Kings Heath Practice

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	Requires improvement
Are services safe?	Requires improvement
Are services effective?	Requires improvement
Are services caring?	Good
Are services responsive to people's needs?	Requires improvement
Are services well-led?	Good

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 Kings Heath Practice on 4 October 2017. Overall the practice is rated as requires improvement.

Kings Heath Practice was previously part of Kings Heath and Lings Brook Practice until the provider withdrew from the contract in March 2017. A change of provider took place in April 2017. The new provider was established as Kings Heath Practice under the caretaker management of a local GP federation, General Practice Alliance (GPA).

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.
- Staff were aware of current evidence based guidance and had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- The practice maintained appropriate standards of cleanliness and hygiene.
- Information about services and how to complain was available and the practice proactively acted on complaints posted on the national website, NHS Choices. Improvements were made to the quality of care as a result of complaints and concerns.
- 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 the management team.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.
- The practice had some systems to assess and monitor health and safety, but they were not wide ranging enough to minimise risks to patient and staff safety.
- Some recruitment checks had been undertaken prior to employment but there were some gaps.
- Results from the national GP patient survey published in July 2017 showed feedback scored the practice below local and national averages for most aspects of

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care. However, the practice demonstrated a proactive approach to identifying and acting on the main issues, and more recent patient feedback indicated that patients felt improvements had been made.
- Patient feedback on the ease of securing an appointment was mixed. The most recent feedback highlighted that improvements had been made and there was continuity of care with urgent appointments available the same day.

The areas where the provider must make improvement are:

Assessments of the risks to the health and safety of service users of receiving care or treatment were not being carried out. In particular:

- The practice systems to minimise risks to patient safety were not comprehensive. Some risk assessments had been carried out but we identified areas of risk that had not been assessed or mitigated.

The registered person had not ensured that all the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was available for each person employed. In particular:

- Satisfactory information about any physical or mental health conditions relevant to a person's ability to carry out their role had not been obtained for all staff and no Disclosure and Barring Service (DBS) check had been carried out on the Advanced Nurse Practitioner (ANP). There was no evidence of any checks done on a locum GP who had recently worked at the practice.

The areas where the provider should make improvement are:

- Review the process for managing uncollected repeat prescriptions.
- Review the storage arrangements for emergency equipment and medication.
- Review the induction arrangements for newly appointed staff.
- Explore how the uptake rates for cancer screening could be improved and ensure improvement.
- Consider how information for carers could be more accessible to patients when visiting the premises.
- Consider implementing a protocol to support non-clinical staff identify those patients who have contacted the practice by telephone and may be in need of urgent treatment.
- Continue to monitor and ensure improvement to national GP patient survey results in particular the patient feedback on telephone access and review the clinical capacity meets patient needs.
- Include on the complaints letter information on what the complainant can do if not satisfied with the response or outcome.
- Revise the procedure for repeat prescribing for requests from secondary care to ensure authorisation is given by a suitable clinician prior to the issue of the prescription.
- Establish a process to seek and act on patient feedback, for example establish a patient participation group
- Continue to review patient recall systems and processes in relation to the Quality and Outcomes Framework (QOF).

We discussed with the current provider the use of Quality and Outcomes Framework (QOF) submissions data for the practice given the service was under the previous provider. It was agreed that it was applicable and relevant.

Professor Steve Field CBE FRCP FFPH FRCGPChief Inspector of General Practice

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

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The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Requires improvement

The practice is rated as requires improvement for providing safe services.

- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events. Lessons were shared with staff and with external stakeholders to ensure action was taken to improve safety in the practice.
- Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice maintained appropriate standards of cleanliness and hygiene. Cleaning schedules for the premises were in place and infection prevention control audits were carried out.
- The practice had adequate arrangements to respond to emergencies and major incidents. However, equipment and medicines for use in an emergency were stored in different locations which had the potential to delay the provision of emergency treatment.
- Not all appropriate recruitment checks had been undertaken prior to employment. Checks included references, medical indemnity and registration with an appropriate body. Satisfactory information about any physical or mental health conditions relevant to a person's ability to carry out their role had not been obtained for all staff and no Disclosure and Barring Service (DBS) check had been carried out on the Advanced Nurse Practitioner (ANP). There was no evidence of any completed checks on a locum GP who had recently worked at the practice.
- The practice systems to minimise risks to patient safety were not comprehensive. Some risk assessments had been carried out but we identified areas of risk that had not been assessed or mitigated.
- Patient notes were securely stored but had not always been processed onto the clinical system in a timely manner.

Are services effective?

Requires improvement

The practice is rated as requires improvement for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) for the previous provider showed patient outcomes were similar to the

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national average but was below other practices in outcomes for patients with diabetes. The new provider employed a specialist diabetes nurse to focus on improving outcomes for patients on the diabetes register.

- There was high clinical exception reporting in some areas. The provider was aware of these high exception reporting rates and had adopted a more proactive approach to recalling patients for annual reviews.
- Staff were aware of current evidence based guidance and had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Cycles of clinical audits had not been repeated but a structured programme of repeated audits had been implemented to assess and monitor quality improvement.
- Appraisals were completed or planned for all staff. One to one meetings had been held with all staff.
- There was no formal induction programme in place for newly appointed staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved and when appropriate, information was shared with the out of hours service.
- Cancer screening rates were below local and national averages. For example, 57% of females aged 50-70 years had been screened for breast cancer within six months of invitation. This was lower than the CCG average of 78% and the national average of 73%.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey published in July 2017 showed patients rated the practice below others for several aspects of care. The practice had identified areas for improvement and had taken or planned actions to address them. For example, a salaried GP and an Advanced Nurse Practitioner (ANP) had been recruited to reduce the reliance on ad hoc locum staff. More recent feedback from patients in comments cards we received highlighted that steps taken to improve patient satisfaction for care and treatment were having a positive impact.
- A survey conducted by the current provider showed that out of a total of 155 responses,

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87% of patients said that they had enough support and information to help them manage their medical condition.

- Through the comment cards we received, patients told us staff were caring, respectful and helpful. They told us they felt listened to by the clinical team and the receptionists were very friendly.
- Information for patients about the services was available but not readily accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Requires improvement

The practice is rated as requires improvement for providing responsive services.

- The practice understood its population profile and had used this understanding to make plans to meet the needs of its population.
- Reception staff demonstrated a basic knowledge of emergency call handling but there was no protocol to support their decision making.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- The results of the national patient survey showed that patient feedback around access was negative. However, more recent feedback from staff and from patients in comment cards we received showed that patients highlighted that steps taken to improve access were having a positive impact.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from the examples we reviewed showed the practice responded quickly to issues raised.

Are services well-led?

Good

The practice is rated as good 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 the management team. The practice had policies and procedures to govern activity and held regular governance meetings.

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- The governance framework supported the delivery of the strategy and good quality care. However, arrangements to identify and minimise risk needed strengthening.
- Staff inductions had been not been completed to date, but were planned for any new members of staff.
- Annual performance reviews had been completed or planned. Development and training opportunities had been identified through one to one meetings with all staff.
- The provider was aware of the requirements of the duty of candour.
- The management team encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- There was no established patient participation group but the practice proactively sought feedback from patients through surveys, the family and friends test and through direct engagement with patients through community groups.
- There was a focus on continuous learning and improvement at all levels. Staff were supported to attend training.

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The six population groups and what we found

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

Older people

Requires improvement

The practice is rated as requires improvement for the care of older people. The practice is rated as requires improvement for providing safe, caring and responsive services; this affects all six population groups. However there were also positive findings:

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. For example: patients over 70 years of age were prioritised for emergency appointments when acutely unwell.
- The practice followed up older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Housebound patients were identified on the clinical system and care for those unable to attend the practice was coordinated with the community healthcare team.

People with long term conditions

Requires improvement

The practice is rated as requires improvement for the care of people with long-term conditions. The practice is rated as requires improvement for providing safe, caring and responsive services; this affects all six population groups. However there were also positive findings:

- Patients identified as at greater risk of hospital admission were identified as a priority.
- The percentage of patients with diabetes, on the register, who had their blood pressure reading measured in the preceding 12 months within recognised limits, was 61%. This was below the Clinical Commissioning Group (CCG) and the national averages of 78%. The provider had employed the services of a specialist locum nurse to provide regular diabetes clinics.
- Clinicians who treated patients with long term conditions such as diabetes and asthma were provided with templates that

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reflected best practice for treatment. For those patients with the most complex needs, a GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Educational leaflets provided to patients assisted their understanding and self-management of long-term conditions.
- Vulnerable patients with long term conditions were contacted within two days of post hospital discharge.

Families, children and young people

Requires improvement

The practice is rated as requires improvement for the care of families, children and young people. The practice is rated as requires improvement for providing safe, caring and responsive services; this affects all six population groups. However there were also positive findings:

- The practice had a policy to follow up children who failed to attend for hospital appointments and children who had a high number of accident and emergency (A&E) attendances.
- Immunisation rates for all standard childhood immunisations were similar to local and national averages.
- Appointments were available outside of school hours and the premises were suitable for children and babies. For example: there were baby changing facilities and a children's play area in the patient waiting room.
- The practice worked with midwives and health visitors to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.
- The practice held monthly meetings with the health visitor and school nurse to discuss children in need of additional support.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.

Working age people (including those recently retired and students)

Requires improvement

The practice is rated as requires improvement for the care of working age people (including those recently retired and students). The practice is rated as requires improvement for providing safe, caring and responsive services; this affects all six population groups. However there were also positive findings:

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, telephone consultations.

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- The practice was proactive in offering online services for booking GP appointments and ordering of repeat medication. They offered a full range of health promotion and screening that reflected the needs for this age group.
- The practice offered extended hours appointments for working aged patients who could not attend during normal opening hours.

People whose circumstances may make them vulnerable

Requires improvement

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The practice is rated as requires improvement for providing safe, caring and responsive services; this affects all six population groups. However there were also positive findings:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. A patient recall system had been implemented to ensure that all patients with a learning disability were invited for an annual health check.
- Appointment times for vulnerable patients were coordinated to reduce distress by minimising the time spent in the patient waiting area.
- Repeat prescriptions were only issued on a weekly basis to vulnerable patients to promote regular monitoring.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- Patients with a learning disability were offered an annual health check and provided with longer appointments if needed.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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People experiencing poor mental health (including people with dementia)

Requires improvement

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The practice is rated as requires improvement for providing safe, caring and responsive services; this affects all six population groups. However there were also positive findings:

- Data for the previous provider showed that 95% of patients with a diagnosed mental health disorder had a comprehensive, agreed care plan documented in their record, in the preceding 12 months. This was higher than the CCG average of 89% and the national average of 89%.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who failed to attend mental health reviews appointments. Patients were offered double appointments and receptionists contacted them in advance to provide a reminder.
- Data for the previous provider showed that 92% of patients diagnosed with dementia had a care plan in place that had been reviewed in a face-to-face review in the preceding 12 months. This was comparable with the CCG average of 87% and the national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published in July 2017 showed the practice was performing below local and national averages. Three hundred and seventy-eight forms were distributed and 83 were returned. This represented a return rate of 22%.

- 57% of patients described their overall experience of this GP practice as good compared with the Clinical Commissioning Group (CCG) average of 83% and the national average of 85%.
- 45% of patients described their experience of making an appointment as good compared with the CCG average of 70% and the national average of 73%.
- 45% 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 77%.

The new provider had conducted their own survey in July 2017. A total of 155 responses were returned.

- 94% of patients said that the current opening hours met their needs.
- 87% of patients said that they had enough support and information to help them manage their medical condition.

As part of our inspection we also asked for Care Quality Commission (CQC) comment cards to be completed by patients prior to our inspection. We received 28 comment cards of which 26 were highly positive about the standard of care received. Patients told us staff were caring, understanding, respectful and supportive. They told us they felt listened to by the GPs, that the nursing staff took time to explain their care and treatment. Three of the comment cards stated that in recent months, improvements had been seen in relation to access to appointments. Two cards had mixed comments, praising the staff for their attitude towards patients and the care received but one had found difficulty getting an appointment and one found that the answering of the telephone could be slow.

Areas for improvement

Action the service MUST take to improve

Assessments of the risks to the health and safety of service users of receiving care or treatment were not being carried out. In particular:

- The practice systems to minimise risks to patient safety were not comprehensive. Some risk assessments had been carried out but we identified areas of risk that had not been assessed or mitigated.

The registered person had not ensured that all the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was available for each person employed. In particular:

- Satisfactory information about any physical or mental health conditions relevant to a person's ability to carry out their role had not been obtained for all staff and no Disclosure and Barring Service (DBS) check had been carried out on the Advanced Nurse Practitioner (ANP). There was no evidence of any checks done on a locum GP who had recently worked at the practice.

Action the service SHOULD take to improve

- Review the process for managing uncollected repeat prescriptions.
- Review the storage arrangements for emergency equipment and medication.
- Review the induction arrangements for newly appointed staff.
- Explore how the uptake rates for cancer screening could be improved and ensure improvement.
- Consider how information for carers could be more accessible to patients when visiting the premises.

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- Consider implementing a protocol to support non-clinical staff identify those patients who have contacted the practice by telephone and may be in need of urgent treatment.
- Continue to monitor and ensure improvement to national GP patient survey results in particular the patient feedback on telephone access and review the clinical capacity meets patient needs.
- Include on the complaints letter information on what the complainant can do if not satisfied with the response or outcome.
- Revise the procedure for repeat prescribing for requests from secondary care to ensure authorisation is given by a suitable clinician prior to the issue of the prescription.
- Establish a process to seek and act on patient feedback, for example establish a patient participation group
- Continue to review patient recall systems and processes in relation to the Quality and Outcomes Framework (QOF).

Kings Heath Practice

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Kings Heath Practice

Kings Heath practice is caretaker managed by the General Practice Alliance (GPA), a federation of 25 GP surgeries based in and around the centre of Northampton. The practice is located in Kings Heath, a suburb of Northampton close to the town centre and provides primary care services for patients in Kings Heath and the surrounding area. The GPA is registered with the Care Quality Commission (CQC) as a limited company.

The practice holds an Alternative Personal Medical Services (APMS) contract with NHS England. (An APMS contract is an agreed alternative to the standard General Medical Services (GMS) contract used when services are agreed locally with a practice which may include additional services beyond the standard contract).

At the time of our inspection the practice had approximately 3,500 patients.

The practice area is one of high deprivation when compared with the national and local Nene Clinical Commissioning Group (CCG) area. Demographically the practice has a higher than average young population with 25% under 18 years compared with the national average of 21%. The percentage of patients with a long-standing health condition is below the local CCG and national averages. Six per cent of the practice population is above 65 years which is lower than the CCG and national averages of 17%.

The practice staffing comprises of:

- A full time lead GP (female)
- A full time advanced nurse practitioner (ANP)
- A part time salaried GP (male) and a part time ANP (both working eight hours per week)
- A practice nurse (25 hours per week)
- A specialist diabetic nurse
- A full time health care assistant
- A practice manager
- A deputy practice manager and three members of administrative staff working a range of hours.

The practice is open between 8.30am and 7.30pm on a Monday, between 8am and 6.30pm on a Tuesday, Thursday and Friday, between 7am and 6.30pm on a Wednesday and between 9am and midday on a Saturday. Appointment times differed dependent on the day, the earliest being at 8.20am and the latest at 5.20pm. Telephone consultations are available at various times throughout the day. Extended practice hours to see a nurse or healthcare assistant are offered between 6.30pm and 7.30pm on a Monday evening and between 7am and 8am on a Wednesday morning.

Patients are able to access the practice on Saturday mornings between 9am and midday for prescription collections and queries only.

The practice has opted out of providing cover to patients in the out-of-hours period. During this time services are provided by Northamptonshire Doctors Urgent Care; patients access this service by calling NHS 111.

Detailed findings

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before our inspection we reviewed a range of information we held about the practice and asked other organisations to share what they knew. We carried out an announced visit on 4 October 2017.

During our inspection we:

- Spoke with a range of staff including the chief executive of the General Practice Alliance (GPA) and the Clinical Lead of the GPA.
- The salaried GP, an advanced nurse practitioner (ANP), a practice nurse, a health care assistant, the deputy practice manager, the healthcare assistant and two receptionists.
- Observed how patients were being cared for in the reception area.
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.

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

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

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

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

Requires improvement

Are services safe?

Our findings

Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they would inform the management 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).
- The practice had recorded 10 significant events in the six months prior to our inspection. From the sample we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events.
- The provider used an application entitled 'SLACK' to share learning with other practices within the locality.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, an urgent referral was delayed due to an administrative error. An investigation was completed and as a result the policy updated to stipulate that an electronic message must be sent to administration staff immediately after an urgent referral is made.
- The practice also monitored trends in significant events and evaluated any action taken at clinical governance meetings held monthly with all staff.

The practice had a process in place to act on alerts that may affect patient safety, for example from the Medicines and Healthcare products Regulatory Agency (MHRA). Following an alert being received the practice checked to ensure that patients were not affected by the medicines or equipment involved and took appropriate action where required. We saw that MHRA alerts were a regular agenda item at the practice's monthly meetings.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding 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 and staff we spoke with were aware to contact them if they had any safeguarding concerns. We saw that the practice was proactive in referring safeguarding concerns to the relevant agencies. We were shown an example of where a GP had reported their concerns to these agencies and the actions taken had resulted in a child being protected from the risk of abuse. The practice held weekly, informal meetings with the health visitor to discuss children of concern.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. However, at the time of the inspection, the lead GP was on holiday and there was no evidence to demonstrate they had been trained to child safeguarding level three. The provider assured us that the GP had completed the training. Evidence of completion of level three training was forwarded to the Care Quality Commission on the Lead GP's return.
- Alerts were placed on the electronic records of children and vulnerable adults where safeguarding concerns had been identified. There was a system in place for following up children who failed to attend for hospital appointments.
- Notices in clinical and consultation rooms advised patients that chaperones were available if required. Staff who acted as chaperones were trained for the role and evidence sent after the inspection showed staff had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The advanced nurse practitioner (ANP) had not completed a DBS check prior to commencing

employment but an application had been submitted. The ANP was able to produce a DBS check completed by a previous employer and provider a written statement to confirm that there was nothing to disclose since the check had been carried out. The provider told us that all other staff had been checked but records were kept offsite and not accessible on the day.

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place for the overall cleaning of the practice. This was carried out by a third party contractor who stored no cleaning equipment or cleaning substances at the premises.
- The lead nurse was the infection prevention and control (IPC) clinical lead. There was an IPC protocol available on the practice's intranet and staff had received up to date training. The IPC lead had attended additional training to support them in their role. The last IPC audit was completed on 25 September 2017 and repeat audits were planned six monthly. An action plan was completed after the last audit and action was taken to address improvements identified.
- Clinical staff had received appropriate immunisations against health care associated infections. Non-clinical staff had not received these immunisations and a risk assessment had not been completed to demonstrate how potential risks to staff and patients would be mitigated. Before the end of the inspection the practice completed a risk assessment to mitigate these risks.
- Clinical waste bins, sanitary and nappy bins were on order (ordered 28/09/2017). There was storage arrangements for the clinical waste to be stored and approved.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. The practice carried out a regular medicine audit and discussed prescribing issues at monthly clinical meetings to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Blank prescription forms were securely stored and there was a system to track their use.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The health care assistant was trained to administer vaccines and medicines and patient specific prescriptions or directions from a prescriber were produced appropriately.
- There was a system in place for the management of uncollected repeat prescriptions and on the day of our inspection we found no uncollected prescriptions were more than three months old. However the process was not in line with best practice as it did not include the notification to a clinician when a prescription was destroyed.
- We saw that there was a system in place for monitoring the temperature of fridges used to store vaccines in line with manufactures' guidelines. We saw that all medicines checked were securely stored and in date. We saw that the practice had a cold chain policy that was up to date and regularly reviewed.

We reviewed four personnel files and found some recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications and registration with the appropriate professional body. However there was a lack of evidence to show that appropriate checks through the DBS had been carried out on staff prior to employment or risk assessments. Satisfactory information about any physical or mental health conditions relevant to a person's ability to carry out their role had not been obtained for two out of the four staff whose files we checked. The provider sent evidence after the inspection to show that staff employed at the practice prior to April 2017 had been DBS checked by the previous contract holder. The practice used locum GPs but there were no checks available on the day of the inspection. We were told that these checks were held off site by the Human Resource Director of the General Practice Alliance (GPA) and were not accessible to inspectors on the day.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.

Requires improvement

Are services safe?

- The practice carried out regular fire evacuation drills. There were designated fire marshals within the practice. However, there was no up-to-date fire risk assessment. The provider told us that they would make this a priority.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had carried out a variety of other risk assessments to monitor safety of the premises such as infection control, premises and security risk assessments. However, there was no evidence of a Legionella risk assessment (Legionella is a term for a particular bacterium which can contaminate water systems in buildings), no gas safety or electrical testing certificate that covered all of the hard wiring in the building and control of substances hazardous to health (COSSH) data sheets had not been updated since 2003. The risk assessments on the premises did not include loop cords on blinds that were in some of the rooms.
- There were arrangements for planning and monitoring the number of staff and skill mix of staff needed to meet patients' needs. There was a rota system that was under review to ascertain if the clinical skill mix ensured enough staff were on duty to meet the needs of patients.

Arrangements to deal with emergencies and major incidents

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

- Panic buttons were available in the reception, consultation and treatment rooms which alerted staff to any emergency.
- The practice had emergency equipment which included an automated external defibrillator (AED, which provides an electric shock to stabilise a life threatening heart rhythm), oxygen with adult and children's masks and pulse oximeters (to measure the level of oxygen in a patient's bloodstream).
- Emergency medicines were 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. However, the emergency equipment and medicines were kept in different locations.
- All the staff received annual basic life support training.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

GPs and nurses were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. Minutes from monthly clinical meetings demonstrated there was a formal system in place to review and monitor NICE guidelines and to keep 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 clinicians had access to an application called 'DAPULSE' to keep up to date with local and national guidelines, including prescribing guidelines.

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 2016/17 QOF results showed the results for the practice before the registration change and therefore included approximately 4,000 patients from the branch practice, Lings Brook, that have since been dispersed. Following discussion with the provider, it was agreed that this data was still representative.

The practice had achieved 84% of the total number of points available compared with the Nene Clinical Commissioning Group (CCG) average of 97% and national average of 95%. However, the provider's overall clinical exception rate of 22% was higher than the CCG rate of 12% and the national rate of 10% (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).

Data from 2016/17 showed:

- 84% of patients with asthma had received an asthma review in the preceding 12 months that included an assessment of their asthma using a recognised tool. This was below the CCG average of 91% and the national average of 92%. The exception reporting rate of 5% was the same as the CCG and national averages.
- 80% of patients with chronic obstructive pulmonary disease (COPD) had received a review including an assessment of breathlessness in the preceding 12 months. This was lower than the CCG average of 92% and national average of 90%. However, their exception reporting rate of 7% was lower than the CCG average of 16% and the national average of 11% meaning more patients had been included.
- The percentage of patients with diabetes, on the register, who had their blood pressure reading measured in the preceding 12 months and it was within recognised limits was 67%. This was below the CCG and the national averages of 78%. The exception reporting rate of 21% was higher than the CCG average of 11% and national average of 9%.
- The percentage of patients with high blood pressure in whom the last blood pressure reading (measured in the preceding 12 months) was within recognised limits was 95%. This was above the CCG average of 84% and the national average of 83%.
- 100% of patients diagnosed with dementia had a care plan in place that had been reviewed in a face-to-face review in the preceding 12 months. This was higher than the CCG average of 85% and the national average of 84%. Their exception rate of 40% was significantly higher than the CCG average of 8% and the national average of 7%.
- 100% of patients with a diagnosed mental health disorder had a comprehensive, agreed care plan documented in their record, in the preceding 12 months. This was higher than the CCG average of 93% and the national average of 90%. Their exception reporting rate of 67% was significantly higher than the CCG average of 17% and the national average of 13%.

The new provider was aware of the QOF performance and had taken steps to make improvements. For example, an effective patient call and recall system had been implemented, there was a programme of training underway to further upskill existing clinicians to facilitate more capacity to assess and review patients. A policy introduced for exception reporting required approval from a clinician before any patient was excepted and staff told us that a more proactive approach had been adopted whereby patients were followed up in person by telephone

Requires improvement

Are services effective?

(for example, treatment is effective)

to attend for reviews. The practice was an outlier for diabetes and had employed a specialist diabetes nurse for one session each week to manage the diabetes register of patients.

There was no structured programme of quality improvement. Clinical audits completed in the last two years had not been repeated to monitor outcomes where any improvements had been implemented. The practice planned to introduce a structured programme of repeat audits to monitor and improve services. For example, repeat cycles were planned of an audit for an antibiotic specifically used to treat urinary tract infections.

Effective staffing

We found that staff had the skills and knowledge to deliver effective care and treatment.

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, nursing staff had received training in managing long term conditions such as asthma and chronic obstructive pulmonary disease.
- 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 vaccination and immunisation updates.
- The learning needs of staff were identified through a recently implemented programme of appraisals that had been completed or planned for all staff. The new provider had engaged with staff through regular meetings to review both practice and personal 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, role specific meetings such as monthly nursing meetings, mentoring and facilitation and support for revalidating GPs and nurses.
- Staff received training that included safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.
- The practice had no formal induction programme for newly appointed staff, we were told that informal inductions took place and new staff shadowed a more experienced colleague for an initial period of time. There was a comprehensive induction pack available to locum GPs.
- The practice had a programme of mandatory training for all staff. We saw that training had been completed or planned.

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 found that the practice shared relevant information with other services in a timely way. For example, the practice had a system in place for sharing information with the out of hours service for patients nearing the end of their life or if they had a 'do not attempt cardiopulmonary resuscitation' (DNACPR) plan in place.

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.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances. After any patient death, a template was completed to review the circumstances and the recent treatment and care provided.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005 and Gillick competency.

Requires improvement

Are services effective?

(for example, treatment is effective)

- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example, patients receiving end of life care, carers, those requiring advice on their diet and asylum seekers. The provider hosted a 'First for Wellbeing' service to allow social prescribing (a non-clinical service to support people with a wide range of social, emotional or practical needs focussed on improving mental health and physical well-being) that included advice for patients on benefits and community law.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Most recent data demonstrated that uptake rates for the vaccines given were comparable to CCG and national averages. For example, rates for the vaccines given to under two year olds ranged from 65% to 100% and five year olds from 68% to 96%.

Data for the previous provider showed that the practice's uptake for the cervical screening programme was 68%, which was below the CCG average of 83% and the national average of 81%. The practice nurse showed us the systems and procedures they followed to ensure results were received for all samples sent for the cervical screening programme and followed up women who were referred as a result of abnormal results.

Most recent data from the previous provider showed that the number of patients that attended national screening programmes for bowel and breast cancer were below the CCG and national averages.

- For example, 57% of females aged 50-70 years had been screened for breast cancer within six months of invitation. This was lower than the CCG average of 78% and the national average of 73%.
- 45% of eligible persons aged 60-69 years had been screened for bowel cancer within six months of invitation which was lower than the CCG and the national averages of 56%.

The practice was aware of the performance related to cancer screening and planned to support the screening programmes to help increase the uptake. For example, leaflets available were in English and the practice was looking into providing leaflets in other languages that reflected the needs of the population.

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. A total of 433 patients had been invited, and 78 patients had attended for an NHS health check since April 2017. The practice carried out pulse checks during flu clinics to increase the detection of those patients with an abnormal heart rate.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we observed that members of staff were courteous and helpful to patients and treated them with dignity and respect.

- We saw that curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations so conversations taking place in these rooms could not be overheard.
- Patients could be treated by a clinician of the same sex.

Twenty six of the 28 patient Care Quality Commission comment cards we received were highly positive about the standard of care received. Patients told us staff were caring, understanding, respectful and supportive. They told us they felt listened to by the GPs, that the nursing staff took time to explain their care and treatment.

Results from the national GP patient survey published in July 2017 showed the practice performed below CCG and national averages when patients were asked if they were treated with compassion, dignity and respect by GPs and reception staff. For example:

- 78% of patients said the GP was good at listening to them compared with the local CCG average of 87% and the national average of 89%.
- 69% of patients said the GP gave them enough time compared to the local CCG average of 85% and the national average of 86%.
- 82% of patients said they had confidence and trust in the last GP they saw compared to the local CCG and national averages of 95%.
- 67% of patients said the last GP they spoke to was good at treating them with care and concern compared to the local CCG average of 83% and the national average of 86%.
- 77% of patients said they found the receptionists at the practice helpful compared with the local CCG average of 85% and the national average of 87%.

The results were more positive to questions when asked about how they were treated during consultations with the nurse. For example:

- 86% of patients said the nurse was good at listening to them compared with the CCG average of 90% and the national average of 91%.
- 86% of patients said the nurse gave them enough time compared with the CCG average of 91% and national average of 92%.
- 99% of patients said they had confidence and trust in the last nurse they saw compared with the CCG and national averages of 97%.
- 88% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 89% and the national average of 91%.

Care planning and involvement in decisions about care and treatment

Patient feedback from the comment cards 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. We also saw that care plans were personalised and patients identified as more vulnerable that attended A&E or admitted to hospital were reviewed and contacted when appropriate to ensure their care & further needs were met.

Results from the national GP patient survey last published in July 2017 showed patient responses were below average when asked questions about their involvement in planning and making decisions about their care and treatment in consultations with the GP. For example:

- 71% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 84% and the national average of 86%.
- 67% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79% and the national average of 82%.

The practice was aware of the results and had prioritised the stabilisation of the clinical team and the recruitment of a salaried GP which reduced the requirement to use ad hoc locum GPs.

The results were more positive to questions when asked about their involvement in planning and making decisions about their care and treatment during consultations with the nurse. For example:

Good

Are services caring?

- 86% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 88% and the national average of 90%.
- 85% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 83% and the national average of 85%.

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

- An interpretation service was available for patients who did not have English as a first language and alerts were placed on patients' records to highlight the need for an interpreter. There was a sign in the reception area informing patients this service was available.
- Patients with a hearing impairment were offered a sign language service during consultations.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 76 patients as carers (2.2% of the practice list). Written information was available to direct carers to the various avenues of support available to them. However, the information was not readily available to patients and had to be requested from a member of staff. All carers were referred to the Northamptonshire Carer Service to receive support. This service provided health checks, flu immunisations and referrals to the relevant available community services.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- Patients with long term conditions such as diabetes and asthma were provided with a self-management plan and had recently implemented a patient recall system to invite those patients with a long term condition for an annual review of their health.
- Appointments were available outside of school hours for school aged children.
- Those patients aged over 70 years and those aged under five years were given priority for same day appointments.
- The practice had an effective process to follow up children who failed to attend for hospital appointments.
- The practice held monthly meetings with the health visitor to discuss children in need of additional support.
- The practice offered extended hours appointments with a nurse or healthcare assistant on a Monday evening and on a Wednesday morning aimed at, but not exclusively for, working aged patients who could not attend during normal opening hours.
- The practice offered telephone consultations for working aged patients. They also provided online services for booking GP appointments and ordering of repeat medication.
- There were accessible facilities and interpretation services available. There was no hearing loop but the provider told us that they planned to review this and install one if found that any patients had a hearing impairment that could be overcome by having such a device.
- The practice regularly worked with health and social care professionals and also the palliative care team to provide effective care to patients nearing the end of their lives and other vulnerable patients.
- Vulnerable patients were contacted by the practice within two days following a hospital discharge.
- Patients with a learning disability were offered an annual health check and provided with longer appointments if needed. There was 24 patients registered with a learning disability. The practice had recently implemented a patient recall system to invite all patients with a learning disability for annual health checks.
- The practice had a system in place to follow up patients who failed to attend mental health reviews appointments.
- Reception staff told us that they would inform the duty clinician if they had urgent concerns over a patient's welfare. However, there was no system such as an emergency call handling protocol in place to support them in identifying patients who may be in need of urgent treatment.

Access to the service

- The practice opened between 8.30am and 7.30pm on a Monday, between 8am and 6.30pm on a Tuesday, Thursday and Friday, between 7am and 6.30pm on a Wednesday and between 9am and 12 midday on a Saturday.
- Appointment times varied and were available between 8.20am and 5.20am dependent on the day.
- Telephone consultations were available throughout the day.
- Appointments to see the nurse or healthcare assistant could be pre-booked during extended practice hours between 6.30pm and 7.30pm on Monday and between 7am and 8am on a Wednesday.
- Patients were able to access the practice on Saturday mornings between 9am and midday for prescription collections and queries only.
- Pre-bookable appointments could be booked up to four weeks in advance and urgent appointments were available for those that need them.

Results from the national GP patient survey published in July 2017 showed that patient's satisfaction with how they could access care and treatment was below local clinical commissioning group (CCG) and national averages.

- 62% of patients were satisfied with the practice's opening hours compared with the local CCG average of 75% and the national average of 76%.
- 25% of patients said they could get through easily to the practice by phone compared to the local CCG average of 67% and the national average of 71%.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

- 66% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the local CCG average of 83% and the national average of 84%.
- 63% of patients said their last appointment was convenient compared with the local CCG and national averages of 81%.
- 45% of patients described their experience of making an appointment as good compared with the local CCG average of 70% and the national average of 73%.
- 43% of patients said they do not normally have to wait too long to be seen compared with the local CCG average of 59% and the national average of 58%.

The provider was aware of the patient results and feedback and had completed a focussed survey as part of stakeholder engagement in July and August 2017. This included participating in the council run 'Kings Heath Week of Action' event where staff from the practice carried out face to face surveys in the community to establish where the service did not meet patient needs. As a result, the provider planned to:

- Increase the number of pre-bookable appointments having established that the system was weighted towards same day availability.
- Review the staff skill mix and recruit additional clinicians to offer more appropriate and an increased number of appointments.

To improve telephone response the practice had provided all reception staff with care navigation training aimed at improving the response time to patient requests creating more capacity to receive calls. The reception team had also been increased by a 0.5 whole time equivalent aimed at improving telephone access for patients.

The patient comment cards included positive comments about recent improvements and three patients we spoke with commented positively about a recent increase in the availability of appointments. We saw that the next pre-bookable routine GP appointment was not available until 20th October.

The practice had a system to assess if a home visit was clinically necessary and the urgency of the need for medical attention. This assessment was carried out by the GP who made an informed decision and prioritised according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. However, the final letter sent from the practice to the complainant did not include information on who to contact if not satisfied with the outcome from the practice.
- 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 on the practice's website and in their complaints leaflet.

The practice had recorded one complaint since their formation in April 2017. The practice also monitored comments on the national website, NHS Choices. We looked at the complaint received since April 2017 and found it was satisfactorily handled, dealt with in a timely way with openness and transparency. Lessons were learnt from individual concerns and complaints, discussed at practice meetings, an analysis of trends carried out and action taken as a result to improve the quality of care. For example, six week baby check appointments had been changed from early morning appointments in response to feedback from new mothers that the timings were too early to attend.

Are services well-led?

Good

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

Our findings

Vision and strategy

The provider had a written vision that was to 'lead a sustainable platform for primary care. Innovating community pathways that promote self-management, education including health and wellbeing.'

The provider had stepped in to support the practice in a caretaker role and had set a list of priority objectives:

- Identify patient priorities by asking them directly.
- To stabilise the clinical team, using salaried or regular locum clinicians to provide continuity of care.
- Upskilling of all staff and the recruitment of an additional salaried GP and a salaried advanced nurse practitioner.
- Increasing links to the federation and other local practices.
- Increasing the percentage of services provided at the practice that were available elsewhere.

We saw that implementation of these objectives had begun. For example, recruitment of a GP and an advanced nurse practitioner had been successful and a structured approach to offering the NHS health check had been implemented.

The GPA federation had a mission statement which stated they would 'drive quality in primary care, enable collaborative working and deliver responsive, safe services equitably and effectively'. Staff we spoke with were aware of the vision and their roles and responsibilities as well as those of colleagues in achieving it. A separate written mission statement produced for the practice included aims to:

- Treat patients fairly and equally, with respect and dignity at all times.
- Provide advice and treatment in a timely manner.
- Listen, communicate and collaborate effectively.
- Keep up to date with developments in health care by continuing to learn.

The practice had a clear five year strategy and supporting business plan which reflected the vision and values. We saw that it was regularly monitored and progress was recorded. The business plan focused on areas such as meeting the immediate demands of an underperforming practice.

Governance arrangements

Since taking on the contract in April 2017, the provider had implemented a new, overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas. For example, there was a GP lead for safeguarding and a practice nurse lead for infection control.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice. Operational meetings were held weekly between the senior management team and directors from the GP federation.
- Implementation of a programme of continuous clinical and internal audit was planned to monitor quality and to make improvements.
- We saw evidence from minutes of monthly practice meetings that demonstrated lessons had been learnt and shared with staff following significant events and complaints.

There were some governance arrangements that required further strengthening:

- Evidence that appropriate recruitment checks had been completed was not readily available.
- Assessments were not available to show that risks to patients, staff and visitors had been assessed and action taken to minimise and mitigate any risks identified.

Leadership and culture

On the day of our inspection the management team demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. Through conversations with staff and feedback comments from patients we found that they prioritised safe, high quality and compassionate care. Staff told us the GPs and

Are services well-led?

Good

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

business team were approachable and took the time to listen to all members of staff. Priority actions had been agreed following a period of observation and learning that involved all staff and patients.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The management team encouraged a culture of openness and honesty. From the sample of significant events and complaints we reviewed we found that the practice had systems to ensure that when things went wrong with care and treatment:

- The practice gave affected patients reasonable support and a verbal and written apology but needed to include on the complaints letter information on what the complainant can do if not satisfied with the response or outcome.
- The practice kept written records of verbal interactions as well as written correspondence. They also proactively monitored comments on the national website, NHS Choices, to improve their service.

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

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses, social workers and the school nurse to monitor vulnerable patients. GPs, where required, met informally with health visitors to monitor vulnerable families and safeguarding concerns.
- 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. Practice meeting minutes were methodical, structured and comprehensive. They were held monthly and minutes were recorded and made available to all staff so those unable to attend could keep updated.
- Staff said they felt valued and supported. Administrative and nursing staff spoke positively about the support from within the practice team. All staff were involved in discussions about how to run and develop the practice, and the business team encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- Patients through a tailored survey carried out in July and August 2017 (achieved 155 responses).
- The NHS Friends and Family test, complaints and compliments received.
- 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 the management. Staff told us they felt involved and engaged to improve how the practice was run.
- The national website, NHS Choices.

The practice did not have a patient participation group (PPG) but planned to establish a virtual group where member's communication with patients would take place using email. In addition there were plans to work with local residents to understand their views on how the practice may improve services. Plans included engagements with established groups in the community. For example, the residents' association, the pensioners' forum and young mother groups.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and worked collectively within the federation to improve outcomes for patients in the area. The practice was becoming actively involved in the CCG locality having reportedly been disengaged in recent years. They were implementing evidence based pathways of care used within the federation and the CCG.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance Regulation 17 Good Governance Systems or Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 **How the regulation was not being met:** The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular: Assessments of the risks to the health and safety of service users of receiving care or treatment were not being carried out. In particular: The practice systems to minimise risks to patient safety were not comprehensive. Some risk assessments had been carried out but we identified areas of risk that had not been assessed or mitigated. The registered person had not ensured that all the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was available for each person employed. In particular: Satisfactory information about any physical or mental health conditions relevant to a person's ability to carry out their role had not been obtained for all staff and no

This section is primarily information for the provider

Requirement notices

Disclosure and Barring Service (DBS) check had been carried out on the Advanced Nurse Practitioner (ANP). There was no evidence of checks done on a locum GP who had recently worked at the practice.

This was in breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.