Chatham Street Surgery

Quality Report

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

Ratings

Overall rating for this service	Inadequate
Are services safe?	Inadequate
Are services effective?	Requires improvement
Are services caring?	Requires improvement
Are services responsive to people's needs?	Requires improvement
Are services well-led?	Inadequate

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Chatham Street Surgery on 5 April 2016. This comprehensive inspection was carried out to check that the practice was meeting the regulations and to consider whether sufficient improvements had been made.

Our previous inspection in August 2015 found breaches of regulations relating to the safe, effective, caring and responsive delivery of services. There were also concerns and regulatory breaches relating to the management and leadership of the practice, specifically in the well led domain. The overall rating of the practice in August 2015 was inadequate and the practice was placed into special measures for six months.

During the inspection in April 2016, we found evidence of minor improvements having been made. However, the practice continues to be rated as inadequate overall due to the unsatisfactory levels of improvement. Specifically it is rated inadequate for the provision of safe and well led services and requires improvement for provision of effective, caring and responsive services. Our rating of inadequate for the provision of well led services reflects the failure of leadership and management to deliver significant progress in improving services across the board for all patient groups.

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

- The practice did not have a clear leadership structure. There was insufficient leadership capacity and limited formal governance arrangements. The practice did not have a culture of risk management and was reactive to improvement in services and failed to demonstrate a drive for constant and sustainable improvement.
- Patients were at risk of harm because systems and processes were not in place to keep them safe. For example appropriate recruitment checks on staff had not been undertaken prior to their employment and systems to ensure action had been taken in regard to national safety alerts were ineffective.
- Feedback from patients was encouraged but the response to feedback was limited. For example, the practice had appointed additional nursing staff to

Summary of findings

increase appointment capacity but did not demonstrate a commitment to address feedback relating to unhelpful reception staff or an inefficient appointment system.

- Data showed patient outcomes, particularly for patients with long term conditions, had improved. However, we found care plans to support patient outcomes were not always in place or effective. In a number of cases, there was little evidence to confirm patients had been involved with the development of their care plan.
- Patients were positive about their interactions with staff and said they were treated with compassion and dignity.
- Appointment systems were not working well so patients did not receive timely care when they needed it.

The areas where the provider must make improvements are:

- Ensure all actions required in response to national safety alerts are completed and recorded.
- Take action to address identified concerns with monitoring of cleaning standards throughout the practice premises.
- Ensure recruitment arrangements include all necessary employment checks for all staff.
- Ensure all risks to patient safety are identified and action taken to reduce risk. For example, in keeping liquid nitrogen at the practice and in assessing the risk of legionella and the safety of the practice premises.
- Ensure the planned clinical audits, including re-audits, take place and inform improvements in patient outcomes.
- Ensure care plans are appropriately recorded and involve the patient in the development of their care plan.
- Implement formal governance arrangements including systems for assessing and monitoring risks and the quality of the service provision.
- Provide staff with appropriate policies and guidance to carry out their roles in a safe and effective manner which are reflective of the requirements of the practice.
- Clarify the leadership structure and ensure there is leadership capacity to deliver all improvements
- Improve processes and access for making appointments.

The areas where the provider should make improvements are:

- Review and ensure carers are encouraged to register as such to enable them to access the support available via the practice and external agencies.

This service was placed in special measures in August 2015. Insufficient improvements have been made such that there remains a rating of inadequate for the delivery of safe and well led services. This led to a continued rating of inadequate. Therefore, we are taking action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration. The service will be kept under review whilst we complete our action and if needed this could be escalated to urgent enforcement action.

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 remains rated as inadequate for providing safe services.

- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example, cleaning standards had not been monitored effectively and the practice did not have a system in place to confirm action had been taken in response to national safety alerts relating to medicines.
- The health and safety policy was not underpinned by a robust risk assessment of the risks associated with the practice premises. For example safe entry and exit and risks of slips, trips and falls had not been assessed.
- The risks associated with keeping liquid nitrogen on the premises had not been assessed.
- There was insufficient attention to safeguarding children and vulnerable adults .
- Staff were aware of their responsibilities to report suspicions of abuse but were not always clear about who to report their concerns to. Safeguarding policies were not robustly reviewed and kept up to date.
- The practice had purchased a defibrillator (AED). (An AED is a portable electronic device that analyses life threatening irregularities of the heart including ventricular fibrillation and is able to deliver an electrical shock to attempt to restore a normal heart rhythm). However, staff had not been trained to use the defibrillator and therefore it was not in use at the time of inspection. Patients who needed this treatment were at risk because staff were not able to use the equipment.
- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. When there were safety incidents, reviews and investigations were carried out and learning was shared with staff to reduce the opportunity for similar incidents to occur in the future.

Are services effective?

Requires improvement

The practice remains rated as requires improvement for providing effective services, as there are areas where improvements should be made.

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- Data showed patient outcomes had improved since our last inspection. However, the practice was unable to demonstrate that care plans for patients with long term conditions or complex medical needs were robust and had been agreed with the patient.
- The practice did not have an audit plan that supported improvement in performance to improve patient outcomes. However, a diabetes audit had been undertaken and was being used to underpin care of patients diagnosed with this condition.
- When we visited the practice in August 2015 staff had not received appraisals to review their performance or identify training needs. At this inspection we found all staff in post for over a year had received an appraisal since our last inspection.
- The practice had achieved a 22% improvement in the national indicators for care of patients with long term medical conditions. However, care plans that contributed to the improvement showed little evidence of the patient being involved in the development of their plan or were hospital discharge summaries.
- The practice had invested in an online training package and identified core training for all staff.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring?

Requires improvement

The practice remains rated as requires improvement for providing caring services, as there are areas where improvements should be made.

- Data from the National GP Patient Survey showed patients rated the practice lower than others for some aspects of care. For example; 75% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 89% and national average 91% and 71% said they found the receptionists at the practice helpful compared to the CCG average of 85% and national average 87%.The majority of patients said they were treated with compassion, dignity and respect. However, not all felt cared for, supported and listened to.
- 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.

Summary of findings

- The carers register in the practice contained low numbers of patients. Limited processes were in place to identify and support carers effectively.

Are services responsive to people's needs?

Requires improvement

The practice remains rated as requires improvement for providing responsive services, as there are areas where improvements should be made.

- Although the practice had reviewed the needs of its local population, it had not put in place a plan to secure improvements for all of the areas identified.
- Feedback from patients reported that access to a named GP and continuity of care was not always available quickly, although urgent appointments were usually available the same day.
- Patient feedback showed telephone access to the practice was a concern. There were no plans to address this.
- Appointment systems had not been reviewed and there were no plans in place to do so.
- The practice was equipped to treat patients and meet their needs.
- Patients could get information about how to complain in a format they could understand. However, there was no evidence that learning from complaints had been shared with staff.

Are services well-led?

Inadequate

The practice remains rated as inadequate for being well-led.

- The practice had developed a strategic plan and a vision statement. The vision statement had been shared with staff. It was too early to evaluate whether this was embedded in the practice culture. The practice did not demonstrate a timetabled operational plan was in place to take the 5 year strategy forward.
- The practice did not have a clear leadership structure. There was insufficient leadership capacity and limited formal governance arrangements.
- The practice did not have a culture of risk management and was reactive to improvement in services and failed to demonstrate a drive for constant and sustainable improvement. Staff reported inconsistent support from management.
- The practice had policies and procedures to govern activity, but a number of these were not practice specific or had not been subject to robust review and updating.

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- The practice demonstrated a reliance on external support to improve management processes and to identify and reduce risk.
- Leaders within the practice were reactive, rather than proactive, in identifying risk and areas for improvement.
- There was no clear strategy, although all staff displayed values consistent with an emphasis on caring for patients.
- It was unclear whether the partners or the practice manager had taken responsibility to ensure the substantial and sustainable improvements identified in the practice action plan were completed.

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

Inadequate

The practice is rated as inadequate for safe and the provision of well led services. It remains in special measures and this affects all population groups.

- Care and treatment of older patients did not always reflect current evidence-based practice. A number older patients did not have care plans that included their consent to decisions about their future care.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older patients were mixed. For example the practice had achieved 66% of the indicators for patients with osteoporosis (fragile bone disease).
- Longer appointments and home visits were available for older patients when needed, and this was acknowledged positively in feedback from patients. The leadership of the practice had started to engage with this patient group to look at further options to improve services for them.

People with long term conditions

Inadequate

The practice is rated as inadequate for safe and the provision of well led services. It remains in special measures and this affects all population groups.

- Performance for the national diabetes indicators for 2015/16 was 89%. (We were unable to compare this with the performance of other practices in 2015/16 because this was not yet published. The averages for 2014/15 were CCG 80% and the national average 89%).
- Longer appointments and home visits were available when needed. These patients had a named GP. However, personalised care plans were either not robust or had not been agreed with the patients. Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice had undertaken an audit of care of patients with diabetes and identified areas for improvement.

Families, children and young people

Inadequate

The practice is rated as inadequate for safe and the provision of well led services. It remains in special measures and this affects all population groups..

Summary of findings

- Staff awareness of the procedures for assessing capacity and consent for children and young patients was inconsistent.
- The cervical screening rate for the practice was 78% compared to the CCG average of 79% and national average of 82%.
- Childhood immunisation rates for the vaccinations given in 2014/15 to under two year olds ranged from 81.5% to 96.7% and five year olds from 87.3% to 99.1%. These were above the CCG and national averages.
- Specific services for this group of patients included family planning clinics and antenatal clinics. The practice would refer pregnant women to a midwife and share their care during the pregnancy.
- There were clear arrangements for multidisciplinary working and we saw good examples of joint working with district nurses and health visitors.
- There were systems in place to ensure the safety and welfare of patients using the service. There were processes in place to identify and follow up children who were at risk, for example children on the safeguarding register.
- Appointments were available outside of school hours and the practice displayed information to promote the welfare of children and young people in the waiting room.
- Performance in the national indicators for asthma in 2015/16 was 100% with a 1% exception rate.

Working age people (including those recently retired and students)

Inadequate

The practice is rated as inadequate for safe and the provision of well led services. It remains in special measures and this affects all population groups.

- The practice had a higher than average number of registered patients in the working age group. However patient feedback regarding access to appointments and to the practice by telephone was lower than average. For example, of the 119 patients who took part in the national survey 49% found it easy to get through to this surgery by phone compared to a CCG average of 74% and a national average of 73%.
- An online appointment booking and prescription service was available. Although appointments set aside for online booking were not made available to patients who did not have access to a computer and preferred to book by phone.
- There was a low uptake for health screening. For example, the bowel screening uptake for the practice was 45% in the last 30 months compared to the CCG average of 50% and national average of 58%.

Summary of findings

People whose circumstances may make them vulnerable

Inadequate

The practice is rated as inadequate for safe and the provision of well led services. It remains in special measures and this affects all population groups.

- Care plans were in place for patients with physical and learning disabilities and for children with special needs. However, the care plans we reviewed did not reflect individual preferences for treatment and lacked evidence of patient involvement in their develpment. Care plans were not robust and many did not include the positive features of patient involvement or action plans for the patient to follow. For example, we found the practice recorded completion of care plans when these were hospital discharge summaries.
- Patients with a learning disability had not always received their annual health check.
- The practice had an appointed lead in safeguarding vulnerable adults and children. Staff were able to identify different types of abuse but were not clear who to report any concerns to.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding reporting any concerns. However, some staff were unsure who to report their concerns to.
- Staff we spoke with advised that patients wishing to register at the practice were always accepted, this included registration of asylum seekers, homeless, refugees and the travelling community.
- The practice worked with multi-disciplinary teams in the case management of vulnerable patients. Vulnerable patients had access to various support groups and voluntary organisations.
- Staff understood the process of assessing mental capacity and seeking consent.

People experiencing poor mental health (including people with dementia)

Inadequate

The practice is rated as inadequate for safe and the provision of well led services. It remains in special measures and this affects all population groups.

- Patients with mental health care needs were registered at the practice. They had written care plans but were not always involved in their development. We found evidence that patients had not been involved with the development of their care plan or that their individual preferences for treatment and decisions had been discussed with them.

Summary of findings

- The practice achieved 100% of the indicators for care of patients with severe and long term mental health problems with a 1% exception rate. However, these indicators included completion of care plans which we found were not always robust.
- The practice worked with multi-disciplinary teams in the care of patients experiencing poor mental health, including those with dementia. Longer appointments were available for those experiencing poor mental health.

Summary of findings

What people who use the service say

The national GP patient survey results referred to in this report were published in January 2016. The results showed the mixed feedback from patients who used the service. The response to a number of the questions asked showed the practice to be below local and national averages. Four hundred and twelve survey forms were distributed and 115 were returned. This represented a 28% response rate and was 1.6% of the practice's patient list.

- 49% found it easy to get through to this surgery by phone compared to a CCG average of 74% and a national average of 73%.
- 81% were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 84% and national average 85%.
- 76% described the overall experience of their GP surgery as fairly good or very good compared to the CCG average of 83% and national average 85%.
- 58% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area compared to the CCG average of 75% and national average 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection.

We received 12 comment cards which were all positive about the standard of care received. Patients told us that they received compassionate care from both GPs and nurses and that their privacy was respected when receiving care and treatment. Five patients commented that they found accessing a convenient appointment to be difficult and that on occasions they were not able to see their preferred GP.

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

One hundred and eight patients had completed the friends and family recommendation test. Of these 78% would recommend the practice to others. In addition to the national survey and friends and family test the practice had conducted their own patient satisfaction survey. There had been 147 patients who completed the survey. Results from the survey included: 80% were positive about the service they received from the receptionists, 82% said they had good access to speak to GPs, 91% said they were happy with the GPs overall performance and 85% would recommend the practice to others.

Areas for improvement

Action the service MUST take to improve

- Ensure all actions required in response to national safety alerts are completed and recorded.
- Take action to address identified concerns with monitoring of cleaning standards throughout the practice premises.
- Ensure recruitment arrangements include all necessary employment checks for all staff.
- Ensure all risks to patient safety are identified and action taken to reduce risk. For example, in keeping liquid nitrogen at the practice and in assessing the risk of legionella and the safety of the practice premises.
- Ensure the planned clinical audits, including re-audits, take place and inform improvements in patient outcomes.
- Ensure care plans are appropriately recorded and involve the patient in the development of their care plan.

Summary of findings

- Implement formal governance arrangements including systems for assessing and monitoring risks and the quality of the service provision.
- Provide staff with appropriate policies and guidance to carry out their roles in a safe and effective manner which are reflective of the requirements of the practice.
- Clarify the leadership structure and ensure there is leadership capacity to deliver all improvements
- Improve processes and access for making appointments.

Action the service SHOULD take to improve

- Review and ensure carers are encouraged to register as such to enable them to access the support available via the practice and external agencies.

Chatham Street Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included three specialist advisors (a GP, a Nurse and a Practice Manager) and an Expert by Experience. The team was accompanied by a CQC Inspection Manager in an observer role. Experts by experience are members of the team who have received care and experienced treatment from similar services. They are granted the same authority to enter registered persons' premises as the CQC inspectors.

Background to Chatham Street Surgery

Chatham Street Surgery is located in a purpose built health centre and is situated in the heart of Reading town centre. There are approximately 7,100 registered patients. Chatham Street Surgery is one of 20 practices within South Reading Clinical Commissioning Group (CCG). (A CCG is a group of general practices that work together to plan and design local health services in England. They do this by 'commissioning' or buying health and care services).

The practice has a mixed patient population. Patients registered at the practice are from a number of different ethnic backgrounds with no specific background being prominent due to the variety of cultures in Reading. There are a large proportion of the patients who speak English as a second language. The practice also provides care to asylum seekers, homeless, refugees and the travelling community. People living in more deprived areas tend to have greater need for health services. The practice has a transient patient population; patients are often outside of the country for long periods. This has an impact on screening and recall programmes.

The practice population has a higher than national average patient group aged between 25-34, with a number of patients being working professionals. However, 10% of the practice population has a working status of unemployed compared to the national average of 6.2%.

There are six GPs (four male and two female) at the practice comprising of two partners and four salaried GPs. The practice also has one long term locum GP. The all-female nursing team consists of two practice nurses with a mix of skills and experience. A practice manager and a team of 10 administrative staff undertake the day to day management and running of the practice. The practice has a Personal Medical Services (PMS) contract. (A PMS contract is a locally agreed alternative to the standard GMS contract used when services are agreed locally with a practice which may include additional services beyond the standard contract).

During the last three years the practice has undergone a significant amount of change, changes in partners, instability and a lack of clear leadership and management.

The practice is open between 7am and 7pm on Monday and Wednesday and between 7am and 6.30pm on Tuesday, Thursday and Friday.

The practice opted out of providing the out-of-hours service. This service is provided by Westcall and is accessed via the out-of-hours NHS 111 service. Advice on how to access the out-of-hours service is clearly displayed on the practice website and over the telephone when the surgery is closed.

Detailed findings

When we carried out an inspection in August 2015 the practice was found to be in breach of three regulations of the Health and Care Social Act 2008. Enforcement action was taken in respect of these breaches in regulation.

The practice had two registered managers in post at the time of inspection. They had applied to remove one of these because the GP was no longer working at the practice. An application for another partner to become the registered manager was being processed by the Care Quality Commission

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.

The practice was previously inspected on the 5 August 2015 and was rated as inadequate for the safe and well-led domains. It was also rated as requires improvement for the provision of effective, caring and responsive services. The overall rating for the practice was inadequate and they were placed into special measures.

Following the August inspection, the practice was found to be in breach of three regulations of the Health and Care Social Act 2008. Requirement notices were set for the regulations relating to the unsafe use and management of medicines and supporting staff. A warning notice was issued for the regulation relating to good governance. There was not an effective operation of systems designed to regularly assess and monitor the quality of the services, to identify, assess and manage risks relating to the health, welfare and safety of patients and others who may be at risk.

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 reviewed the action plan for improvement that the practice sent us two weeks prior to the inspection.

We carried out an announced visit on 5 April 2016. During our visit we:

- Spoke with a range of staff. These included three GPs, two practice nurses and four members of the administration and reception team.
- Also spoke with nine patients and a member of the practice PPG.
- Observed how patients were being cared for 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 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).

Detailed findings

- 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

When we visited the practice in August 2015 we found there was a system in place for reporting and recording significant events. This system remained in place and was followed.

- 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. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of most significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. Most lessons were shared to make sure action was taken to improve safety in the practice. However, we identified a significant event, which despite investigation and actions being taken had not been fully resolved. For example, we reviewed a report about an incident where a home visit had been missed. We noted that this had been discussed but the learning about how to prevent similar occurrences in the future was not clear or implemented effectively. We noted a second incident of a home visit being missed had occurred, which demonstrated the actions were not effective.

When we visited the practice in August 2015 we found they did not have a system in place to record receipt of, and monitor action taken in response to, national safety alerts. Since the last inspection, progress had been made with the implementation of a system to record receipt of safety alerts and to identify which staff had received the alert. We were shown documentation that required each GP to give written confirmation of receipt of a medicine alert. This document showed, for example, that on three occasions not all GPs had signed to confirm receipt of the medicine alert. The practice did not provide written records of action from alerts being completed. However, one of the partners described the system they used to follow up and monitor medicine alerts. Our discussions with two of the other GPs showed inconsistency in following up alerts relating to medicines. This meant that patients may not have been reviewed if they were prescribed a medicine subject to a national alert.

Overview of safety systems and processes

The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- The arrangements in place to safeguard children and vulnerable adults from abuse were operated inconsistently. The procedure for reporting concerns and the contact details for the local safeguarding team were displayed in each of the consulting and treatment rooms. The practice held policies for safeguarding of both vulnerable adults and children. However, we found two versions of a policy for safeguarding vulnerable adults. Staff were aware of their responsibilities to report suspicions of abuse but were not always clear about who to report their concerns to. Safeguarding policies had been reviewed but out of date copies of the policy were also retained and could have led to confusion if staff wished to access the practice policy. There were copies of the local safeguarding team contact details displayed in consulting and treatment rooms.
- Staff we spoke with were not clear on who the lead GP for safeguarding was and there was a risk that action to address cases of abuse may have been delayed. We noted that staff had completed training in safeguarding relevant to their role. Others had this training booked for the future. GPs were trained to Safeguarding level three for children and to an appropriate level in safeguarding of vulnerable adults.
- A notice in the waiting room advised patients that chaperones were available if required. We were told that all staff who acted as chaperones were trained for the role. However, when we spoke with two staff about their role as chaperones they did not demonstrate a clear understanding of where a chaperone should stand during an examination. All staff who undertook chaperone duties had received a Disclosure and Barring

Service check (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 mostly maintained appropriate standards of cleanliness and hygiene, however there were areas which required improvement. We noted that internal renovations and decorating were in progress. However, in two of the consulting and treatment rooms the standards of cleaning to high surfaces and around two examination couches was poor. A practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. They had been supported during the previous six months by a visiting nurse advisor. This member of staff had undertaken additional training to enable them to advise other members of the practice team on reducing the risk of cross infection. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. Some staff had completed training in infection control relevant to their roles. Other staff we spoke with told us they had yet to complete on line training that had been made available to them in the last three months.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice did not always keep patients safe (including obtaining, prescribing, recording, handling, storing and security). 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. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation but, we noted that three of these had expired. (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). The practice was aware of this and had commenced usage of Patient Specific Directions to enable the nurses to continue to administer the relevant vaccines. Two of the PGDs were not appropriately authorised and signed by the nurses. When we discussed this with the practice they ensured the relevant authorisation and signing off was completed before the end of the inspection. The practice was able to demonstrate that they had made improvements in administration of vaccines since our last inspection in August 2015.
- When we inspected the practice in August 2015 we found the practice did not have a cold chain procedure in place. (A cold chain ensures that medicines requiring refrigeration are kept at appropriate temperatures to maintain their effectiveness at all times). The practice had addressed this and we found the cold chain procedure was supported by daily fridge monitoring. The practice had made progress in this area of managing medicines.
- The practice had systems in place to monitor the prescribing and administration of high risk medicines that required patients to have tests before prescribing was undertaken. However, the system was operated inconsistently. For example, the record for one patient showed that the local monitoring team had advised the practice that the patient had not attended for their blood test but the GP had continued to prescribe their medicine. This initially placed the patient at risk from the medicine because the first GP had not taken action on the information received from the hospital. We were able to identify that a second GP had reviewed the prescription and had responded to the information from the hospital. The practice had learnt from the event to ensure a similar incident did not occur in the future
- We reviewed seven personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, references, qualifications and when applicable registration with the appropriate professional body. One Disclosure and Barring Service check had been received from a previous employer without a risk assessment of the relevance to the role the member of staff undertaking their role at the practice.
- 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 as a result of abnormal results.

Monitoring risks to patients

Risks to patients were not always assessed and well managed. The management of all risks was inconsistent.

- There were procedures in place for monitoring and managing some risks to patient and staff safety. There

was a health and safety policy available with a poster which identified local health and safety representatives. The practice had an up to date fire risk assessment and carried out regular fire drills. However, the practice had failed to complete servicing of fire extinguishers in accordance with the service schedule. We saw that an order had been placed for the service to these items of equipment.

- All electrical equipment was checked to ensure the equipment was safe to use and most 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. When we visited the practice in August 2015 we found the practice did not have a health and safety policy. This was now in place. When we visited the practice in August 2015 we found the practice did not have a health and safety policy. This was now in place. However, the risk assessment of the premises for issues such as safe access and exit and the risks of trips, slips and falls was not made available to us on the day of our visit. The practice manager was not present during our visit. The GPs and other senior staff were not able to locate this assessment in the absence of the practice manager. The practice provided a copy following inspection. The practice also sent us confirmation that an asbestos survey had been conducted following our inspection. They also provided evidence that this assessment had been commissioned prior to our visit
- 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 that enough staff were on duty. The practice had reviewed their staff complement and had identified the need to offer a wider range of appointment opportunities for patients. They had recruited two part time health care assistants and a nurse practitioner. All three new members of staff were due to commence duty in the six weeks following our inspection.
- A legionella risk assessment had not been completed at the time of inspection. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The practice sent us evidence following the inspection of a legionella risk assessment being completed. Six monthly water quality tests were also undertaken

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 staff received annual basic life support training and there were emergency medicines available in the treatment room. The GPs held equipment and medicines to undertake home visits. Medicines held in the home visiting bags were the personal property of the GP.
- The GPs and management had reached a decision to purchase an AED but had not completed the training needed to be able to deploy it for use. (An AED is a portable electronic device that analyses life threatening irregularities of the heart including ventricular fibrillation and is able to deliver an electrical shock to attempt to restore a normal heart rhythm). When we visited the practice in August 2015 they did not have an AED on the premises or access to one.
- 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. Senior staff and GPs held copies of the plan off site and staff we spoke with knew where to find the plan or had the contact numbers for the GPs and senior staff who held the plan.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

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 and audits.

Management, monitoring and improving outcomes for people

When we visited the practice in August 2015 we identified that nationally reported data showed the practice performing below both local and national averages in delivering effective care for patients with long term conditions or with a complex range of medical needs.

At this inspection, we found the practice had made minor improvement in the management and monitoring of 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 results were 96% of the total number of points availablem which had significantly improved within six months. We asked the practice to run up to date exception report information and they were unable to obtain a definitive exception reporting rate. (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). When we visited the practice in August 2015 the practice had achieved only 74% of the points available. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed;

- Performance for diabetes related indicators was 89%. We were unable to compare this with the performance of other practices in 2015/16 because this was not yet published. The averages for 2014/15 were CCG80% and the national average 89%
- Performance for the hypertension indicators was 96%. This was a 2% improvement from 2014/15 and was now similar to the 2014/15 averages of the CCG and nationally. These were 96% and 98% respectively..
- Performance for mental health related indicators was 100%. This was better than the CCG and national averages from the previous year which were 91% and 93% respectively.
- Some indicatiors for care of patients with long term conditions require care plans to be in place for the patient. For example, patients diagnosed with long term mental health problems. The practice had recorded completion of over 80% of care plans. However, when we reviewed a sample of 20 care plans we found that these were either completed with little evidence to confirm patients had been involved in their development or were hospital discharge summaries recorded as a care plan.
- Clinical audits demonstrated very little quality improvement but the audit programme was still in the process of development and implementation.

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- There had been five clinical audits undertaken in the last two years, one of these was a completed audit where the improvements made were implemented and monitored. The practice did not demonstrate that an audit plan was in place. Audits undertaken had responded to either individual projects or issues identified through outcome data for patients with long term conditions.
- The practice participated in local audits and peer review. They worked closely with a GP from a neighbouring practice to review and compare performance.
- Findings were used by the practice to improve services. For example, an audit reviewing patients taking a combination of blood pressure lowering medicine combined with a statin (to reduce risk of heart attack and stroke) of a specific dose had been undertaken for three cycles. The first audit identified 29 patients on the combined medicines, the second showed seven patients taking the combined medicines. Following education of the GPs and discussions with patient the third audit showed that the combination of the medicines had been withdrawn for all patients.

Requires improvement

Are services effective?

(for example, treatment is effective)

- There was an audit programme in place with a timetable for first and second cycles of audits. The plan included reviews of patients with recurring headache and patients with a diagnosis of gout.

Information from practice reviews was used to make improvements such as; recent action taken included changing the system for reviewing letters and other information received from hospitals to ensure these were seen and actioned by GPs in a timely manner

Effective staffing

When we visited the practice in August 2015 we found the practice had minimal commitment to staff training and development. During this visit we found that staff either had the skills, knowledge and experience to deliver effective care and treatment or had a training plan to improve their skills and knowledge.

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. The practice demonstrated that they undertook induction training because we found records of this in the staff files we reviewed.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations 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.
- 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.
- When we visited the practice in August 2015 a system of appraisal was not in place. At this inspection, the learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. All staff who had been in post for more than a year had received an appraisal within the last 12 months. We also found that the practice had purchased an on line training package, called skills for health, that offered relevant and appropriate on line training for staff working in GP practices. There had been a significant improvement in the last six months in the training and support received by staff.
- Staff received training that included: safeguarding, fire procedures and basic life support. Staff had access to and made use of e-learning training modules and had a training plan in place.

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 computer system.

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services 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. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

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

- Most 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 patients, GPs carried out assessments of capacity to consent in line with relevant guidance. However, the

Requires improvement

Are services effective?

(for example, treatment is effective)

nurses we spoke with demonstrated a basic knowledge of consent for younger patients and would refer to GPs for advice if a young patient attended for treatment without an adult present.

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits.

Supporting patients to live healthier lives

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

- 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.
- However, data from 2014/15 showed that the practice had offered smoking cessation advice to 64% of the patients identified as smokers. This was lower than the CCG average of 82% and national average of 86%.

The practice's uptake for the cervical screening programme was 74%, which was above the CCG average of 73% and matched the national average of 74%. 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.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 75% to 90% compared to the CCG average of 81% to 93%. For five year olds the practice rates were 84% to 96% which were better than the CCG average of 81% to 92%.

The practice had a variable take up of the national screening programmes for bowel and breast cancer. For bowel screening they were below average at 45% in the last 30 months compared to the CCG average of 50% and national average of 58%. For breast screening they were above the average at 71% compared to CCG average of 66% and similar to the national average of 72%.

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.

Requires improvement

Are services caring?

Our findings

Kindness, dignity, respect and compassion

When we visited the practice in August 2015 we found that patient feedback in relation to the care they received was mixed. At this inspection our findings were similar. Feedback from the national patient survey published in January 2016 showed some improvement in regard to the care provided by GPs but the results for the practice nursing team were below local and national averages. We reviewed the feedback patients had offered on the NHS Choices website and found four postings since our last inspection. All four were negative about the service patients received with two referring to unhelpful reception staff.

At this inspection, we observed members of staff were courteous and 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 12 patient Care Quality Commission comment cards we received were positive about the care experienced. Patients said they felt the practice offered a caring service and staff were helpful and treated them with dignity and respect.

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

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

- 86% said the GP was good at listening to them compared to the CCG average of 85% and national average of 89%.
- 86% said the GP gave them enough time compared to the CCG average of 84% and national average 87%.
- 97% said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and national average 95%.
- 77% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83% and national average 85%.
- 75% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 89% and national average 91%.
- 71% said they found the receptionists at the practice helpful compared to the CCG average of 85% and national average 87%.

The practice had acknowledged that patient feedback regarding the time nurses had to deliver care and treatment was not as positive as other practices. They had recruited two part time health care assistants and a nurse practitioner who were all due to commence work at the practice within six weeks of our inspection. This would increase the opportunity for patients to book appointments with nurses and enable nurses to spend more time with patients.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

However. results from the national GP patient survey showed a mixed response from patients to questions about their involvement with GPs and nurses in planning and making decisions about their care and treatment. However, the feedback relating to the practice nurses in this regard was below local and national averages. The feedback showed:

Requires improvement

Are services caring?

- 88% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and national average of 86%.
- 77% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and national average 85%.
- 66% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 84% and national average 85%.

The feedback from patients who completed the national survey in relation to their involvement in making decisions and being involved in their future care aligned with the evidence we found of patients with care plans not being involved in their development.

The practice provided some 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 area informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 15 patients as carers. This was 0.2% of the practice registered population. Written information was available 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. 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.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

When we visited the practice in August 2015 we found the GPs and staff had recognised the needs of most of the population it served. There had been little change in the way the practice responded to the needs of their patients.

- The practice offered extended hours clinics on three mornings and two evenings each week. These clinics assisted patients who found it difficult to attend for appointments during the customary working day.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these. The practice held information about patients who needed extra care and resources such as those who were housebound, patients with dementia and other vulnerable patients. This information was utilised in the care and services offered to patients with long term needs. For example patients who were housebound were provided with regular contact and given priority when contacting the practice to organise appointments and treatments.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those available privately.
- Access to the practice for patients with mobility difficulties was appropriate with automated entry doors and most consulting and treatment rooms located on the ground floor. There were facilities for the disabled.
- Baby changing facilities were available and the waiting room was of sufficient size to accommodate wheelchairs, pushchairs and prams.
- Translation facilities were available including access to British sign language interpreters to assist patients who were profoundly deaf.
- The practice offered services to patients living in a local hostel for asylum seekers and accepted registration of patients who were homeless or members of the travelling community
- A hearing loop was not available. A member of staff told us the practice had considered purchasing a hearing loop but because access to sign language translation was available they had decided not to. It was clear that there was a lack of understanding of the benefits of a hearing loop for patients who used hearing aids.

Access to the service

The practice was open between 7am and 7pm on a Monday and Wednesday and from 7am to 6.30pm on Tuesday, Thursday and Friday. Appointments were from 7am to 12.50pm every morning. On Monday and Wednesday afternoon appointments ran from 12.30pm to 6.50pm and on the other three days of the week from 12.30pm to 5.50pm. Extended surgery hours were offered every morning from 7am and on a Monday and Wednesday evening until 7pm. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for patients that needed them.

Results from the national GP patient survey published in January 2016 showed marginal improvement from the previous survey published in July 2015. It showed that patient's satisfaction with how they could access care and treatment was below local and national averages.

- 74% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 78%.
- 49% patients said they could get through easily to the surgery by phone compared to the CCG average of 74% and national average 73%.
- 43% patients said they always or almost always see or speak to the GP they prefer compared to the CCG average of 58% and national average 59%.

The practice did not demonstrate they had an action plan to address the lower than average patient satisfaction with access to the service. Their own survey of 147 patients showed that 54% said they could get an appointment at their preferred time. There were no plans to review the practice appointment system or plans to improve telephone access to the practice for patients to book their appointments. We noted that the practice had opened access to a number of appointments for patients to book online. However, the take up of these online appointments was very low and had not been reviewed. On the day of our visit we found online appointments were available the next day and into the following week. Staff told us if an online appointment was not booked in advance it was released

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

for on the day booking. The system did not offer patients who did not have computer access to request the release of an online appointment for booking over the phone or in person.

Patients we spoke with and CQC comment cards received gave us a mixed response to availability of appointments. The majority of patients said they were able to get an urgent appointment on the day they called the practice. Five of the 21 patients commented that booking an appointment in advance had caused them difficulties and that seeing their GP of choice was not always possible without a long wait.

Listening and learning from concerns and complaints

When we visited the practice in August 2015 we found an effective system in place for handling complaints and concerns. Our review at this inspection confirmed the previous findings.

- The practice 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. It was contained in the practice leaflet and on the patient website. A poster in the waiting room also told patients how to make a complaint. Staff we spoke with were clear in their understanding of how to assist a patient who wished to make a complaint. There was also a complaints form available at reception.

We looked at 10 complaints received in the last 12 months and all had been handled promptly and with openness and transparency. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, a patient raised concerns regarding the advice received from a nurse at the practice. The patient received updated advice and an apology from the practice. The nurse was reminded of the correct advice to offer and the complaint was discussed by the nurses and GPs to ensure a similar incident did not occur in the future.

Are services well-led?

Inadequate

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

Our findings

The delivery of high-quality care was not assured by the leadership, governance or culture in place.

Vision and strategy

When we visited the practice in August 2015 it did not have a formal vision or business strategy. At this inspection we found some progress had been made. The practice had developed a strategic plan and a vision statement. The vision statement had been shared with staff. It was too early to evaluate whether this was embedded in the practice culture. The practice did not demonstrate a timetabled operational plan was in place to take the 5 year strategy forward. The partners and senior management were committed to their vision. There were no detailed plans to promote the vision to patients. Staff were not aware of the vision and values. However, in our discussions with staff they demonstrated their dedication to supporting patients to achieve good outcomes from their care and treatment.

The practice was not able to demonstrate that they had a timetabled strategy and supporting business plan which reflected the vision and values and was regularly monitored.

The practice sent CQC an action plan, two weeks prior to inspection, detailing the improvements they had either completed or were working on to address the breaches of regulation found in August 2015. The practice had not submitted their action plan to CQC within the required 10 days after publication of the report of the August 2015 inspection.

We noted that the action plan had been prepared by a secretary. Minutes of meetings submitted by the practice showed that GPs had attended meetings where the action plan had been formulated and discussed. Our discussions with staff during the inspection showed a lack of clarity as to whether the partners or the practice manager were responsible for driving the improvements identified in the plan. There were a number of improvements that had not been completed in a timely manner. For example, identification of staff training needs had commenced early in 2016. However, an audit planned for the start of the year had yet to be started. The practice did not demonstrate that their improvement plan was substantial or changes implemented or planned were sustainable. The practice did not demonstrate that they had a strategy to sustain improvement once the support they received from external sources was withdrawn.

Governance arrangements

When we visited the practice in August 2015 the governance arrangements and their purpose were unclear and ineffective and we found limited evidence to confirm how the practice monitored their performance effectively.

During this visit we found minor progress had been made. The practice had appointed a second GP partner who worked part time. Our discussions with this partner showed they had an understanding of the need for the practice to improve governance and leadership. However, it was too early to evaluate whether their input had improved governance of systems and processes. Prior to appointment of the second partner progress in implementation of the improvement plan had been limited. Our discussions with the other GPs confirmed that the leadership and management at the practice was weak and required improvement. Leadership structures remained unclear. The newly appointed partner had taken on the role of clinical governance lead and this included prescribing. Staff we spoke with were not yet familiar with this role and were unsure who led on prescribing matters. Staff we spoke with were also unsure who the safeguarding lead for the practice was.

We found:

- Staff were aware of their own day to day roles and responsibilities. The staff we spoke with commented upon a lack of clarity among the leaders in the practice.
- Practice specific policies were being developed and updated and staff knew where to find these. However, the policies we reviewed were not practice specific. For example, the child safeguarding policy did not contain current details of the safeguarding authority. There were two versions of a health and safety policy and it was not clear which one was relevant.
- A programme of continuous clinical and internal audit had been introduced to monitor quality and to make improvements.
- There was no effective system for identifying, capturing and managing issues and risks.

Are services well-led?

Inadequate

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

Significant issues that threaten the delivery of safe and effective care were not identified or adequately managed. For example, the health and safety policy was not supported by a premises risk assessment. The risk of holding liquid nitrogen on the premises had not been assessed. An AED was available but staff had not been trained how to use it.

- However, the practice had completed a fire risk assessment and implemented the recommendations from the assessment since our last visit. They had also developed a business continuity plan to maintain services if an emergency occurred. Vaccines were held in accordance with guidance and fridge temperatures were monitored.
- The practice manager was responsible for human resource policies and procedures. We reviewed a number of policies which were in place to support staff. Staff we spoke with knew where to find these policies if required.

Leadership and culture

The leaders and practice management team did not demonstrate the necessary experience, knowledge, capacity or capability to lead effectively. We found that the leaders and registered managers were out of touch with what is happening during day-to-day services. There was a lack of clarity about authority to make decisions. Quality and safety were not the top priority for leadership. One of the GP partners worked one day each week and they had applied to become the registered manager, which was insufficient to ensure improvements made could be sustained into the future..

Although there had been minimal progress in improving the service to patients since our inspection in August 2015. We found the practice had relied on external support from management advisors. They had also received support from NHS England and the Royal College of GPs to make the progress we found at inspection. The partners were visible in the practice and staff told us they were approachable and took the time to listen to all members of staff. A more open culture was reported by staff. We saw notes of a meeting held in March where staff had been encouraged to comment on practice development and their roles in improving the service. We noted that similar meetings were scheduled on a quarterly timetable going forward.

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 knowing about notifiable safety incidents

When there were safety incidents:

- The practice gave affected patients reasonable support, truthful information and a verbal and written apology.
- They kept records of written correspondence.

The leadership structure in place was not always clear. However;

- Staff told us the practice held regular team meetings and minutes we saw confirmed this.
- 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 in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported. They told us they had recently received appraisals and that their training needs had been identified. There was a lack of clarity regarding leadership roles and who staff should speak to on a day to day basis if they had a problem or a proposal for practice improvement.
- When we visited in August 2015 staff were aware of the practice whistleblowing policy but, unaware of its purpose. During this visit we found staff were conversant with the purpose of the policy and told us they would not hesitate to report any suspicions of wrong doing or misconduct at work.

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 commenced gathered feedback from patients through a patient participation group (PPG). (A PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care). This group had been formed since our last visit in August 2015 and was developing its role. We spoke with a member of the group and they told us the practice was keen to listen to patient views and they felt

Are services well-led?

Inadequate

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

optimistic that their contributions would be followed up by the practice. We were told that discussions at PPG meetings had been open and that provision of services for patients whose first language was not English was high on the PPG agenda.

- The practice had conducted their own patient satisfaction survey in 2015. There had been 147 patients who completed the survey. Results from the survey included: 80% were positive about the service they received from the receptionists, 82% said they had good access to speak to GPs, 91% said they were happy with the GPs overall performance and 85% would recommend the practice to others. However, the practice did not provide us with an action plan or a response to the feedback from this survey.
- The practice had enhanced the routes to gather feedback from staff. There were regular staff meetings, appraisals and a recent awayday which offered the opportunity for staff to contribute to the development of the practice. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous Improvement

There was little demonstration of innovation or service development. There was minimal evidence of learning and reflective practice. The practice demonstrated a reactive approach to the management of operational systems and issues. There was minimal forward planning to indentify continuous improvement. For example, identification of staff training needs had only recently commenced. Staff knew the training they needed to undertake in the short term but did not tell us there was an ongoing training plan. Patient feedback regarding access to appointments was below average yet there were no plans to review or adjust the appointment system for the GPs.

We noted that the practice had appointed a nurse practitioner who was due to commence in post within six weeks. However, the practice did not advise us how they would inform patients of the role and the care and treatments this person could offer.