Shrewsbury Road Surgery

Quality Report

Shrewsbury Road,
Forest Gate,
London. E7 8QP
Tel: 0208 586 5124
Website: www.shrewsburyroadsurgery.co.uk

Date of inspection visit: 19 December 2016
Date of publication: 18/05/2017

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Shrewsbury Road Surgery on 22 March 2016 and rated the practice as inadequate for safety, requires improvement for effectiveness, responsive and well led, good for caring, and an overall rating of requires improvement. The full comprehensive report on the March 2016 inspection can be found by selecting the 'all reports' link for Shrewsbury Road Surgery on our website at www.cqc.org.uk.

This inspection was a follow up announced comprehensive inspection carried out on 19 December 2016 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 22 March 2016. This report covers our findings in relation to those requirements

Overall the practice is rated as inadequate. Our key findings across all the areas we inspected were as follows:

- The practice had not demonstrated sufficient progress or impact to improve patient's telephone access and systems for complaints management were not always effective.
- The practice appointment system involved extended waiting times and a lack of clarity for patients and there was no method to check its effectiveness.
- Systems to ensure vulnerable or at risk patients were followed up appropriately following discharge from hospital or attendance at accident and emergency were ineffective.
- Arrangements for maintaining patient's confidentiality had gaps and were ineffective.
- Risks to patients were generally assessed and well managed but there were weaknesses in arrangements for monitoring prescriptions, emergency medicines and staff recruitment and induction.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance and had

Summary of findings

been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment, with the exception of fire safety training.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- The provider was aware of and complied with the requirements of the duty of candour.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

The areas where the provider must make improvements are:

- Ensure effective arrangements for staff recruitment checks and induction, fire safety training and emergency medicines.
- Use feedback from relevant persons such as the national GP Patient survey for the purposes of continually evaluating and improving the quality of the service provision.
- Implement formal governance arrangements such as systems for assessing and monitoring risks.
- Establish an effective and accessible system for managing complaints.

The areas where the provider should make improvements are:

I am placing this service in special measures. Where a service is rated as inadequate for one of the five key questions or one of the six population groups or overall and after re-inspection has failed to make sufficient improvement, and is still rated as inadequate for any key question or population group, we place it into special measures.

Services placed in special measures will be inspected again within six months. If, after re-inspection, the service has failed to make sufficient improvement, and is still rated as inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service.

Special measures will give people who use the service the reassurance that the care they get should improve.

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?

Requires improvement

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

- 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.
- 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 systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were generally assessed and well managed but arrangements for monitoring prescriptions, emergency medicines and fire safety had weaknesses.
- Required recruitment checks had not been carried out for some clinical staff.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff generally had the skills, knowledge and experience to deliver effective care and treatment but the induction protocol had not been carried out for recently employed staff.
- There was evidence of staff appraisals and personal development plans.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs, but arrangements for patients at high risk who had been discharged from hospital or attended accident and emergency did not routinely assess the specific needs of individual patients.

Are services caring?

Requires improvement

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

Summary of findings

- The practice was generally below national averages for its satisfaction scores on consultations with GPs and nurses.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect.

Are services responsive to people's needs?

Inadequate

The practice is rated as inadequate for providing responsive services and improvements must be made.

- Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment were comparable to or below local and national averages. Insufficient action had been taken to improve.
- Telephone access arrangements were complicated and not accurately reflected on the practice leaflet.
- The walk in appointment ticketing system could result in less mobile patient's not being able to get to the reception desk as quickly as others, which posed a risk of them being less likely to be able to stand in the queue for long enough to get a walk in appointment, or secure shorter waiting time.
- Some patients reported difficulty in getting an appointment and appointment systems were unclear and not working to ensure patient's received timely care when they needed it.
- There was insufficient focus on patient's concerns and learning in complaints management. Care and diligence had not always been demonstrated by the practice when responding to patient's complaints.
- The duration of practice nursing appointment times for administering child and travel vaccines had been increased since our previous inspection but influenza vaccine appointment times with the health care assistant were limited to one minute.
- 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, the practice had identified that 10% of its patients had diabetes. In response, it held clinics four times per week led by GPs specially trained to initiate insulin for patients.

Summary of findings

- The practice had a website and offered online appointment booking and prescription requests through the online national patient access system.

Are services well-led?

Inadequate

The practice is rated as inadequate for being well led and improvements must be made.

- The practice had a vision to deliver high quality care and promote good clinical outcomes for patients, but arrangements for patient's appointments and telephone access had not been overseen or managed effectively.
- Actions in response to lower GP patient survey scores did not demonstrate sufficient progress or impact to improve patient's outcomes and there were also weaknesses in arrangements for managing complaints.
- 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 but there was no method to follow up actions agreed at meetings and arrangements for patient's confidentiality were not formalised.
- Some areas such as arrangements for patient's laboratory test results and safeguarding children had improved since our previous inspection. However, other areas had weaknesses such as staff recruitment checks and induction, systems for vulnerable or at risk follow up after discharge from hospital or attendance at accident and emergency, and prescriptions monitoring.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.

Summary of findings

The six population groups and what we found

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

Older people

Inadequate

The provider was rated as inadequate for responsive and well led, and requires improvement for safe and caring services. The issues identified as inadequate or requires improvement overall affected all patients including this population group.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice offered home visits and urgent appointments for older people with enhanced needs.
- The walk in appointment system could result in less mobile patient's such as frail elderly not being able to stand or get to the reception desk as quickly as others to get a walk in appointment.

People with long term conditions

Inadequate

The provider was rated as inadequate for responsive and well led, and requires improvement for safe and caring services. The issues identified as inadequate or requires improvement overall affected all patients including this population group.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes indicators was similar to national averages at 93% compared to 90% nationally.
- Performance for hypertension indicators was similar to national averages at 100% compared to 97% nationally.
- Performance for atrial fibrillation was 100% compared to 98% nationally.
- Longer appointments and home visits were available when needed.
- 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.

Summary of findings

Families, children and young people

Inadequate

The provider was rated as inadequate for responsive and well led, and requires improvement for safe and caring services. The issues identified as inadequate or requires improvement overall affected all patients including this population group.

- 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.
- 79% of patients diagnosed with asthma, on the register had an asthma review in the last 12 months which was compared to 76% nationally.
- Childhood immunisation rates were comparable to national averages and ranged from 89% to 96% (ranged from 73% to 95% nationally) for under two year olds; and from 79% to 98% (ranged from 81% to 95% nationally) for five year olds.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 82%, which was the same as the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.

Working age people (including those recently retired and students)

Inadequate

The provider was rated as inadequate for responsive and well led, and requires improvement for safe and caring services. The issues identified as inadequate or requires improvement overall affected all patients including this population group.

- 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.
- The practice had online appointment booking and prescription requests.

Summary of findings

- The practice offered 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.
- Telephone consultations with clinicians were available to meet the needs of this population group.

People whose circumstances may make them vulnerable

Inadequate

The provider was rated as inadequate for responsive and well led, and requires improvement for safe and caring services. The issues identified as inadequate or requires improvement overall affected all patients including this population group.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice had 61 patients on the register with a learning disability, 33 (52%) of these patients had received an annual health check in the last 12 months. After inspection the practice told us it holds a dedicated clinic on Wednesdays at which learning disability health checks are provided and that it had completed 45 health checks for the 52 patients now on its learning disability register.
- 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.
- Effective arrangements were not in place for vulnerable patients or those at high risk who had been discharged from hospital or attended accident and emergency.
- The practice ran a psychology service for patients with mental health problems and a psychologist attended the practice weekly to see patients.

Summary of findings

People experiencing poor mental health (including people with dementia)

Inadequate

The provider was rated as inadequate for responsive and well led, and requires improvement for safe and caring services. The issues identified as inadequate or requires improvement overall affected all patients including this population group.

- Performance for dementia indicators was similar to national averages at 100% compared to 97% nationally.
- 74% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was comparable to national average of 84%. However, only four of 29 patients with dementia had an advanced care plan in place.
- Performance for mental health care indicators was similar to national averages at 99% compared to 93% nationally. The practice had identified 117 patients on its register with a mental health condition but only 27 of these patients (22%) had received an annual health check in the last 12 months.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with or below local and national averages. Three hundred and seventy one forms were distributed and one hundred and two were returned. This represented 1% of the practice's patient list.

- 70% were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 67% and the national average of 76%.
- 72% described the overall experience of their GP surgery as fairly good or very good compared to CCG average of 75% and the national average of 85%.
- 67% said they would recommend their GP surgery to someone who has just moved to the local area compared to the CCG average of 68% and the national average of 80%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 32 comment cards, 28 which were entirely 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. However, four expressed difficulties getting appointments as described in the responsive section of this report.

We spoke with 12 patients during the inspection and all thought staff were approachable, committed and caring.

Areas for improvement

Action the service MUST take to improve

- Ensure effective arrangements for staff recruitment checks and induction, fire safety training and emergency medicines.
- Use feedback from relevant persons such as the national GP Patient survey for the purposes of continually evaluating and improving the quality of the service provision.
- Implement formal governance arrangements such as systems for assessing and monitoring risks.
- Establish an effective and accessible system for managing complaints.

Shrewsbury Road Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a lead CQC inspector and included a GP specialist adviser, a practice manager specialist adviser and an expert by experience.

Background to Shrewsbury Road Surgery

Shrewsbury Road Surgery is situated within the Newham Clinical Commissioning Group (CCG). The practice provides services under a Personal Medical Services (PMS) contract to approximately 13,000 patients.

The practice operates from a purpose built health centre which is shared with a local phlebotomy service (blood sample taking) and other health care services. It provides a full range of enhanced services including, child and travel vaccines and extended hours. It is registered with the Care Quality Commission to carry on the regulated activities of maternity and midwifery services, family planning services, treatment of disease, disorder or injury, surgical procedures and diagnostic and screening procedures.

The staff team at the practice includes five GP partners (three male and two female collectively providing 41 sessions per week), three male long term regular locum GPs collectively working 12 sessions per week, two female practice nurses (one working three days and the other one day per week), a female health care assistant working four and a half days per week, a full time practice manager, and a team of reception and administrative staff working a mixture part time hours. The practice also teaches medical students.

The practices' opening hours are:

- Monday 8am to 6.30pm
- Tuesday 8am to 7pm
- Wednesday 8am to 6.30pm
- Thursday 7am to 5pm
- Friday 8am to 7pm
- Saturday 8am to 1.30pm

Routine and urgent appointments are available on a first come first served basis via a ticket collection system. Tickets for morning GP surgery can be collected from 8am and are called out at 8.30am for appointments from 9am to 11am. Tickets for afternoon GP surgery can be collected at 1pm and are called out at 1.15pm for appointments from 3pm except Thursday when the last appointment is at 11am. There are at least four GPs working every session with seven pre-bookable GP appointments provided per GP per session; two can be booked by telephone and the others online up to four weeks in advance. Nurse's appointments are all pre bookable.

Appointments include home visits, telephone consultations including during lunch time periods, and urgent appointments are available for patients who need them. The practice provides extended hours for pre-booked appointments from 7am to 8am every Thursday and from 8am to 1.30pm on Saturday. Patients telephoning when the practice is closed are transferred automatically to the local out-of-hours service provider.

The reception area closes daily for lunch between 12.15pm and 1pm and the practice has two telephone lines. The 0208 586 5124 number is open from 9.30am to 5pm Monday to Friday. The 0208 586 5111 number is open 9am to 12pm Monday to Friday and 3.30pm to 5pm Monday, Tuesday, Wednesday and Friday. This information came directly from the patients information leaflet.

Detailed findings

The Information published by Public Health England rates the level of deprivation within the practice population group as three on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

The practice area has a higher percentage than national average of people whose working status is unemployed (8% compared to 5% nationally), and a lower percentage of people over 65 years of age (8% compared to 17% nationally). The average male and female life expectancy for the practice is 78 years for males (compared to 77 years within the Clinical Commissioning Group and 79 years nationally), and 83 (compared to 82 years within the Clinical Commissioning Group and 83 years nationally) years for females. The practice told us its patients demographic was approximately 74% "Asian", 7% "Afro Caribbean", 9% "White or White Other", and 10% "Other"

We had inspected the provider on 22 March 2016 and it was found to be in breach of Regulations 12 (Safe care and treatment) and 17 (Good governance) of the Health and Social Care Act (Regulated Activities) Regulations 2014. The previous report can be found at the following link www.cqc.org.uk/location/1-552208026

Why we carried out this inspection

Following the comprehensive inspection of the provider on 22 March 2016 the practice was given a rating of inadequate for safety, requires improvement for effectiveness, responsive and well led, good for caring, and an overall rating of requires improvement.

Requirement notices were set for regulations 12, and 17 of the Health and Social Care Act 2008 and the provider was required to take the following action:

- Ensure that persons providing care or treatment to service users have the qualifications, competence, skills and experience to do so safely in accordance with their role.
- Manage safety incidents robustly and ensure lessons learned are used to make improvements to prevent recurrence.
- Implement effective child safeguarding arrangements.
- Make appropriate arrangements for patients care plans.
- Make appropriate arrangements for infection prevention and control.
- Implement formal governance arrangements including systems for assessing and monitoring risks and the quality of the service provision.
- Ensure there are leadership knowledge, skill and capacity to deliver all improvements.
- Ensure Patient Specific Directives (PSDs) to enable Health Care Assistants to administer vaccinations after specific training and when a doctor or nurse are on the premises are signed and authorised appropriately by a GP before vaccines are administered.

We carried out a comprehensive follow up inspection of this service on 19 December 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 19 December 2016.

During our visit we:

- Spoke with a range of staff (GP partners, a practice nurse, practice manager, health care assistant, and reception and administrative staff) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- 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.

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?

Detailed findings

- 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.

Requires improvement

Are services safe?

Our findings

Safe track record and learning

At the previous inspection 22 March 2016 the practice could not sufficiently demonstrate that learning from significant events had changed systems or processes to prevent to prevent the same thing happening again and we found limited evidence that people received reasonable support or a verbal or written apology.

At this inspection the practice had improved there had been three significant events during the year. 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 book available. Incident recording and reporting arrangements supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, after a patient received a series of test results that were not followed up promptly. The practice met with the patient to explain the delay and made an urgent referral to the relevant department. Staff met to discuss the incident, and the practice implemented a number of steps to prevent recurrence including a new tasking system to a nominated role to maintain a log of repeated abnormal results and send consecutive repeat reminders requesting patient's attendance for follow up.

Overview of safety systems and processes

Several concerns identified at our previous inspection 22 March 2016 had been addressed at this inspection.

At our previous inspection 22 March 2016 the practice's system for managing patients' clinical test results was not safe. Pathology (blood tests) and radiology (scans and x-rays) results were being processed by a medical doctor qualified overseas but not on the UK General Medical Council (GMC) register. The work done by the staff member was not checked or audited by GPs at the practice. At this inspection we noted the practice had ensured only their GMC registered GP staff were processing patients clinical test results.

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

- At our previous inspection 22 March 2016 arrangements to safeguard children were not sufficiently robust. At this inspection arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. There was a lead GP for safeguarding both adults and children. Safeguarding policies did not identify the leads but were otherwise comprehensive and accessible to all staff that were aware of which GPs to contact for guidance if they had concerns about a patient's welfare. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child protection or child safeguarding level 3, and non-clinical staff to level 1.
- At our previous inspection 22 March 2016 chaperones had not always been available when requested and patients chaperoning arrangements had been incorrectly recorded. At this inspection these issues had been rectified and chaperoning arrangements were appropriate. 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).

Requires improvement

Are services safe?

- At our previous inspection 22 March 2016 there was a lack of infection control auditing and follow up including in response to the legionella risk assessment. At this inspection infection control was satisfactory. The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- At our previous inspection 22 March there was a lack of a second thermometer in the medicines refrigerator. At this inspection 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. 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.
- At our previous inspection 22 March 2016 the practice prescribing policy was generally robust but did not specify which prescriptions the administrative staff were authorised to print which had been addressed at this inspection.
- Blank prescription forms were kept in clinical rooms that were kept locked when not in use but there was no system in place to monitor the use of prescriptions. After inspection the practice told us staff had begun keeping a log to prevent any incorrect use of prescriptions.
- At our previous inspection 22 March patient specific prescriptions or directions (PSDs) from a prescriber were being signed after administration rather than before as needed. (A PSD is a written instruction, signed by a doctor, dentist, or non-medical prescriber for medicines to be supplied and/or administered to a named patient after the prescriber has assessed the patient on an individual basis). At this inspection arrangements for PSDs were satisfactory. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction (PSD) from a prescriber. 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).
- We reviewed four personnel files and found most recruitment checks had been undertaken prior to employment such as proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. However, there was no reference from a previous employer or evidence of medical indemnity insurance for a clinical staff member or that this was checked. Management staff told us this staff member had been off work for an extended period, worked one and a half days per week and was currently on long term leave. After inspection the practice sent us evidence it had requested references for the staff member just over 7 weeks prior to employment. However, there was no evidence references were received or followed up prior to appointment. We checked a recruitment file for a further recently employed locum staff member and found their employment history had gaps and reference checks dated back to 2011-2012. This staff member completed their employment history on the day of inspection. We also checked the practice recruitment policy and procedure which was undated and did not state the need for clinician's medical indemnity insurance, registration with the relevant professional body, immunity status, or DBS checks. There was a separate "recruitment checking policy" that was not referred to in the recruitment policy or procedure but stated the need for relevant checks for clinician's registration with the relevant professional body. After inspection the practice sent us its range of documentary evidence that collectively set out the need for relevant staff checks.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills but most

staff had no fire safety training, including the fire safety lead, this was also the case at our previous inspection 22 March 2016. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

The practice had 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.
- A first aid kit and accident book were available and all staff received annual basic life support training.
- There were emergency medicines available in the treatment room and all staff knew of their location. All the medicines we checked were in date and stored securely. However, there was no emergency use atropine (recommended for practices that fit coils/for patients with an abnormally slow heart rate) and the Glucagon (for emergency treatment of low blood sugar) was not refrigerated and did not have a date when it was removed from the refrigerator as needed. Staff discarded the glucagon and a fresh supply was obtained from the local chemist and kept in the refrigerator. The practice had not assessed the risk of having no atropine available and ordered it on the day of inspection. Staff told us they previously received a list of recommended emergency medicines from the local CCG that did not recommend atropine for practices that fit coils. After inspection the practice sent us the CCG list that was dated April 2012 and an updated April 2016 list that recommended atropine. Staff told us the updated list was posted on the CCG internet but had not been circulated via email which they attributed to the oversight.
- At our previous inspection 22 March 2016 there were no children's oxygen masks for use in the event of an emergency. At this inspection the practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through audits.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 96% of the total number of points available, with 3% exception reporting. (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).

The practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015 - 2016 showed:

- Performance for diabetes indicators was similar to national averages at 93% compared to 90% nationally. Exception reporting was 5% compared to 11% nationally.
- Performance for hypertension indicators was similar to national averages at 100% compared to 97% nationally. Exception reporting was 3% compared to 4% nationally.
- Performance for mental health care indicators was similar to national averages at 99% compared to 93% nationally. Exception reporting was 4% compared to 11% nationally.

There was evidence of quality improvement including clinical audit.

- There had been two clinical audits undertaken in the last two years, both of these were completed audits where the improvements made were implemented and monitored. For example, the practice undertook an audit to reduce the number of prescriptions for Cephalosporins and Quinalones. In the first audit cycle 204 prescriptions had been issued for Cephalosporins and 381 for Quinalones. The practice discussed the results and took steps to raise GPs awareness of best prescribing practice. In the second cycle prescribing had decreased to 164 prescriptions for Cephalosporins (20% reduction) and 265 for Quinolones (30% reduction) in line with best prescribing practice guidelines.
- The practice participated in further audits, national benchmarking and research. Findings were used by the practice to make improvements. For example, the practice undertook a further audit to reduce the number of prescriptions for co- amoxiclav (an antibiotic) to promote appropriate antimicrobial prescribing and reduce antimicrobial resistance. In the first audit cycle 799 prescriptions had been issued. Again, the practice discussed the results and took steps to raise GPs awareness of best prescribing practice and in the second cycle 505 prescriptions had been issued and represented a 37% reduction in line with best practice prescribing guidelines.

Effective staffing

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

- At our previous inspection 22 March 2016 the practice had an induction programme for all newly appointed staff. It covered such topics as infection prevention and control, fire safety, health and safety and confidentiality but did not include safeguarding. At this inspection safeguarding had been added to the induction format but it had not been documented as implemented for several new staff whose files we inspected. However, staff told us they did have an induction.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering 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

Good

Are services effective?

(for example, treatment is effective)

demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff generally had access to training to meet their learning needs and to cover the scope of their work, with the exception of fire safety training. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. Staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, basic life support, information governance. Two staff had fire safety awareness training and the remainder had participated in fire drills. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

Most 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.

- At our previous inspection 22 March 2016 we found most care plans were unsatisfactory. Some were overdue a review, others were incomplete, or lacked clinical information or next of kin details. Several care plans were not personalised and there was evidence issues identified during telephone calls were not followed up at a face to face clinical consultation. However, these issues had been satisfactorily addressed at this inspection and care and risk assessments, care plans and medical records were in place and most investigation and test results were appropriately managed.
- At our previous inspection 22 March 2016 there was no failsafe process in place to ensure the practice followed up where needed for patients who had attended accident and emergency, or that were discharged from hospital; for example, frail elderly patients or patients with mental health problems. At this inspection associated information from the hospital was printed off or passed to GPs by reception staff in paper form. GPs then wrote any actions needed on the paper document and handed it back to receptionists without checking to see if a patient was vulnerable or at risk, and there was a greater chance of patient's records being lost or actions being delayed. However, there was no evidence patient's care had been affected.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care 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 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.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 82%, which was the same as the national average of 82%.

Good

Are services effective?

(for example, treatment is effective)

There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Childhood immunisation rates were comparable to national averages and ranged from 89% to 96% (ranged from 73% to 95% nationally) for under two year olds; and from 79% to 98% (ranged from 81% to 95% nationally) for five year olds.

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.

Requires improvement

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

Twenty eight of the 32 patient Care Quality Commission comment cards we received were entirely 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. However, four expressed difficulties in getting appointments.

We spoke with four members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Patient's comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey published July 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was generally comparable to local averages and below national averages for its satisfaction scores on consultations with GPs and nurses. The practice explained that they faced many significant challenges due to the level of deprivation in the area and felt that these figures reflected this. For example:

- 81% said the GP was good at listening to them compared to the CCG average of 82% and the national average of 89%.
- 79% said the GP gave them enough time compared to the CCG average of 78% and the national average of 87%.
- 96% said they had confidence and trust in the last GP they saw compared to the CCG average of 91% and the national average of 95%.
- 78% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 77% and the national average of 85%.
- 78% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 81% and the national average of 91%.
- 76% said they found the receptionists at the practice helpful compared to the CCG average of 81% 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. We also saw that care plans were personalised.

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

- 84% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 80% and the national average of 86%.
- 75% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 75% and the national average of 82%.
- 78% said the last nurse they saw was good at involving them in decisions about their care compared to the the CCG average of 77% and national average of 85%.

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

- Staff told us that interpreter services were available for patients who did not have English as a first language. The staff team spoke 11 languages between them.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Requires improvement

Are services caring?

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.

The practice had identified 348 patients as carers (3% of the practice list) and offered flu vaccines for carers. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, the practice manager contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Inadequate

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, the practice had identified that 10% of its patients had diabetes. In response, it held clinics four times per week led by GPs specially trained to initiate insulin for patients. Newham has the highest level of tuberculosis (TB) in the country. The practice took part in a CCG funded research project called the 'CATAPULT' trial which screens and treats patients for latent TB.

- The practice offered extended hours for working patients who could not attend during normal opening hours. Patients were directed to the local out-of-hours service provider when the practice was closed.
- 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. However, we identified concerns relating to the triage system and ticketing system that could result in less mobile patient's not being able to get to the reception desk as quickly as others, which posed a risk of them being less likely to get a walk in appointment or secure shorter waiting time.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and interpreter services available.
- Staff told us that interpreter services were available for patients who did not have English as a first language. The staff team spoke 11 languages between them.

Access to the service

The practices' opening hours were:

- Monday 8am to 6.30pm
- Tuesday 8am to 7pm
- Wednesday 8am to 6.30pm
- Thursday 7am to 5pm
- Friday 8am to 7pm
- Saturday 8am to 1.30pm

Extended surgery hours were offered for pre-booked appointments from 7am to 8am every Thursday and from 8am to 1.30pm every Saturday. There were at least four to six GPs working every session – Monday to Friday excluding Thursday afternoons, each providing 21 appointments per session. The practice had increased its provision of pre-bookable appointments following our previous inspection from three to nine per GP per session; two could be booked by telephone and the remaining seven online up to four weeks in advance. During extended hours, the practice also dealt with queries, allowed patients to collect prescriptions, registered new patients and other phone queries.

Patients without a pre-bookable appointment attended the practice in person on the day, collected a ticket and waited 15 minutes to half an hour for staff to notify them whether or not they had secured an appointment, but were not given an appointment time. Patients then waited up to a further one and three quarter hours before appointments began. Tickets for morning GP surgery were given 8am and called out at 8.30am for appointments from 9am to 11am. The reception area closed daily for lunch between 12.15pm and 1pm. Tickets for afternoon GP surgery were given at 1pm and are called out at 1.15pm for appointments from 3pm, except Thursday when the last appointment was at 11am.

Arrangements were that receptionists handed out appointment tickets until they estimated all appointments were taken, but there was no system to ensure the number of tickets handed out did not exceed the actual number of appointments available. The practice could not guarantee walk in patients who had collected a ticket before 11am would be seen at any time the same day and there was no system to open afternoon session appointments. A new set of tickets were issued to whichever patients physically arrived at the counter for appointments at each session. There was no guarantee of being seen and waiting times were indeterminate. After inspection the practice told us patients were told where they were in the queue and approximately how long they would have to wait, that some patients came from a neighbouring area where it took much longer to get an appointment so preferred to

Inadequate

Are services responsive to people's needs?

(for example, to feedback?)

come to this surgery and wait rather than going home and waiting, and that staff encourage elderly patients, and patients with babies, long-term conditions and disabilities to pre-book a same day appointment over the phone.

We noted the ticketing system could result in less mobile patient's not being able to get to the reception desk as quickly as others, which posed a risk of them being less likely to get a walk in appointment or secure shorter waiting time. We observed two patients' that were amongst the first to take a ticket in the morning were amongst the last to be seen. There was no method of triage to establish which patients may require an urgent or same day appointment, or for whom an advance GP appointment, GP telephone appointment, or practice nurse appointment may have been appropriate. All appointments were allocated on a first come first served basis via the walk in ticket collection system.

We spoke to 12 patients after 9am. Eleven of these patients had walk in appointments and 10 told us they did not have an appointment time and were waiting to be called. We asked staff if they made a written note for patients of their appointment time, for example on the patient's numbered ticket or on an appointment slip and they told us this did not occur. After inspection the practice told us receptionists told people where they were in the queue and what the approximate waiting time would be, and that they had amended arrangements to inform people exactly what time their appointment would be and write this down for them.

There was a mounted sign next to an appointment ticket dispensing machine with instructions for patients to collect numbered appointment tickets, but this machine was out of use and had not been clearly labelled accordingly. Staff told us the machine had been taken out of use due to inappropriate use. After inspection the practice told us there was a small "not in use" on the ticket machine on the day of inspection, that the machine was only used if needed during staff meetings and staff training, and that when it was not in use staff put a sign on it to inform people to collect a ticket from the receptionists.

There was a lack of clarity in the reception area to indicate the function of the two reception counters for ease of patient's access to the service they required. For example, the left hand counter that dealt with same day appointments had appropriate "same day appointments" signage, but the same day appointment ticket machine was next to the right hand counter with directions signage for patients to collect a ticket for a same day appointment. The ticket machine was out of use and not clearly labelled accordingly. After inspection staff told us the ticket machine was in limited use during staff meetings and staff training when temporary signage was used. The right hand side counter "prescriptions, pre-booked appointments and queries" signage and function was clear.

The practice had two telephone lines and telephone access arrangements were complicated and unclear. Prior to inspection, staff told us the 0208 586 5124 number was open from 8am to 6.30pm Monday to Friday, but the practice leaflet indicated it was open from 9.30am to 5pm Monday to Friday. The 0208 586 5111 number was open 9am to 12pm Monday to Friday and 3.30pm to 5pm Monday, Tuesday, Wednesday and Friday. After inspection the practice explained phones were always answered during advertised hours and receptionists also routinely answered outside of these hours, that they had re-allocated another phone line (0208 586 5123) for general enquiries, correctly advertised details on their website and patients information booklet, and the practice manager would monitor whether this improved telephone access for patients. We checked the new version patients information booklet that had the 0208 586 5123 in manuscript but practice website did not show opening times for any of the telephone lines.

We brought our concerns about the appointment system to the leadership and management team, including those for less mobile patients and they told us the system would be reviewed.

At our previous inspection 22 March 2016 we noted and highlighted concerns relating to low national GP patient survey scores for patients telephone access. 49% of patients said they could get through easily to the surgery by phone which was below the CCG average of 61% and the national average 73%.

At this inspection, results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment were below national averages including for phone access.

- 70% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and the national average of 79%.

Inadequate

Are services responsive to people's needs?

(for example, to feedback?)

- 40% found it easy to get through to this surgery by phone compared to the CCG average of 60% and the national average of 73%.
- 70% said last time they wanted to see or speak to a GP or nurse from their GP surgery they were able to get an appointment compared to the CCG average of 67% and the national average of 76%.

After the inspection, the practice explained they had improved the appointment system; for example by ensuring receptionists handing out tickets for same day appointments to people in the waiting area check to prevent anyone who might be frail from having to queue up for a ticket.

Twenty eight of the 32 patient's we spoke to on the day of the inspection told us that they were able to get appointments when they needed them, the remaining four expressed difficulty.

Management staff told us they had tried to improve telephone access but were entirely constrained by the switchboard system that was integral to the health centre, and that the landlord would not allow any changes to be made.

At our previous inspection 22 March 2016 we noted practice nursing appointment times were limited. For example to five minutes for travel vaccines where an assessment as well as administration of vaccines was required, and to ten minutes for children's immunisations including where guidance for parents and a series of immunisations to be administered was required. The duration of practice nursing appointment times for administering child and travel vaccines had been increased since our previous inspection; however, influenza vaccine appointment times with the health care assistant were limited to one minute and staff told us they routinely overran. After inspection the practice explained that this was only done when they held a one-day flu vaccination drive. They explained that they had organised an efficient, "assembly line" process using a team of doctors, administrative staff and a healthcare assistant, which had enabled them to administer 381 flu jabs in one day in good time.

Listening and learning from concerns and complaints

There was system in place for handling complaints and concerns but it had weaknesses:

- The practice complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. However, the only visible method to allow patients to make a complaint was a small box on a side ledge in the reception area with a post hole made in the top labelled "complaints" and the lid was removable. There were no complaints in the box, or paper next to it for patients to use. The procedure for making a complaint was available on the practice's website.
- There was no leaflet or complaints poster in the reception area to help patients understand the complaints system; however staff had complaints recording template sheets available for patients on request. 2015-2016 data showed NHS England received nine complaints related to the practice, at the time of inspection none were showing as upheld.
- There was a designated manager responsible who handled all complaints in the practice, but standards when responding to patients complaints were not appropriate. For example, the practices' response had not always been prompt, addressed key areas of concern identified by the complainant, or provided them with assurance appropriate action had been or would be taken. We also found response letters contained significant amounts of clear typographical errors which demonstrated a lack of care and diligence in the practice response.

We looked at three responses to complaints received since our last inspection. There was limited learning from complaints and the overall effectiveness of complaints management was variable. Some action was taken as a result to improve the quality of care. For example, after a patient called to enquire about their test results and was given incorrect information and made a complaint. The practice contacted and apologised to the patient and the complaint was investigated. Meetings were held with relevant staff and the practice changed its internal tasking and communication systems to prevent recurrence.

There had been some complaints relating to staff attitude and the practice had recently provided customer care training to its staff, but there was no evidence of an effective framework to evaluate outcomes.

Are services well-led?

Inadequate

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

Our findings

Vision and strategy

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

- The practice had a mission statement, we did not see this displayed in the waiting areas but staff knew and understood the values.
- The practice had some strategy and supporting plans which reflected the vision and values.

Governance arrangements

The practice had an overarching governance framework but it was not always effective:

- There was a staffing structure and staff were aware of their own roles and responsibilities, as well as of those of other members of the team.
- Some identified areas of concern had improved since our previous inspection such as, arrangements for patient's laboratory test results, safeguarding children, patient's care plans and infection prevention and control. However, new concerns relating to emergency medicines and arrangements for prescriptions monitoring were identified.
- The appointment system was poorly managed.
- Improvement in other fundamental areas was insufficient such as recruitment checks and lead staff fire safety training.
- Practice specific policies were generally available to all staff. However, most staff were patients at the practice and no effective information governance arrangements had been made to ensure confidentiality of their medical records within the team. Management staff told us employee records could be locked for privacy and they would check staff were aware of this option. After inspection the practice told us it had changed arrangements such that staff could not view each other's or their own medical records.
- There were gaps in arrangements for patient's confidentiality. Confidentiality was covered in the staff handbook but was not referred to in the contract and several staff contracts were not signed. Confidentiality had been covered in the locum agreement however this had not been signed.
- A programme of continuous clinical and internal audit was used to monitor quality and to make clinical improvements.
- At our previous inspection 22 March 2016 the practice nurse was not included in meetings. At this inspection they were included but meetings documentation did not provide any framework to ensure actions were followed up and undertaken by nominated staff within agreed timescales. However, evidence showed actions identified through significant events and meetings were properly followed up and completed.
- There were arrangements for identifying, recording and managing safety risks, issues and implementing mitigating actions. However, staff inductions had not been carried out and there were weaknesses in systems for vulnerable or at risk follow up after discharge from hospital or attendance at accident and emergency, and prescriptions management.
- At our previous inspection 22 March 2016 staff's access to operational policies and procedures was limited to one hard copy located in the managers' office; and paper copy meeting notes were not duplicated or backed up electronically and were at risk of being damaged or lost. At this inspection both of these issues had been addressed, polices were held on a shared drive and meeting minutes were held on paper and electronically.

Leadership and culture

On the day of inspection the partners in the practice 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.

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 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 verbal interactions as well as written correspondence.

Are services well-led?

Inadequate

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

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

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

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

Some GP patient survey results were comparable to local and national averages but results for telephone access continued to be below average as was the case at our previous inspection. Staff told us they had tried to make improvements but had been unable due to telephone exchange requirements and the integral telephone system of the health centre to which they were linked. These actions did not demonstrate sufficient progress or impact to improve patient's outcomes and there were also weaknesses in arrangements for managing complaints. However, the practice otherwise encouraged and valued feedback from its PPG, the public and staff.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys. The PPG met regularly, was involved in patient surveys and submitted proposals for improvements to the practice management team. For example, it was working on its list of identified carers to ensure this was accurate and invite carers to receive influenza vaccinations as a result of PPG feedback.
- The practice had gathered feedback from staff through staff meetings, appraisals, staff away days and generally through discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

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 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints **How the regulation was not being met:** Systems for managing complaints were not accessible or effective. This was in breach of regulation 16(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met:** Systems for assessing and monitoring risks and the quality of the service provision had weaknesses or were unclear. Arrangements for prescriptions monitoring were absent. Most staff were not trained in fire safety including designated lead staff. There were gaps in oversight and practical arrangements for emergency medicines. The induction protocol was not implemented. Action in response to feedback from relevant persons such as the national GP Patient survey for the purposes of continually evaluating and improving such services was insufficient. The provider did not have a framework to ensure effective follow up actions identified at meetings.

This section is primarily information for the provider

Requirement notices

Arrangements for maintaining patient's confidentiality had gaps.

Processes for appropriate employment checks such as references and medical indemnity were ineffective.

Arrangements for patients at high risk who had been discharged from hospital or attended accident and emergency had weaknesses.

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