspection. We saw action had been taken to address identified concerns. For example, all waste bins had been replaced with foot operated pedal bins, lighting had been replaced and administrative areas were clutter free to allow access for cleaning. Cleaning schedules were also in place and we noted that the practice maintained appropriate standards of cleanliness and hygiene. One of the practice nurses was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. We saw evidence that the practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Blank prescription forms and pads were securely stored; since our April 2016 inspection a system had been implemented to monitor their use.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment. One of the practice nurses had qualified as an independent prescriber and could therefore prescribe medicines for specific clinical conditions. We noted the lead GP provided mentorship and support for this extended role.
- During our inspection in April 2016, we identified eight staff members (two of which were regular locums) did not have the appropriate recruitment checks in place. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate DBS checks. At this inspection, we found recruitment checks were in place for a recently employed member of staff as well as all recently employed locum GPs. The practice's recruitment policy had been reviewed and updated in 2016 following our visit and a recruitment checklist put in place to ensure all appropriate checks were undertaken prior to the staff member commencing employment at the practice.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- At our April 2016 inspection, we found that procedures for monitoring and managing risks to patient and staff safety were not kept up to date. For example, fire risk assessments had not been reviewed since 2011 and actions had not been followed up. Staff could not recall when the last fire drill had been carried out. There was no system in place for checking that fire extinguishers had been serviced and there was no record to identify how long this had been the case.
- At this inspection we found that health and safety and fire procedures had been reviewed in July 2016. Actions were being taken to ensure that risks to staff and patient safety were monitored and managed. The practice had conducted a fire risk assessment and recommendations were being implemented. For example, all fire extinguishers had been serviced and fire safety training undertaken. In addition, immediately following our 2016 inspection, a fire drill had taken place and practice leads informed us that a proposal had been submitted to NHS England with the support of the Clinical Commissioning Group for additional funding to act on recommendations, such as the installation of a fire alarm.
- During our April 2016 inspection we also found that infection control and Legionella risk assessment had not taken place. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). During this inspection we found the practice had reviewed its procedures and processes in relation to infection control and had an up to date policy, and risk

Are services safe?

assessment which included an infection control audit and cleaning schedules. We noted that actions had been identified such as removing unnecessary clutter in clinical and non-clinical rooms to allow for more effective cleaning, replacing waste bins to ensure they were pedal operated and cleaning schedules now identified frequency of cleaning. However, we identified that it was not always clear from the audit who was responsible for actioning any changes and when these would be put in place. For example, in one of the clinical rooms a disposable curtain required replacement but the date had not been noted on the audit or the person responsible for this action.

- During this inspection we noted that a legionella risk assessment had taken place in July 2016 as part of the practice's systemic review of safety. Practice leads told us that water testing was taking place monthly and had a thermometer as recommended, but these checks were not recorded. Immediately following the inspection the practice took action to rectify this.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. The lead GP told us that whilst they actively continued to recruit an additional salaried GP to provide stability for the practice, it was still supported by locums. However, we were advised the practice now had one established locum working one regular session each week and additional locums working three weekly sessions as well as covering any annual leave. The practice's lead GP told us that it had progressed plans since our last visit to work collaboratively with another local practice in regard to sharing resources. Joint clinical meetings had commenced and a healthcare assistant was due to commence employment at the practice in March 2017.

At our April 2016 inspection we noted that only 48% of patients were able to get an appointment to see or speak to someone the last time they tried (compared to the national average of 76%). At this inspection we reviewed the July 2016 patient survey results and found this had increased to 55%.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All training certificates were available for all staff and all staff had received the appropriate basic life support training.
- At our April 2016 inspection we found that although regular checks were undertaken by staff on the defibrillator there had been no regular checks in place for the oxygen. For example, we found no masks for children available and we found that two adult masks were not in sealed and dated bags so we could not ascertain if they had been used. This could put patients at risk of infection if required during an emergency. There was an annual service check for the oxygen in place. A first aid kit and accident book were available. At this inspection we found that all required checks were in place and all appropriate equipment necessary for safe use with oxygen was 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 business continuity plan that had been updated since our last inspection in April 2016 to include all emergency contact numbers for all staff should there be any major incidents such as power failure or building damage.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 20 April 2016, we rated the practice as requires improvement for providing effective services as the arrangements in respect of clinical audits, staff induction, role specific training and appraisal needed improving.

These arrangements had significantly improved when we undertook a follow up inspection on 25 January 2017. The provider is now rated as good for providing effective services.

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. For example in October 2016 the practice undertook an audit of patients who take Gliptin (a medicine used in the treatment of diabetes mellitus) to assess the medicine's impact on a patient's blood glucose levels and to make the decision as to whether they would be best stopping this medicines or instead being prescribed the alternative Alogliptin as advised in the NICE guideline.

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 were 83% of the total number of points available compared to a local average of 94% and national average of 95%. Exception reporting rate overall was 4%, compared with CCG average of 5% and the national average of 6%. (Exception reporting is the process by which practices are not penalised where, for example, patients do not attend for review, or where a medication

cannot be prescribed due to a contraindication or side-effect). This practice was not an outlier for any QOF (or other national) clinical targets. Published data from 2015/16 showed:

- Performance for hypertension related indicators had reduced since our last inspection in April 2016, although it remained similar CCG and national averages. For example, the percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less was 75 % (81% in 2014/15) compared with a CCG average of 81% and a national average of 83%. Exception reporting was 2.8% for this clinical domain compared to 3% nationally.
- Performance for mental health related indicators had reduced since our last inspection in April 2016 and was below the local and national average. For example: 75% (100% in 2014/15) of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the last 12 months compared with a CCG average of 91% and a national average of 89%. Exception reporting was zero for this clinical domain compared to 7% for the CCG and 13% nationally.
- Performance for dementia related indicators had reduced since our last inspection in April 2016; however remained similar to the national average. Eight six percent (100% in 2014/015) of patients diagnosed with dementia had had their care reviewed in the preceding 12 months compared with a national average of 84%. Exception reporting was 4% for this clinical domain compared to 7% nationally.
- Performance for diabetes related indicators was similar to or below the national average. The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less was 59% (66% in 2014/15) compared to the CCG average of 76% and a national average of 78%. For the percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less was 80% (84% in 2014/15) compared to the CCG average of 78% and 80% nationally. Exception reporting was 7% for this clinical domain compared to 11% nationally.

Are services effective?

(for example, treatment is effective)

We spoke to practice leads about QOF performance in 2015/16. They told us that although maximum points had been achieved in asthma, dementia, and COPD (Chronic obstructive pulmonary disease) there had been a number of issues in relation to the consistency of coding patient reviews. Practice leads told us that this was often due to locums using incorrect QOF codes on patient records which therefore made QOF reporting more difficult. For example, although all patients with depression had had a review, the review codes being identified needed to be amended. Practice leads also identified that spirometry required review for those patients with COPD as the practice's performance was 71% (spirometry is a test used to assess how well a patient's lungs work by measuring how much air they inhale, how much they exhale and how quickly they exhale). As a result a shared resource arrangement with a local practice has enabled the practice to access a health care assistant who will assist with spirometry. Practice leads understood practice performance and had developed plans to support patients with improving their long term conditions.

At our last inspection in April 2016 we found that the practice had not undertaken any completed clinical audit cycles and there was no clear audit strategy in place. The only audits undertaken were CCG led prescribing audits and two clinical audits which focused on atrial fibrillation and Osteoporosis that had not been completed over more than one cycle. Therefore, it was not clear how improvements were implemented and monitored over time.

At this inspection we found that the practice had developed an audit plan for 2016/17. Four audits had been identified; three of which were due to complete a second cycle in March and April 2017. The complete two cycle audit was to identify patients at risk of calcium and vitamin D deficiency. The initial cycle in April 2016 identified 489 patients who were reviewed of which 95 patients met the deficiency criteria and of those 67 required an intervention by the clinician. The second cycle in December 2016 identified 474 patients were reviewed of which 94 patients met the deficiency criteria and of those 28 required intervention by the clinician. Following the audit the practice agreed that all patients who are suspected of osteoporosis will have a specialist bone scan before any medication is issued. All fractures reported in correspondence to the practice will be investigated to ensure that no fragility fractures are missed.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. At the April 2016 inspection we had noted that not all induction checklists had been completed for newly appointed staff. At this inspection we saw that checklists for staff had been completed and the practice had reviewed its staff induction.
- When we inspected in April 2016 we found that training records were incomplete and there was no mandatory training programme. We found that where staff worked elsewhere checks were not always in place so that the provider could be assured that appropriate training had been undertaken or if an accreditation was required. Practice policy on training did not specify how these checks would be achieved. At this inspection we identified that practice leads had taken steps to ensure that all mandatory training had taken place for all staff at the required level. The practice policy on training had been reviewed and where staff had completed training whilst employed elsewhere, copies of certificates were appropriately stored in staff training records. This practice was using an online training system to assist in keeping all training up to date.
- 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 professional network meetings.
- At our April 2016 inspection we found that learning needs of staff were not always identified. There were gaps in management and support arrangements for staff. We found that appraisals had not been completed for one member of non-clinical staff and the practice nursing staff in over a year. At this inspection we noted that all staff appraisals had taken place and learning needs had been identified for staff. Practice nurses had been appraised by the lead GP.

Are services effective?

(for example, treatment is effective)

- When we inspected in April 2016 we found that staff did not always receive training that included: safeguarding, fire safety awareness, information governance. During this inspection we reviewed six training files (which included one sessional locum GP) and found that all members of staff identified had received the appropriate training. In addition, safeguarding training had been completed for non-clinical staff. We also found that training for staff on information governance had taken place in January 2017. Staff had access to and had begun to make use of e-learning training modules, in-house training and external training. Staff told us that practice meetings are used as a forum to ensure that training and learning was embedded into everyday practice.

Coordinating patient care and information sharing

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

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

Staff told us that they 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. For example we saw example of care plans being reviewed and updated for patients with complex needs. The practice is a part of the local network that had developed a review protocol for patients over the age of 75. Each week the lead GP saw two patients for a 30 minute extended consultation to review any complex conditions and ensure care plans remained effective.

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.
- During our April 2016, we found that although there was a process for seeking consent; this was not yet monitored through regular patient records audits. At this inspection we found that an initial consent audit had been put in place for minor surgery and immunisations. Findings identified included reviewing how consent is recorded. For example, when the practice was not recording consent for repeat cryotherapy (the use of extreme cold in surgery or other medical treatment) procedures after the initial consent was taken.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- Patients requiring access to mental health support. The practice hosted the CCG primary care mental health worker in association with the Clinical Commissioning Group (CCG).

The practice's uptake for the cervical screening programme was 78%, which was comparable to the CCG average of 78% and the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. 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. 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

Are services effective?

(for example, treatment is effective)

women who were referred as a result of abnormal results.
The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we observed that 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.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 42 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with three patients who were members of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice's satisfaction scores on consultations with GPs and nurses were comparable to or above average. For example:

- 84% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 86% and the national average of 87%.
- 83% of patients said the GP gave them enough time compared to the CCG average of 84% and the national average of 87%.
- 88% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 91% and the national average of 92%

- 86% 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 a national average of 85%.
- 88% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 87% and the national average of 91%.
- 88% of patients said the nurse gave them enough time compared with the CCG average of 88% and the national average of 92%.
- 99% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 96% and the national average of 97%.
- 87% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 87% and a national average of 91%.
- 88% of patients said they found the receptionists at the practice helpful compared with the CCG average of 84% and the national average of 87%.

Practice leads told us they had not undertaken a local patient survey in the last 12 months. However, the patient participation group was working with the practice to develop one to meet the specific needs of its patient population.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed 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.

Children and young people were treated in an age-appropriate way and recognised as individuals.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line or above local and national averages. For example:

Are services caring?

- 81% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 85% and the national average of 86%.
- 84% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and a national average of 82%.
- 83% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 85% and the national average of 90%.
- 82% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 80% and a national average of 85%.

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

- Staff told us that interpretation 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.
- The 'Choose and Book' service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital).
- Since our last inspection in April 2016 the practice has invited Altogether Better an organisation that involves supporting GP Practices to think about what happens outside of the consulting room and the ways local people working as volunteers such as practice health champions can play a key role in shaping the ideas and services that can make a positive difference to patients

and the wider community. Working to redevelop the practice's patient participation group has enabled the practice to gain a better understanding of local health needs, and improve connections between different services and local networks. This has reduced isolation, helping people to develop new skills and experiences, and supporting people to better manage their physical and mental health.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 45 patients as carers (2% of the practice list). Written information was available to direct carers to the various avenues of support available to them. Older carers were offered timely and appropriate support. For example, carers are offered appointments alongside the patient they are caring for.

The practice health champions offer help to carers to ensure that the various services supporting carers were coordinated and effective.

Staff told us that if families had experienced 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.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 20 April 2016, we rated the practice as requires improvement for providing responsive services as the arrangements in respect of recording, investigating and learning from complaints needed improving.

These arrangements had significantly improved when we undertook a follow up inspection on 25 January 2017. The practice is now rated as good for providing responsive services.

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population.

- The practice offered extended hours on a Tuesday evening until 7.30pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with complex needs such learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice sent text message reminders of appointments and test results.
- Patients could make appointments online and could access their blood results securely online.
- Patients could access phlebotomy services at the practice each Wednesday morning.
- The practice hosted the primary care mental health worker giving additional support to both clinicians and patients in need of support.
- Appointments with the practice nurse were also available outside of school and working hours.

- Patients were able to receive travel vaccines available on the NHS as well as those only available privately/ were referred to other clinics for vaccines available privately.
- There were accessible facilities and interpreting services available. The practice had plans in place to purchase a hearing loop.
- Staff told us that they were particularly aware of the importance of respecting the religious and cultural beliefs of the practice's Jewish population; that when a patient passes away there is a need for a burial without undue delay.

Access to the service

The practice is open between 8am and 6.30pm Monday, Tuesday, Wednesday and Friday and from 8am to 1pm on Thursdays. GP appointments are available between 9am and 11am and between 3.30pm and 5.30pm except Tuesday afternoons when appointments are offered between 5pm and 7.30pm. The surgery is closed all Saturdays, Sundays and bank holidays. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was generally above or line with local and national averages. For example:

- 75% of patients said they could get through easily to the practice by phone compared to the CCG average of 66% national average of 73%.
- 90% of patients said their last appointment was convenient compared with the CCG average of 90% and the national average of 92%.
- 73% of patients described their experience of making an appointment as good compared with the CCG average of 70% and the national average of 73%.
- 63% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 54% and the national average of 58%.
- 62% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 72% and the national average of 76%.

Are services responsive to people's needs?

(for example, to feedback?)

However, 55% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 72% and the national average of 76%. At our last inspection we noted that 48% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared to the national average of 76%. People told us on the day of the inspection that they were able to get appointments when they needed them. However, six CQC comments cards stated that it was often difficult to get an appointment when they needed to see a GP or nurse.

During this inspection we noted that the practice had been able to make improvements to access by increasing the number of patients taking up online appointment booking. The lead GP also told us they were continuing to use locum GP's to cover sessions and had recently begun to work in partnership with other local practices so as to share resources. The first step was establishing a joint health care assistant post with a neighbouring practice. These actions were in direct response to the need to improve availability of routine appointments and practice opening hours.

The practice had a system to assess:

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

The practice telephoned the patient or carer in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. 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, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

At our last inspection in April 2016 we found that the practice's system for handling complaints and concerns was not always effective. We noted that complaints were not being dealt with in a timely and satisfactory way. It was not clear how lessons were learnt from individual concerns and complaints and also from analysis of trends. It was difficult to identify how action was taken as a result to improve the quality of care.

During this inspection we found that the practice had reviewed its complaints process and established and effective system.

- 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, the practice had now put information regarding how to complain on its practice website as well as on display in the waiting area.

Since our last visit, we noted that both verbal and written complaints were now being recorded. One formal complaint had been received and we found that it had been dealt with in a timely and transparent manner. Lessons were learned from individual concerns and complaints and action had been taken as a result to improve the quality of care. For example, the lead GP met with a patient who had been concerned about the length of consultation time given to discuss a number of health concerns. We saw evidence that this discussion had been recorded and action was taken to explain to the patient about booking more than one appointment or requesting a double appointment for more complex concerns.

Are services well-led?

Requires improvement 

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

Our findings

At our previous inspection on 20 April 2016, we rated the practice as inadequate for providing well-led services as there was little evidence of an overarching governance structure.

These arrangements had significantly improved when we undertook a follow up inspection on 25 January 2017. The practice is now rated as requires improvement for being well-led.

Vision and strategy

At our 20 April 2016 inspection, the lead GP told us that increasing clinical capacity was a priority. At this inspection we saw evidence of steps to increase clinical capacity such as partnership working with local practices to share clinical staffing resources. We were also told that there was potential for sharing additional clinical and non-clinical resources so as to enable the practice to increase its staffing capacity and widen its knowledge base and expertise. However, there were no formalised business plans in place to support these proposals.

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 areas and on the practice's website and staff knew and understood the values.
- The practice had begun to develop a clear strategy which reflected the vision and values of the practice. However, business plans were not in place to regularly monitor progress.

Governance arrangements

During our April 2016 inspection we found that the delivery of high-quality care was not assured by the governance arrangements in place. At the time of the last inspection there were minimal structures and procedures to support an overarching governance framework. There was no system or programme of continuous clinical and internal audit, no evidence of arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. There were concerns in relation to the management of significant events and complaints. Recruitment processes were not effective or safe.

At this inspection, we saw that practice leads had made significant improvement in establishing an effective governance framework, which supported the delivery of the strategy and good quality care. This outlined the structures and procedures and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas. For example, practice nurses lead on childhood immunisations and cervical screening.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice.
- A programme of continuous clinical and internal audit had been established and was in progress to monitor quality and to make improvements.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. Fire safety arrangements had been reviewed and action implemented. Infection control training had taken place and policies and procedures had been revised in line with published guidance.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.
- Recruitment arrangements had been reviewed and updated to ensure they were in line with recommended guidelines and to ensure patient safety.
- An induction, training and appraisal programme had been put in place to ensure staff could carry out the duties they were employed to perform.

Leadership and culture

Since our April 2016 inspection the lead GP (provider) and practice manager had focussed on establishing an effective governance framework in which staff could work. Roles and responsibilities were much clearer and although clinical capacity remained a challenge. The lead GP had made progress in developing alliances that would allow for effective resource sharing. The practice manager had

Are services well-led?

Requires improvement 

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

worked with the local clinical commissioning group and other management support resources to establish clear processes and deliver on improvements. Practice leads told us they prioritised safe, high quality and compassionate care. Staff told us the lead GP and practice manager were approachable and always took the time to listen to them.

The lead GP was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). Since the April 2016 inspection the practice had established a system to ensure compliance with the requirements of the duty and staff had received the appropriate training on how to communicate with patients about notifiable safety incidents. The GP lead encouraged a culture of openness and honesty. From the sample of two documented examples we reviewed we found that the practice had systems 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.

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

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- 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. Minutes were comprehensive and were available for practice staff to view.
- 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

When we visited the practice in April 2016 we identified that the practice was not proactively engaging patients in the delivery of the service and practice's patient participation group (PPG) had not met on a regular basis and did not have clear terms of reference.

At this inspection, we identified that the practice had re-established its patient participation process by collaborating with Altogether Better an organisation commissioned by the NHS to assist general practice's in developing their own health champions; patients who voluntarily give their time to work with the staff in their local GP Practice or surgery to find new ways to improve the services that the practice offers, and to help to meet the health needs of patients and the wider community. We spoke to three patients involved in the programme who spoke passionately about their involvement the benefits.

Practice staff told us they had a better understanding of the local community which had enriched decision making in GP practice through the development of a greater understanding of local need. Trained volunteers told us that health champions support the health and wellbeing of the local community and also develop new skills and experiences which support their own personal development and growth. For example, Health champions visit the practice on a rotated basis to speak to patients, there is a dedicated notice board to the group which includes local information and activities developed by the group such as a coffee morning, and we noted plans to introduce seated yoga.

Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management and did this through regular team discussions. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

During our April 2016 inspection we found little evidence to support continuous improvement. At this inspection there was a renewed focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and had developed strong relationships within local networks to drive forward change, for example they had engaged support to help establish more effective governance arrangements. Despite

Are services well-led?

Requires improvement



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

ongoing recruitment challenges, the GP lead had identified ways to work collaboratively with another local practice to share resources. Initially, through establishing a shared arrangement for the healthcare assistant and developing plans to look at ways to share non-clinical resources where

the need may arise. Discussions also included combining clinical meetings so that knowledge could be shared. For example, a recent joint meeting took place to discuss female genital mutilation; recognising the signs and how to access advice through the appropriate referral processes.