

Norbury Health Centre 2

Quality Report

2b Pollards Hill North, Norbury
London
SW16 4NL

Tel: 020 86796591

Website: www.norburymedicalpractice.co.uk

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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		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

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Norbury Health Centre on 18 July 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Most risks to patients were assessed and well managed, with the exception of fire safety. The practice had carried out just one fire drill since 2014.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Processes were in place for handling repeat prescriptions but we noted staff were not following the repeat prescribing policy in relation to prescriptions that were not collected. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Data from the Quality and Outcomes Framework (QOF) showed most patient outcomes were in line with the national average.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. However, data from the national patient survey showed patient outcomes in a number of areas were below the national average.
- The number of annual reviews carried out for patients on the learning disability register was low.
- Written information about services was available but not everybody would be able to understand or access it. For example, there was limited written information in other languages despite there being a large number of patients for whom English was not their first language. However the electronic check in system and the practice website provided access to information in other languages.
- Information about how to complain was available; however, not all patients were aware they could make

Summary of findings

a complaint if they felt it was necessary. Not all verbal complaints were logged. Improvements were made to the quality of care as a result of complaints and concerns.

- Patient satisfaction with access to care and treatment was below the national average.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvements are:

- Review the results from the 2016 national GP patient survey and implement measures to improve patient satisfaction with access to care and treatment, particularly with regard to telephone access.
- Review processes to significantly improve the proportion of patients with a learning disability for whom an annual review is carried out.

In addition the provider should:

- Take appropriate steps to identify patients who are also carers to allow the practice to provide support and suitable signposting.
- Carry out regular fire evacuation drills and amalgamate the four separate fire safety policies into one, up to date, cohesive document.
- Carry out a pre-acceptance audit with regard to clinical waste management.
- Review the repeat prescription policy and ensure it is being followed.
- Regularly review and update when necessary the business continuity plan.
- Complete the audit cycle for by re-auditing each of the audits carried out.
- Review their handling of complaints to ensure that all complaints are recorded and that information on the complaints process is made available to patients.

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



- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice, although meetings where outcomes were discussed were not always minuted. Following the inspection, as part of the factual accuracy response, the provider sent us copies of meeting minutes.
- 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.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse; however, we noted that two of the practice nurses had not undergone adult and/or child safeguarding training. Post the inspection we were provided with the certificates for one nurse whilst the other had repeated the training as they could not locate their certificate.
- Most risks to patients were assessed and well managed. We found there were four separate versions of the fire safety policy, and no record to show any fire drills had been carried out in the last three years. Following the inspection, as part of the factual accuracy response, the provider sent us a copy of their fire log which showed a fire drill had been carried out in October 2014.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed most patient outcomes were in line with the national average. Outcomes below the national average included the ratio of reported versus expected prevalence for Chronic Obstructive Pulmonary Disease (COPD) (Adj) (01/04/2014 to 31/03/2015), where the practice averaged 0.27 compared to the England average of 0.63.
- Performance for mental health related indicators, other than dementia, was better than the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.

Summary of findings

- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs. Regular multi-disciplinary meetings were held and minuted.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice lower than others for several aspects of care. For example, 67% described the overall experience of their GP surgery as fairly good or very good compared to the CCG average of 82% and England average of 85%.
- However, we received 44 completed CQC comment cards, and all but two were positive about the service received. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.
- Patients we spoke to on the day of the inspection said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- There was a range of information available in the reception area, including details of clinics; however, this was predominantly in English. Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. The electronic check in system and the practice website provided access to information in other languages.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example we saw the practice was engaging with the CCG with regard to two CCG priorities – tackling obesity and a tuberculosis testing and treatment programme.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

- Information about how to complain was available and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff. However, a number of patients we spoke with were unaware of the complaint process and we found staff did not log all verbal complaints, preferring to deal with them on the spot if possible.
- Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was below local and national averages. For example, 34% of patients said they could get through easily to the practice by phone compared to the CCG and national average of 73%.
- One patient commented via the CQC public website that they were never able to make an appointment over the phone; appointments were not available for people who were working and appointments were always running late. They also commented that it was difficult to get an appointment with a nurse as they were short staffed.
- The practice had 55 patients on its learning disability register. Only four of these had been given an annual health check in 2015, whilst the number had risen to 11 this year. Following the factual accuracy process the provider sent us data to show that 28 annual health checks had been carried out in 2015 (51%) but that these had been incorrectly coded by the practice.

Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was a governance framework which supported the delivery of the strategy and good quality care. Whilst this included arrangements to monitor and improve quality and identify risk we found areas where improvement was needed. In particular the practice had not acknowledged the outcome of the 2016 national patient survey with regard to access to appointments. Patients feedback on their overall experience of the practice was notably below the national average. The practice had also failed to carry out more than 20% of annual reviews for patients with a learning disability.

Requires improvement



Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

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



- The practice offered proactive care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The seasonal flu vaccination uptake figures (2014-2015) showed 66% of patients over the age of 65 received a vaccination, which was 10% below target, but was a 10% improvement on the previous year.
- Personalised care was offered to elderly patients with a named GP.
- A proactive approach was taken to promote health and prevent harm. For example, elderly patients' nutritional health was evaluated; referrals, where appropriate, were made to the falls clinic, occupation therapists and physiotherapists and the practice worked with the Rapid Response team to keep patients at home and avoid hospitalisation.
- Housebound patients were delivered medicines at home. The practice worked with the local community pharmacist to ensure safe dispensation of medicines and patient compliance.
- The practice provided a service to a local nursing home and also to four sheltered housing schemes. One of the latter had required over 300 visits during the course of the preceding year. We spoke with the nursing home who said they were happy with the service provided.

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 chronic disease management and patients at risk of hospital admission were identified as a priority.
- Nationally reported data showed that outcomes for patients with diabetes were broadly in line with CCG and England averages. For example, the percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less (01/04/2014 to 31/03/2015) was 77% compared to the CCG and England average of 78%. The percentage of

Summary of findings

patients with diabetes, on the register, who had had an influenza immunisation in the preceding 1 August to 31 March (01/04/2014 to 31/03/2015) was 89% compared to the CCG average of 90% and the England average of 94%.

- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice offered a number of enhanced services to help address the needs of patients with long term conditions including ulcer management and secondary wound care management.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Staff were aware of their safeguarding responsibilities and we saw appropriate referrals were made.
- Immunisation rates for the standard childhood immunisations were mixed. For example all immunisations rates for children aged 12 months and 24 months fell below the CCG averages, whilst six out of ten immunisation rates for children aged five years were above the CCG averages.
- Some staff had received training in teenage health issues such as Fraser competence and consent.
- The practice had a recall system for cervical smears. A named administrator oversaw the recall system. Patients with abnormal smears were actively followed up. The practice's uptake for the cervical screening programme was comparable to the CCG and England averages (80.2% compared to 81.8%).
- Cancer data showed the practice rate of screening females aged 50-70 for breast cancer in the last 36 months was 65% compared to the CCG average of 60% (England average 72%); however those screened within 6 months of invitation was 47% compared to the CCG average of 68% and England average of 73%. The number of patients aged 60 – 69 screened for bowel cancer in the last 30 months was 44% compared to the CCG average of 48% and England average of 55%.

Good



Summary of findings

- Priority appointments were offered for children. Protected appointment slots for children were released in the afternoon for after school consultation.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- The practice had a programme for antenatal care. There was a weekly antenatal clinic and priority appointments were available for pregnant patients if they need urgent attention. There was a named administrator to monitor the follow up arrangement of antenatal patients and to ensure postnatal and baby checks were booked. Teenage mothers were signposted to midwives with special responsibilities for young mothers.
- Patient information leaflets were available, relating to, for example young person's counselling and sexual health issues.

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 the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group. For example, text messaging was used to remind patients of their appointments; a number of online resources such as a self-care forum were available; electronic prescriptions were being promoted to help working age people getting medication close to their work place and well persons checks were offered.
- The practice offered extended opening hours for working age people.
- Counselling and stress management was offered through IAPT (Improved Access to Psychological Therapies).

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.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. There were 55 patients on the learning disability register; however, the practice had only carried out health checks on 11 of these patients.

Good



Summary of findings

- 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 informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours. We saw staff had referred a homeless person for a safeguarding assessment as they were concerned for the person's vulnerability.
- We saw that systems were in place to assist vulnerable people with their medicines. For example, repeat prescriptions were sent directly to the local pharmacy who then delivered the medicines. Where appropriate, patients were given weekly supplies of their medicines in dosset boxes so that they had a clear indication of what to take and when.
- The seasonal flu vaccination uptake figures (2014-2015) showed 43% of patients in at-risk groups under the age of 65 received a vaccination, which was 30% below target, but was a 10% improvement on the previous year.

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).

- There were 83 patients on the practice's mental health register. The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2014 to 31/03/2015) was 90% compared to the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health.
- There were 67 patients on the practice's dementia register. Of these 72% had had their care reviewed in a face to face meeting in the last 12 months, which was below the national average of 84%.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Good



Summary of findings

- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice took part in the part in the Shared Care Prescribing for continuity of care and care closer to home.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing below local and national averages. Four hundred and ten survey forms were distributed and 120 were returned. This represented just over 1% of the practice's patient list.

- 34% of patients found it easy to get through to this practice by phone compared to the CCG average of 73% and the national average of 73%.
- 60% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 74% and the national average of 76%.
- 67% of patients described the overall experience of this GP practice as good compared to the CCG average of 82% and the national average of 85%.
- 60% 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 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 44 comment cards, 42 of which were positive about the standard of care received. Patients commented that the practice really cared about its patients; staff were cooperative and kind; and the service was prompt, efficient and caring. Two patients commented that they felt there should be more staff and that there was a lack of appointments.

We spoke with five patients during the inspection. All five patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Several commented on the long wait after checking in, but were pleased they were able to see the GP of their choice. The practice had received 22 completed Friends and Family comment cards since the start of 2016. All of these said they would recommend the practice, although five said the appointment booking system and availability of appointments needed to be improved and one commented on long waits after checking in.

Areas for improvement

Action the service **MUST** take to improve

- Review the results from the 2016 national GP patient survey and implement measures to improve patient satisfaction with access to care and treatment, particularly with regard to telephone access.
- Review processes to significantly improve the proportion of patients with a learning disability for whom an annual review is carried out.

Action the service **SHOULD** take to improve

- Take appropriate steps to identify patients who are also carers to allow the practice to provide support and suitable signposting.

- Carry out regular fire evacuation drills and amalgamate the four separate fire safety policies into one, up to date, cohesive document.
- Carry out a pre-acceptance audit with regard to clinical waste management.
- Review the repeat prescription policy and ensure it is being followed.
- Regularly review and update when necessary the business continuity plan.
- Complete the audit cycle for by re-auditing each of the audits carried out.
- Review their handling of complaints to ensure that all complaints are recorded and that information on the complaints process is made available to patients.

Norbury Health Centre 2

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Norbury Health Centre 2

Norbury Health Centre provides services to approximately 10,600 patients in south west London under a Personal Medical Services contract (an agreement between NHS England and general practices for delivering personal medical services). It sits within the Croydon Clinical Commissioning Group (CCG) which has 58 member practices serving a registered patient population of approximately 395,000. Norbury health centre provides a number of enhanced services including minor surgery; remote care monitoring; unplanned admissions and rotavirus & shingles immunisation. It is also a training practice for GP trainees.

The staff team at the practice consists of two male and two female GPs, one specialist nurse and two practice nurses, a practice manager, an assistant practice manager and 13 administrative staff. The permanent GPs at the practice provided 23 sessions per week, and an additional eight to ten sessions were provided by locum GPs. The service is provided from this location only. There is wheelchair access to the building; lift access the first and second floors, an accessible toilet, a hearing loop and reserved parking for patients with disabilities.

The practice is open between 8am and 6.30pm each weekday. Appointments are available between 9am –

11am and 4pm – 6pm each weekday, and bookable appointments are offered up to 7pm each weekday evening. Patients who wish to see a GP outside of these times are referred to an out of hours service. The practice provides an online appointment booking system and an electronic repeat prescription service.

The practice is registered with the Care Quality Commission as a partnership 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 has a lower percentage than the national average of people with a long standing health conditions (50% compared to a national average of 54%). It has a higher percentage of unemployed people compared to the national average (13.6% compared to 5.4%). The practice sits in an area which rates within the fifth most deprived decile in the country, with a value of 23 compared to the CCG average of 23.6 and England average of 21.8 (the lower the number the less deprived the area). Life expectancy in this area is the same as the England average for men (79 years) and one year above the England average for women (84 years compared to 83).

The practice is located in a diverse borough with around half of the population from black and ethnic minority groups and where more than 100 languages are spoken as a first language. For example a high percentage of patients speak Urdu, Gujarati, Polish, Punjabi, Hindi, Portuguese, Bengali and French. The age group profile for the patient population is comparable to the England average for almost all age groups. It is slightly above the England average for men and women aged between 20 – 34; and slightly above for male patients aged 35 – 39.

Detailed findings

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. This service has not been inspected before.

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 12 July 2016. During our visit we:

- Spoke with a range of staff including GPs, nurses, receptionists and administrators and spoke with patients who used the service.
- 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 and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- 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. Clinical incidents were written up by the GPs whilst non-clinical incidents were recorded by either the practice manager or assistant practice manager. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again. There was a whistleblowing policy in place and staff were aware of it.
- The practice carried out a thorough analysis of the significant events. We saw there had been 16 significant events recorded in the past year. One of these related to a member of staff being unaware that letters for actioning had been sent to their docman (an electronic document management system) account. By the time this was noted, over 500 letters dating back five years had gone unanswered. The practice took action to clear the backlog and determined that the member of staff had been inadequately trained. As a result we were told that staff would now have to complete a form to say they had been given adequate training and understood how the system worked. We were also told that this event was discussed in a team meeting; however, the practice could not provide us with minutes of this meeting and also said that the new form had yet to be introduced. Following the inspection, as part of the factual accuracy response, the provider sent us copies of meeting minutes, but these did not include minutes of a meeting where the aforementioned significant event had been discussed.

We reviewed safety records, incident reports and patient safety alerts. We asked to see minutes of meetings where

these were discussed but none could be provided. However, we saw evidence action was taken to improve safety in the practice. For example, it was identified that trainee GPs were checking test results and thought they were sending them to the administrative team for action, but inadvertently had been sending them to file. As a result, an induction pack was produced specifically for trainee GPs which included correct use of the systems.

We saw copies of recent alerts that had been disseminated to staff. These included risks of asphyxiation from food/fluid thickening powder; risks associated with the Zika virus and concerns relating to a type of angina medicine. GPs were able to tell us about recent MHRA (Medicines and Healthcare Products Regulatory Agency) alerts, for example one related to pregnancy and epilepsy medicine.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and most had received training on safeguarding children and vulnerable adults relevant to their role. We were told that all GPs and two of the three nurses were trained to child protection or child safeguarding level 3, however the training had been provided by the local CCG and certificates had not been issued (although there was training material from the course). One nurse had not attended adult safeguarding training; whilst the most recently recruited nurse, who started work at the practice in November 2015, had not undergone either adult or child safeguarding training since starting work at Norbury. We were told that the nurse had been asked to evidence what training they had previously undergone, so that if necessary, a

Are services safe?

refresher course could be provided. Post the inspection we were provided with the certificates for one nurse whilst the other had repeated the training as they could not locate their certificate.

- We saw evidence that the practice had appropriately referred safeguarding concerns to the local authority safeguarding team.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS 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). If a patient requested a chaperone it was logged in the patient's notes. There was a chaperone policy in place. We noted it did not give chaperones guidance on where to stand however the assistant practice manager updated the policy before the inspection ended.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. 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. We were told that a weekly meeting was held between the practice and the landlord to discuss any premises issues however minutes of these meetings were not available. There were adequate supplies of personal protective equipment, such as gloves and aprons. Single use equipment was still wrapped and within expiry dates. The practice had a clinical waste disposal contract and consignment forms were available. It could not produce a pre-acceptance audit however (the Environment Agency requires that producers of waste must provide an audit of their waste before it can be legally collected by a licensed waste carrier. This is known as a pre-acceptance audit).
- There was an infection control protocol in place and a number of staff had received up to date training. For example, all of the GPs, two of the nurses and seven administrative staff had completed infection control training in 2015. An infection control audit was undertaken by the CCG in February 2016. The practice scored 96% compliance. The areas where they were non-compliant were largely out of their control as they related to the building which was not owned by the practice. We saw that the practice had contacted the landlord to ask for repairs to be made.
- 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. If patients repeatedly requested more medicines without attending reviews then the supply they were prescribed would be gradually reduced until they did attend. The practice's repeat prescribing policy stated that if a prescription was not collected for three months this would be noted on the patient's record and then destroyed. We checked several records and found this aspect of the policy was not being followed.
- 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. For example an audit of antibiotic prescribing had been carried out in March 2015. This indicated that 75% of patients (33 patients) who received broad spectrum antibiotics in that month had been incorrectly prescribed. A re-audit in May 2016 showed that incorrect prescribing of broad spectrum antibiotics had decreased by 4%, whilst there had been an overall reduction in the prescribing of broad spectrum antibiotics by 69%.
- Blank prescription forms and 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 (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 majority of the staff team had worked at the practice for many years. We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, and the appropriate checks through the Disclosure and Barring Service. We noted that one nurse's registration with the appropriate professional body had expired and the nurse had not provided the practice with evidence of current registration. The practice requested this from

Are services safe?

the nurse and provided us with evidence of it the following day. The practice had a specific induction template for locums and GP trainees. We saw one trainee had commented positively on the three day induction and initial oversight and support they were given.

- The practice used locum GPs on a regular basis. They used the same agency to source their locums and we saw the practice ensured the agency had carried out all necessary recruitment checks.

Monitoring risks to patients

Risks to patients were assessed and managed.

- The practice carried out weekly fire alarm checks, and these were recorded. Most staff had received fire safety training; however, fire drills were infrequently performed. We were told the last evacuation had been carried out in 2014 but there was no written evidence of this. Three staff were designated fire marshals but this information was not included in the fire safety policy – of which there were four different versions. Fire equipment had last been serviced in July 2015 and this was due to be repeated shortly. Following the factual accuracy process the provider sent us a copy of the fire log which indicated a fire drill had been carried out in 2014, but none since.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. PAT testing had been carried out in July 2016 and clinical equipment such as spirometers and BP monitors had been calibrated that same month.
- The practice had a variety of other risk assessments in place to monitor safety of the premises such as infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). A flush of the water system to combat the risk of legionella has been carried out in February 2016.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. The lead GP acknowledged

that the practice was unable to cover eight to ten GP sessions per week with permanent staff, and locums had to be used instead. We saw the practice had made a number of efforts to recruit additional permanent GPs.

- There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. Staff were multi skilled to enable them to cover each other during absences.
- All permanent clinicians had received hepatitis B and influenza vaccination. Locum GPs were asked to provide their vaccination record. Administrative and reception staff were offered hepatitis B vaccination where appropriate.

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 but two staff had undergone CPR training in 2014 and there were emergency medicines available in the treatment room.
- The practice had a defibrillator and oxygen available on the premises. The defibrillator battery and pads were all in date and the oxygen tank was full.
- 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. Practice nurses maintained a list of medicines in the doctors' bags along with their expiry date.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. It did not include a business risk assessment but did contain details of a reciprocal agreement with a local practice in the event either practice was rendered unusable. The plan included emergency contact numbers for staff and utility companies; however, it was undated and had not been reviewed, therefore there was the possibility some contact details were incorrect.

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 through the electronic clinical data system 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. We saw, for example, that the practice regularly reviewed unplanned admissions and readmissions and follow-up consultations took place following hospital discharge.

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 practice achieved 93.9% of available points compared to the CCG average of 94% and England average of 94.8%.

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

- Performance for diabetes related indicators was similar to the CCG and national averages. For example, the percentage of patients with diabetes, on the register, who had had influenza immunisation in the preceding 1 August to 31 March (01/04/2014 to 31/03/2015), was 89%, compared to the CCG average of 89% and national average of 94%. The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months (01/04/2014 to 31/03/2015) was 80% compared to the CCG average of 87% and national average of 88%. The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2014 to 31/03/2015) was 72% compared to the CCG average of 72% and national average of 78%.

- Performance for mental health related indicators, other than dementia, was better than the national average. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months (01/04/2014 to 31/03/2015) was 99% compared to the CCG average of 87% and England average of 90%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2014 to 31/03/2015) was 90% compared to the CCG average of 85% and England average of 88%.
- The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2014 to 31/03/2015) was 80% compared to the CCG average of 92% and the England average of 90%.
- Seventy two percent of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the preceding 12 months (01/04/2014 to 31/03/2015), compared to the CCG average of 85% and the national average of 84%.
- Exception reporting for depression was 46% compared to the CCG average of 20% and the England average of 24% (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). We were told this was due to patients failing to attend reviews.

There was evidence of quality improvement including clinical audit.

- We were given details of seven audits carried out in the last two years; two of these were completed audits. For example, in 2015 the practice repeated a 2011 audit of urgent, two week wait, cancer referrals. The initial audit found that 41 out of 50 patients had been seen within two weeks. The practice also found it had not appropriately coded its urgent cancer referrals which made an analysis much more difficult. As a result the practice undertook to improve its coding and to implement a safety net to avoid increased waiting times. The 2015 re-audit found that coding was now appropriate and patients being urgently referred were asked to inform the practice if they had not been given

Are services effective?

(for example, treatment is effective)

an appointment within one week. Of the 48 urgent referrals in the 2015 timeframe, 39 had been seen within two weeks. This represented a drop of 1%. As a result administrative staff at the practice compiled a cancer register to facilitate closer monitoring, improve patient access to cancer services and reduce missed appointments. Staff also undertook to encourage patients to let them know if they had not received an appointment within the specified timeframe.

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.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, in 2016 nurses had undertaken training or attended conferences in smoking assessment, immunisation, diabetes and women's health. The administrator responsible for summarising had attended a course in summarising clinical notes in primary care.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an annual appraisal.
- Staff received training that included: dealing with challenging patients, infection control, the Mental Capacity Act, and health and safety. Staff had access to and made use of e-learning training modules and in-house training.

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. We

reviewed nine patient records, including those for a patient following unplanned hospital admission, a patient with learning disabilities, a patient with mental illness, a palliative care patient and patients with safeguarding concerns. We found the records contained well written care plans and detailed, up to date documentation.

- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- We received positive feedback about the practice from the community matron.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. We saw the practice engaged with other stakeholders such as the Croydon respiratory team; the mental health assessment and liaison service and the community integrated musculoskeletal service. We also saw minute of meetings with the local hospice.

Consent to care and treatment

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

- Practice nurses showed us the consent forms used for minor surgery. We were told that verbal consent was obtained prior to giving vaccinations.
- 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. Staff were aware of competency assessment frameworks such as the Fraser guidelines.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

Are services effective?

(for example, treatment is effective)

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. We saw copies of letters sent to patients whose lipids were slightly raised, in which they were advised of the need to follow a healthy lifestyle. An information leaflet on healthy eating was enclosed with the letter.
- The practice's uptake for the cervical screening programme was 80.2%, which was comparable to the CCG and England average of 81.8%. 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 breast screening programme by using information in different languages. The practice told us it also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The number of patients aged 60 – 69 screened for bowel cancer in the last 30 months was 44% compared to the CCG average of 48% and England average of 55%. 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.

Immunisation rates for the standard childhood immunisations were mixed. All immunisation rates for children aged 12 months and 24 months fell below the CCG averages, whilst six out of ten immunisation rates for children aged five years were above the CCG averages. For example, 81% of 24 month old children had received the MMR vaccination compared to the CCG average of 87%. However 94.5% of five year olds had received the primary pertussis vaccination compared to the CCG average of 92.4%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. Staff told us that most health promotion was done on an ad hoc basis as this had proved more effective than running specific clinics.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect. Staff told us the practice ethos was to treat others as you would like to be treated.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- All staff signed confidentiality agreements.
- 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 but two of the 44 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 five members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

However, results from the 2016 national GP patient survey showed that most patients' responses, when asked if they felt they were treated with care and concern, were below local and national averages. The practice was also just below average for most of its satisfaction scores on consultations with GPs and nurses. For example:

- 67% described the overall experience of their GP surgery as fairly good or very good compared to the clinical commissioning group (CCG) average of 82% and England average of 85%.
- 83% of patients said the GP was good at listening to them compared to the CCG average of 86% and the national average of 89%.
- 75% of patients said the GP gave them enough time compared to the CCG average of 83% and the national average of 87%.

- 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.
- 81% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 86% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 92% of patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and the national average of 87%.

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 however results from the national GP patient survey showed most patients responses to questions about their involvement in planning and making decisions about their care and treatment were comparable to local and national averages. For example:

- 80% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and the national average of 86%.
- 79% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 82% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- There was a range of information available in the reception area, including details of clinics; however, this were predominantly in English.

Are services caring?

- However, the electronic check in system and the practice website provided access to information in other languages.

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.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 39 patients as carers (less than 1% of the practice list). A wide range of written information was available to direct carers to the various avenues of support available to them.

The practice liaised closely with a local hospice to provide structured end of life care and support for families. Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card and we saw examples of these. 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

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example we saw the practice was engaging with the CCG with regard to two CCG priorities – tackling obesity and a tuberculosis testing and treatment programme. The practice attended and sometimes hosted CCG network meetings.

- There were longer appointments available for patients with a learning disability. The practice had 55 patients on its learning disability register. Only four of these had been given an annual health check in 2015, whilst the number had risen to 11 this year. Following the factual accuracy process the provider sent us data to show that 28 annual health checks had been carried out in 2015 (51%) but that these had been incorrectly coded by the practice.
- Longer appointments were available for patients with long term conditions such as chronic obstructive pulmonary disease; and for those for whom English was not their first language and needed a translator.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities and translation services available; however, the accessible toilet was out of order and had been for several days. The practice told us that patients could use an alternative adjacent to the treatment area, although patients had not, until we queried it, been signposted to this alternative facility.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 9am to 11am every morning and 4pm to 6pm each afternoon. Extended hours appointments were offered each evening until 7pm for

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

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

- 60% of patients were satisfied with the practice's opening hours compared to the CCG and national average of 78%.
- 34% of patients said they could get through easily to the practice by phone compared to the CCG and national average of 73%.
- 75.5% of patients said the appointment they got was convenient compared to the CCG average of 90% and the national average of 92%.
- 57% of patients described their experience of making an appointment as good compared to the CCG average of 71% and the national average of 73%.
- 59% of patients felt they normally had to wait too long to be seen compared to the CCG average of 42% and the national average of 34.5%.

One patient commented via the CQC public website that they were never able to make an appointment over the phone; appointments were not available for people who were working and appointments were always running late. They also commented that it was difficult to get an appointment with a nurse as they were short staffed, and that when these issues were brought to the attention of the practice manager it was suggested they seek an alternative practice.

People told us on the day of the inspection that they were able to get appointments but that if it was for a non-urgent matter they sometimes had to wait up to two weeks. This reflected the outcome of the national patient survey where the practice scored 16% below the England average for the percentage of patients who stated that the last time they wanted to see a GP or a nurse they were able to get an appointment.

We discussed the below average survey results with senior staff at the practice and found little importance had been attached to the survey and staff did not appear to be aware of the less than positive outcomes. Whilst we were told that they were trying to address complaints about access by increasing the number of on the day appointments,

Are services responsive to people's needs?

(for example, to feedback?)

encouraging patients to book an appointment online and by putting on an extra receptionist in the mornings, we found that the problems were ongoing. Indeed, they had been discussed at the PPG meeting in March, July and November 2015 and the PPG told us issues remained albeit, the pressure on the appointment system could be alleviated somewhat if the number of patients who failed to attend could be reduced.

The practice had a system in place to assess:

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

Staff described and showed us a written protocol for them to follow when patients asked for emergency appointments. 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.

Listening and learning from concerns and complaints

The practice had an system in place for handling complaints and concerns; however, not all the patients we spoke with were aware how to complain. We noted one patient had waited over an hour after their appointment time to see a GP but were not aware they could have approached the receptionists to complain about this.

- The practice's complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- We saw that information was available in the reception area to help patients understand the complaints system.

The practice had logged 24 complaints between March 2014 and March 2015; and seven between April 2015 and March 2016. We found that recorded complaints had been dealt with promptly and the action taken recorded and shared with the staff team. We saw, for example, that two patients had complained because they were not being prescribed the medicines they thought they should be taking. In both instances the patients were given full explanations regarding their prescribed medicines and the ones that were not prescribed.

We noted, however, that not all verbal complaints were logged. We raised this with senior staff who told us that if a verbal 'grumble' could be dealt with on the spot, and escalation prevented, it would not necessarily be logged. This made it difficult to assess the true number of complaints in the preceding 12 months.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

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

- Staff were clear about the vision and their responsibilities in relation to it.

Governance arrangements

The practice had a governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. Staff commented that they were trained in several areas so that they could cover for colleagues on leave.
- All staff had a job description. These were reviewed during annual appraisals and updated where appropriate.
- Practice specific policies were implemented and were available to all staff, but not always regularly reviewed.
- A comprehensive understanding of the performance of the practice was maintained in most areas, however we found little acknowledgement of the below average outcomes from the national patient survey which were notably low relating to access to appointments.
- A programme of clinical and internal audit was used to monitor quality and to make improvements, although most of the audit cycles had not been completed.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions, however these could be improved in places, particularly with regard to the failure to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users with a learning disability.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff. They described the culture in the practice as resilient, strong and like a family.

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

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of written correspondence but did not always record verbal interactions, preferring if possible, to deal with issues before they escalated.

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

- Staff told us they appreciated the drive, passion for good quality care, and supportive environment demonstrated and created by the senior partner in particular.
- Staff told us the practice held regular team meetings, and we saw minutes to support 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 and supported in doing so.
- Staff said they felt respected and valued. All staff were involved in discussions about the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- Trainee GPs told us they found the practice well organised and supportive.

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 gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out occasional patient surveys and

Are services well-led?

Requires improvement 

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

submitted proposals for improvements to the practice management team. For example they asked the practice to make the website more interactive and also to attempt to reduce the number of wasted appointments through patients not attending and not cancelling. The practice engaged a website developer to improve the website; and added a message to the information screen in the waiting room to remind patients to cancel any appointment they did not need. Additionally, if a patient did not attend twice they would be sent a letter reminding them of the need to cancel if they were not going to attend. There was a Family and Friends comment box in reception, although nothing to illustrate how well the practice was performing.

- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss

any concerns or issues with colleagues and management. We saw, for example, that one GP trainee had left very positive written feedback with regard to their placement.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and staff commented on the encouragement they were given to develop new ideas and systems that would enhance patient care for example one member of staff had updates a number of templates to increase efficiency, and they commented that colleagues had responded well to the changes.

Staff, in conjunction with the PPG, arranged information seminars for patients. The next one, booked for 19 September 2016, was to discuss diabetes and lifestyle.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance How the regulation was not being met: The registered person did not do all that was reasonably practical to act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services. The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. The registered person has not ensured that patients with a learning disability had received appropriate care reviews. This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.