Shiremoor Medical Group

Quality Report

Shiremoor Resource Centre
Earsdon Road, Shiremoor
Newcastle upon Tyne
Tyne and Wear
NE27 0HJ
Tel: 0191 253 2578
Website: http://bridgemedical.nhs.uk/

Date of inspection visit: 11 October 2016
Date of publication: 08/12/2016

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of this practice on 3 March 2016. We rated the practice as inadequate in all five domains of safe, effective, caring, responsive and well-led and the practice was placed in special measures. A new provider, Bridge Medical, was put in place to provide Regulated Activities from 1 April 2016. After the comprehensive inspection, the new provider wrote to us to say what they would do to address the issues raised at the inspection. The new provider has changed the name of the practice to Bridge Medical.

We undertook this comprehensive inspection on 11 October 2016 to check that the practice had followed their plan. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Shiremoor Medical Group on our website at www.cqc.org.uk.

Overall, the practice is rated as good.

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

- The new provider had taken effective steps to make improvements following the last inspection in March 2016; some of the new arrangements were at an early stage and work was still in progress in many areas. They had developed a clear vision, strategy and plan to deliver high quality safe care and promote good outcomes for patients.
- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. They commented positively on the changes to the practice since the new provider had taken over and on the excellent care they had received from several of the new GPs.
- Information about services and how to complain was available and easy to understand.

Summary of findings

- Some patients said they found it difficult to make routine appointments with a GP. There was continuity of care, with urgent appointments available the same day.
- 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 new management structure and clinical team. The practice proactively sought feedback from staff and patients, which it acted on. Staff told us they had been engaged by the practice to support the changes that had been made. Staff were consistent in their praise of the level of support that was now available from management and clinical staff, they felt that they could raise issues and that there was a no blame culture at the practice.
- The new provider was aware of and complied with the requirements of the duty of candour regulation.
- The new provider was undertaking work to improve the care and support offered to carers, for example, a carer's policy had been introduced and a carers champion had recently been appointed.

The areas where the provider should make improvements are:

- Complete the process for registering as a provider of regulated activities and for appointing a registered manager for the practice in line with CQC guidance.
- Review the management of complaints at the practice to ensure verbal complaints are taken account of.

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

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?

Good

The practice is rated as good for providing safe services.

The practice had taken action to address the concerns raised during our previous inspection in March 2016. They had implemented systems that would support them to demonstrate that they provided safe services; this was a clear priority of the new provider. This included improved arrangements for:

- The management, and learning from, significant events and for keeping patients safe and safeguarded from abuse.
- The management of safety alerts from the Medical and Healthcare products Regulatory Authority (MHRA).
- Infection control, we also saw that the practice was clean and hygienic.
- Ensuring sufficient staffing levels were in place.

We also found:

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- Arrangements were in place to ensure that when there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes and prevent the same thing happening again.
- Disclosure and Barring Service (DBS) checks or risk assessments had been completed for all staff that required them.

Are services effective?

Good

The practice is rated as good for providing effective services.

The practice had taken action to address the concerns raised during our previous inspection in March 2016. They had taken steps to ensure they provided effective services; this was a priority of the new provider. This included improved arrangements to:

- Monitor the outcomes of patients using the Quality and Outcomes Framework (QOF) data.
- Work collaboratively with other professionals, for example, regular palliative care and safeguarding meetings were used by the practice to understand the range and complexity of patient needs.

We also found:

Summary of findings

- Quality improvement work was taking place. Clinical audit was driving improvement in performance to improve patient outcomes.
- Systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- The practice had started a schedule of regular supervision meetings with staff, some of these had been completed and the rest of these had been planned. Staff told us that the practice was supportive of training and development. We saw that mandatory training had been completed or planned by the practice.

Are services caring?

Good

The practice is rated as good for providing caring services.

The practice had taken action to address the concerns raised during our previous inspection in March 2016. They had implemented systems that would support them to demonstrate that they provided caring services. This included improved arrangements to:

- Provide effective and consistent clinical care. Feedback from patients was consistently positive about the care they received from the GPs now in post.
- Provide bereavement support. We saw evidence that palliative care meetings took place regularly and that a GP palliative care lead had been put in place.

We also found:

- Results from the National GP Patient Survey published in July 2016 showed that the practice was still below average for consultations with doctors. However, this survey had been completed when the previous provider was in place.
- 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 offered by the practice was available. For example, they provided this information on the practice's website and in the patient leaflet and waiting areas.
- The practice had links to local and national support organisations and referred patients when appropriate.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

Summary of findings

The practice had taken action to address the concerns raised during our previous inspection in March 2016. They had implemented systems that would support them to demonstrate that they provided responsive services This included improved arrangements to:

- Provide continuity of care. The partners aimed to work regular days each week to support continuity of care and arrangements had been made to ensure that doctors could review test results on days when they were working at other locations. The practice had reduced the use of locum GP's.
- Record and manage complaints received. All written complaints were now managed in line with national guidance; however, the practice was not recording verbal complaints.

We also found:

- Extended hours appointments were currently not available. The practice hoped to be able to provide this service by the end of the year.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they met patients' needs.
- Although some patients said they found it difficult to make routine appointments with a GP there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Are services well-led?

Good

The practice is rated as good for being well-led.

The practice had taken clear actions to address the concerns raised during our previous inspection in March 2016. They had implemented systems that would support them to demonstrate that they provided well-led services. This included improved arrangements to:

- Lead and develop the practice. A clear vision and strategy had been developed. Staff we spoke to were aware of the vision and strategy.
- Govern the practice. We saw that partners at the practice had leads in key areas and work had been undertaken to address all areas of concern raised at the last inspection.
- Manage and implement policies and procedures, those we looked at had recently been reviewed.
- Lead the practice. There was now a clear leadership structure and staff felt supported by management.

Summary of findings

We could see that the new provider, Bridge Medical, had made many improvements. However, due to the number of issues raised at the last inspection and the risks this created for the new provider more time was required for the changes made to become fully embedded within the practice.

We also found:

- Quality improvement work was taking place. Clinical audit was driving improvement in performance to improve patient outcomes.
- The new provider was aware of and complied with the requirements of the duty of candour regulation. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about 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

Good

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

- The practice offered proactive, personalised care to meet the needs of the older people in their population. All patients over the age of 75 had a named GP.
- The practice had introduced a system to ensure that all patients over the age of 75 were offered an annual health check.
- The practice was responsive to the needs of older people; they offered home visits and urgent appointments for those with enhanced needs.
- Nationally reported data showed that outcomes for patients with conditions commonly found in older people were generally in line with local and national averages. For example, the practice had achieved 100% of the Quality and Outcomes Framework (QOF) points available for providing the recommended care and treatment for patients with heart failure. This was 0.1% above the local clinical commissioning group (CCG) average and 2.1% above the national average.
- The practice maintained a palliative care register and offered immunisations for shingles and pneumonia to older people.

People with long term conditions

Good

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

- The nurses and partners had lead roles in chronic disease management. Patients at risk of hospital admission were identified as a priority and supported appropriately by the practice. Comprehensive care plans were in place and regularly reviewed.
- Nationally reported data showed that outcomes for patients with most conditions commonly found in this population group were generally in line with local and national averages. For example, the practice had achieved 97.7% of the QOF points available for providing the recommended care and treatment for patients with peripheral arterial disease. This was 0.6% below the local CCG average and 1.1% above the national average.
- The new provider had initiated work to improve patient outcomes for patients with long-term conditions.

Summary of findings

- Longer appointments and home visits were available when needed.
- The new provider had undertaken work to ensure that all patients with a long-term condition were offered a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Good

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

- There were processes in place for the regular assessment of children's development. This included the early identification of problems and the timely follow up of these. Systems were in place for identifying and following-up children who were considered to be at-risk of harm or neglect. For example, the needs of all at-risk children were now regularly reviewed at practice multidisciplinary meetings involving child care professionals such as health visitors. A children's safeguarding lead was now in place.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- There were arrangements for new babies to receive the immunisations they needed. Childhood immunisation rates for the vaccinations given to under two year olds ranged from 95.5% to 100% (CCG average 73.3% to 95.1%) and for five year olds ranged from 91.4% to 100% (CCG average 81.4% to 95.1%).
- Urgent appointments for children were available on the same day.
- Pregnant women were able to access an antenatal clinic provided by healthcare staff attached to the practice.
- Nationally reported data showed that outcomes for patients with asthma were above average. The practice had achieved 100% of the QOF points available for providing the recommended care and treatment for patients with asthma. This was 2.4% above the local CCG average and 2.6% above the national average.
- The practice provided contraceptive advice.

Working age people (including those recently retired and students)

Good

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

Summary of findings

- 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. Telephone appointments were available.
- Patients could order repeat prescriptions and book routine healthcare appointments online.
- A text message service informed patients of the details of their appointment if requested.
- Extended hours appointments are currently not available.
- The practice offered a full range of health promotion and screening which reflected the needs for this age group.
- The practice's uptake for cervical screening was 93.4%, which was above to the CCG average of 83% and the national average of 81.8%. The exception rate (when patients are excluded form figures because, for example, they do not attend) was 18.7%, compared to the local average of 4.7% and the national average of 6.3%. The practice was working to reduce the number of excluded patients.
- Additional services such as new patient health checks, travel vaccinations and minor surgery were provided.
- The practice website was being developed to provide a good range of health promotion advice and information.

People whose circumstances may make them vulnerable

Good

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

- The practice held a register of patients living in vulnerable circumstances. This included a register of patients with a learning disability; the practice had reviewed this register to ensure it was up to date. Patients with a learning disability had been invited to the practice for an annual health check. Twenty-one patients were on this register; to date 52% had received an annual review.
- The practice had created a register of high-risk patients that included, for example, patients who required palliative care, dementia or who were frail. Seventy-eight patients were initially identified. Care plans and medication reviews were put in place and monthly meetings held to discuss their care . High-risk patients who met additional criteria were referred by the practice to an external support agency that provided a wide range of support aimed to reduce unplanned hospital admissions.

Summary of findings

- Nationally reported data showed that outcomes for patients with a learning disability were good. The practice had achieved 100% of the QOF points available for providing the recommended care and treatment for patients with a learning disability. This was the same as the local CCG average and 0.2% above the national average.
- The practice offered longer appointments for patients with a learning disability if required.
- The practice regularly worked with multi-disciplinary teams (MDT) in the case management of vulnerable people.
- 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.
- Good arrangements were in place to support patients who were carers. A carer's policy had been introduced and a carers champion had recently been appointed.

People experiencing poor mental health (including people with dementia)

Good

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

- The practice had identified 0.5% of their patient list as having enduring mental health conditions and had included these patients on a register to enable them to plan and deliver relevant services. Twenty-seven patients were on this register. Since April 2016 41% of these patients had received an annual review.
- Nationally reported data showed that outcomes for patients with mental health conditions were above average. The practice had achieved 100% of the QOF points available for providing the recommended care and treatment for patients with mental health conditions. This was 4.8% above the local CCG average and 7.2% above the national average.
- Nationally reported data showed that outcomes for patients with dementia were in line with the average. The practice had achieved 96.7% of the QOF points available for providing the recommended care and treatment for patients with dementia. This was 0.1% above the local CCG average and 2.2% above the national average. 75% of patients diagnosed with dementia had their care reviewed in a face-to-face meeting in the last 12 months, which was below the national average of 84%.

Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia and the practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice told us they planned to implement a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The National GP Patient Survey results published in July 2016 showed the practice was generally performing in line with or below local and national averages in many areas. There were 247 forms sent out and 101 were returned. This is a response rate of 41% and represented 2% of the practice's patient list. However, this survey was completed when the previous provider was in place.

- 86% found it easy to get through to this surgery by phone (clinical commissioning group (CCG) average 79%, national average of 73%).
- 84% were able to get an appointment to see or speak to someone the last time they tried (CCG average 86%, national average 85%).
- 85% described the overall experience of their GP surgery as good (CCG average 88%, national average 85%).
- 76% said they would recommend their GP surgery to someone who has just moved to the local area (CCG average 81%, national average 78%).

We reviewed 22 CQC comment cards that patients had completed. Twenty of these were positive about the standard of care received; patients described the practice as good and said the staff were helpful. Several commented positively on the changes to the practice since the new provider had taken over, they commented on the excellent care they had received from several of the new GPs. Patients also thought that the practice was clean. Two cards referred to some areas where the patient thought the practice could improve.

We spoke with seven patients during or shortly before the inspection, including one member of the patient participation group. Patients said they were happy with the care they received. They said they thought the staff involved them in their care and explained tests and treatment to them.

Areas for improvement

Action the service SHOULD take to improve

- Complete the process for registering as a provider of regulated activities and for appointing a registered manager for the practice in line with CQC guidance.
- Review the management of complaints at the practice to ensure verbal complaints are taken account of.

Shiremoor Medical Group

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Inspector. The team included a GP specialist advisor and a practice manager specialist advisor.

Background to Shiremoor Medical Group

At the time of the inspection, Shiremoor Medical Group remains registered with the CQC under the registration of the previous provider. The new provider is intending to register the practice as Bridge Medical. Registration has not yet been completed.

The practice provides services to around 5,300 patients from one location: Shiremoor Resource Centre, Earsdon Road, Shiremoor, Newcastle upon Tyne, Tyne and Wear, NE27 0HJ. We visited this address as part of the inspection.

Shiremoor Medical Group is based in purpose built premises in Shiremoor. These premises are shared with two other GP practices and external health-care services. All reception and consultation rooms are fully accessible for patients with mobility issues. An onsite car park is available which includes dedicated disabled parking bays.

The practice has six GP's partners and one salaried GP (five female, two male). The practice work with three duty practice managers; they employ two practice nurses, a pharmacist, a pharmacist technician and six staff who undertake reception and administrative duties. The practice provides services based on a General Medical Services (GMS) contract agreement for general practice.

Shiremoor Medical Group is open at the following times:

- Monday to Friday 8:30am to 6pm.

The telephones are answered by the practice during opening times. When the practice is closed patients are directed to the NHS 111 service. This information is also available on the practices' website and in the practice leaflet.

Appointments are available at Shiremoor Medical Group at the following times:

- Monday 8:30 to 12:20pm and 2pm to 5:50pm

Extended hours appointments are currently not available.

The practice is part of NHS North Tyneside clinical commissioning group (CCG). Information from Public Health England placed the area in which the practice is located in the sixth less deprived decile. Average male life expectancy at the practice is 77 years compared to the national average of 79 years. Average female life expectancy at the practice is 84 years compared to the national average of 83 years.

The proportion of patients with a long-standing health condition is above average (67.5% compared to the national average of 54%). The proportion of patients who are in paid work or full-time employment or education is below average (55.5% compared to the national average of 61.5%). The proportion of patients who are unemployed is below average (3% compared to the national average of 5.4%).

The service for patients requiring urgent medical care out of hours is provided by the NHS 111 service and Vocare, known locally as Northern Doctors Urgent Care Limited.

Detailed findings

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme. A previous comprehensive inspection had taken place in March 2016 after which the practice was rated as inadequate and placed into special measures. We rated the practice as inadequate for providing safe, effective, caring and responsive services and for being well led. The purpose of this inspection was to check that action had been taken to address the areas of concern that had been identified.

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 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 11 October 2016.

During our visit we:

- Reviewed information available to us from other organisations, such as NHS England.
- Reviewed information from the CQC intelligent monitoring systems.
- Spoke to staff and patients. This included three GPs, the practice duty managers, the nurse and four members of the reception and administration team. We spoke with seven patients who used the service.
- Looked at documents and information about how the new provider, Bridge Medical, was managed and operated. We spoke with two members of the extended community healthcare team who were not employed by, but worked closely with the practice.
- Reviewed patient survey information, including the National GP Patient Survey (published in July 2016) of the practice.
- Reviewed a sample of the practice's policies and procedures.
- Reviewed the action plans put in place by the practice, following the earlier inspection that took place in March 2016.

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

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

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

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

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

Good

Are services safe?

Our findings

Safe track record and learning

When we inspected the practice in March 2016, we found that the practice was not able to demonstrate a safe track record over time or demonstrate that learning from significant events was effective. We found:

- That there were unclear arrangements for the recording of significant events and that not all significant events were recorded. We also found that the process for managing safety alerts was not effective.

During the inspection in October 2016, we found:

- The the new provider, Bridge Medical, had improved the practice's approach to significant events. We saw that significant events were now actively recorded and documented and that staff were encouraged to report any significant events they identified. We saw that these were discussed at regular significant event meetings.
- The practice had improved their approach to the management of safety alerts from the Medical and Healthcare products Regulatory Authority (MHRA). The practice ensured that all alerts received were reviewed. A process was in place to ensure these alerts were acted on. The practice kept a record of the alerts received and the action taken, we saw a simple flowchart on display that ensured all staff, including locums GPs, were aware of the new process.

We also found that:

- The practice kept appropriate safety records, including incident reports and minutes of meetings where these were discussed. 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.
- Significant events records included the actions taken by the practice. We reviewed these records and found that actions were taken by the practice to reduce the risk of the event reoccurring. 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 not yet reported any incidents on the local cross primary and secondary care Safeguard Incident and Risk Management System (SIRMS). The practice told us they would ensure any incident that met the CCG criteria for inclusion would be reported using SIRMS.

Overview of safety systems and processes

When we inspected the practice in March 2016, we identified concerns relating to safety systems and processes. We found:

- The practice safeguarding policy required review and that all staff had not completed safeguarding training to the required level. The infection control lead had not undertaken training to support their lead role. We also found that the infection control policy had not been updated since 2009 and that regular infection control audits had not been completed.
- That references had not always been taken up when staff were recruited and that no risk assessments had been completed to determine if it was necessary to carry out Disclosure and Barring Service (DBS) checks for some staff.

During the inspection in October 2016, we found:

- The practice had improved their approach to safeguarding. We saw evidence that arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and 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 were lead members of staff for adult and child safeguarding. The GPs attended safeguarding meetings and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to level three in children's safeguarding.
- Staff were aware of and fulfilled their responsibilities in relation to serious case reviews. Staff told us that safeguarding issues were regularly discussed and we

saw minutes of meetings that confirmed this. We spoke with attached staff and they also told us that they thought safeguarding issues were well managed at the practice.

- The practice now maintained appropriate standards of cleanliness and hygiene. We saw that the premises were clean and tidy. The nurse was the infection control lead; they 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 training appropriate to their role. Infection control and hand washing audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The practice had improved their processes for recruiting staff. We saw that appropriate checks had been undertaken for the last two members of staff recruited directly by the practice.
- Notices in the waiting room and clinical rooms advised patients that staff would act as chaperones, if required. All clinical staff who acted as chaperones were trained, for the role, clinical staff had received a DBS check. The practice had decided to not to carry out DBS check for non-clinical staff who undertook chaperone duties as these staff did not spend any time alone with patients as part of this role. Non-clinical staff had been risk assessed on this basis and we saw records that confirmed this. (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).

Medicines Management

When we inspected the practice in March 2016, we identified concerns relating to medicines management. We found:

- Prescription pads were not always securely stored and the system to monitor the use of blank prescriptions was ineffective. No medication audits had been carried out and there was no system to ensure that changed to medicine records made by administrative staff had been made correctly.

During the inspection in October 2016, we found:

- Blank prescription forms and pads were now securely stored and there were systems in place to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.
- All changes to medicine records were now made by a GP or pharmacist. Prescribing audits were now regularly carried out; the practice had appointed a pharmacist and a pharmacy technician whose work focused on safe medicines management.

We also found that:

- 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).
- The practice had a system in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Monitoring risks to patients

When we inspected the practice in March 2016, we identified concerns relating to managing risks to patients. We found:

- The practice had not taken steps to ensure that looped blind cords or chains were secured or out of reach in areas where children or vulnerable adults had access. No permanent GPs had been in place since October 2015; all clinical sessions were covered by locum GPs, three clinics had been cancelled in the four weeks prior to the inspection.

During the inspection in October 2016, we found:

- The practice had ensured they complied with The Department of Health estates and facilities alert Ref:EFA/2015/001 on the risks presented by window blinds with looped cords or chains. A risk assessment had been undertaken and blinds with looped cords had been adapted to ensure patients were safe until new blinds were installed.
- Arrangements were now in place for planning and monitoring the number and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. The practice regularly reviewed the

staffing needs of the practice. The practice rarely used locum GP staff and a duty doctor and practice manager were in place each day. The practice was recruiting clinical and non-clinical staff; a new salaried GP was due to start work shortly.

We also found that:

- There were procedures in place for 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. 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 (COSHH) and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- All electrical equipment was checked to ensure it was safe to use and clinical equipment was checked to ensure it was working properly.

Arrangements to deal with emergencies and major incidents

- There was an instant messaging system on the computers in all the consultation and treatment rooms that alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. The practice had a system in place to ensure these were in date.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks was available in a treatment room. A first aid kit and accident book was available.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan identified key risks to the organisation. Copies of this plan were held off site and the plan was reviewed when required.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

When we inspected the practice in March 2016, we identified concerns relating to effective needs assessment. We found:

- Arrangements to ensure all clinical staff were up to date with clinical guidelines were unclear and there was no evidence to show that the practice monitored that guidelines were followed by locum GP's.

During the inspection in October 2016, we found:

- 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.

Management, monitoring and improving outcomes for people

The practice participated in 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 for 2014/15 showed the previous provider had achieved 96.3% of the total number of QOF points available compared to the local clinical commissioning group (CCG) average of 96.7% and the national average of 94.8%.

At 10.8%, the previous provider's clinical exception-reporting rate was 1.2% above the local CCG average and 1.6% above the national average. (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 2014/2015 (when the previous provider had been in place) showed:

- Performance for the diabetes related indicators was below average (87.7% compared to the national average of 89.2%).
- Performance for the hypertension related indicators was above average (100% compared to the national average of 97.8%).
- Performance for the dementia related indicators was above average (96.7% compared to the national average of 94.5%).
- Performance for the mental health related indicators was above average (100% compared to the national average of 92.8%).

Since April 2016, the new provider, Bridge Medical, had taken steps to improve patient outcomes and the management of long-term conditions at the practice, we saw that this plan was regularly reviewed and updated. The plan included appointing lead members of staff and work to improve the registers of patients, for example for people with long-term conditions such as dementia. They had also introduced a more effective recall programme, standardised the tests requested for each long-term condition and created work plans for key areas such as diabetes.

On the day of the inspection the practice were able to show us that they had so far achieved 76.7% of the of the total number of QOF points available for 2016/2017. Work had been focused on those domains that related to vulnerable patients, for example, patients with cancer, depression, mental health conditions and learning disabilities.

At this inspection, we found there was evidence of quality improvement work.

- The practice had completed one two-cycle clinical audit since the last inspection. The audit was in relation to the management of medication reviews at the practice. This was undertaken in response to concerns raised at the previous inspection. They carried out an initial audit covering reviews undertaken in March 2016 when the previous provider was in place, none of the reviews audited met the agreed standard. Following this the practice made several changes including introducing a medicine review protocol. A second audit was carried out covering 31 days when the new provider was in place, 100% of the reviews audited met the agreed standard. The practice had also completed three single-cycle audits; all had plans in place to re-audit. The practice had employed a medicines management team to support safe and effective patient care

Good

Are services effective?

(for example, treatment is effective)

- The practice pharmacy technician had also completed three two-cycle prescribing audits that all showed improvements had been made, for example shared care agreements for patients taken specified drugs had now been recorded and coded correctly.
- The practice used an analysis tool, Reporting Analysis and Intelligence Delivering Results (RAIDR) to look at trends. They had used this to compare their performance compared to the previous provider; we were able to see evidence that they had reduced attendance at secondary care. For example, outpatient appointments had reduced from 232 per 1000 patients in July 2016 to 197 per 1000 patients in July 2016.The practice participated in a clinical commissioning group (CCG) medicines optimisation scheme that was monitored by the practice based pharmacist.
- The practice had planned and completed several areas of work to improve the effectiveness of the practice. For example, we saw that medication review and repeat prescribing protocols had been introduced.

Effective staffing

When we inspected the practice in March 2016, we found that the practice was not able to demonstrate effective staffing arrangements. We found:

- The nursing staff did not receive regular clinical support, the GP partner responsible for providing this had left the practice and no other arrangements were in place.

During the inspection in October 2016, we found:

- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings and support for revalidating GPs and nurses. The practice had started a schedule of appraisals with staff that would take place each year in their birthday month. Some of these had been completed and the rest of these had been planned. These meetings did not include a formal review of training needs or create a personal development plan. The practice told us that they were aware of the need to develop these meetings as the practice became more settled. Staff told us that the practice was supportive of training and development.
- A lead GP for clinical supervision had been identified. The nurse told us that they appreciated the additional support provided by this role and the pharmacist team employed by the practice. The practice nurse also attended the local nurse forum meeting for additional support.

We also found that:

- The practice had an induction programme for all newly appointed staff, including locum GPs. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. There was a 'locum pack' available for locum GP's.
- The practice could demonstrate how they ensured role-specific training and updates for relevant staff. For example, for those reviewing patients with long-term conditions. Staff who took samples for the cervical screening programme had received specific training which included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example, by having access to on line resources and discussion at practice meetings.
- Staff received training which included: safeguarding, basic life support and information governance. Staff had access to and made use of e-learning training modules, in-house training and external training. We saw that the practice had identified a range of mandatory training and taken steps to ensure this was completed.

Coordinating patient care and information sharing

When we inspected the practice in March 2016, we found that the practice was not able to demonstrate that it effectively coordinated patient care or shared information. We found:

- Clinicians provided care in isolation; they did not seek input from other relevant services. No palliative care or safeguarding meetings had been held since October 2015. Some of the attached staff said they had 'no relationship' with the practice.

During the inspection in October 2016, we found:

Good

Are services effective?

(for example, treatment is effective)

- Staff now worked together with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. We saw evidence that multi-disciplinary team (MDT) meetings took place each month. For example, family support meetings were held each month that included a discussion of safeguarding issues. The clinical and management team attended these meetings with health visitors. We also saw that the clinical and management team attended monthly palliative care meetings with the district nurse. We spoke to some of the staff attached to the practice; they told us that they had excellent working relationships with the new provider, communication worked well and they were able to share concerns. A GP palliative care lead had been put in place. The practice was working to ensure that they identified all their patients who needed end of life care, for example patients with diagnosis other than cancer or with long-term conditions.

We also found that:

- 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 and intranet systems. This included risk assessments, care plans, medical records and investigation and test results.

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.

Supporting patients to live healthier lives

When we inspected the practice in March 2016, we found that the practice did not always support patients to live healthier lives. We found:

- That the lack of palliative care meeting may have resulted in not all patients that required extra care and support being identified.

During the inspection in October 2016, we found:

- The practice ensured that patients receiving end of life care, carers and those at risk of developing a long-term condition were identified. Those identified as requiring advice on their diet, smoking and alcohol cessation were able to access support.
- Information such as NHS patient information leaflets was also available.

The practice's uptake for cervical screening was 93.4% that was above the CCG average of 83% and the national average of 81.8%. The exception rate (when patients are excluded from figures because, for example, they do not attend) was 18.7%, compared to the local average of 4.7% and the national average of 6.3%. However, this data related to 2014/2015 when the previous provider was in place. A policy was in place to offer reminder letters to patients who did not attend for their cervical screening test; the practice recently reviewed and updated this letter.

Childhood immunisation rates for the vaccinations given were in line with CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 95.5% to 100% (CCG average 73.3% to 95.1%) and for five year olds ranged from 91.4% to 100% (CCG average 81.4% to 95.1%). However, this data related to 2015/2016 when the previous provider was in place. The practice worked to encourage uptake of screening and immunisation programmes with the patients at the practice.

Patients had access to appropriate health assessments and checks. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

When we inspected the practice in March 2016, we identified concerns relating to the practices capacity to treat patients with kindness, dignity, respect and compassion.

During the inspection in October 2016, we found:

- Feedback from patients was consistently positive about the care they received from the new provider. Several of the CQC comment cards we received were very positive about the changes that had been made at the practice. Patients commented positively about the care they had received from several of the GPs.

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard. The practice provided background music in the reception area to ensure this.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. Patients we spoke with confirmed that they were treated with respect and dignity.

We reviewed 22 CQC comment cards that patients had completed. Twenty of these were positive about the standard of care received; they described the practice as good, said the staff were helpful and courteous and said they were treated with respect. Words used included caring, accommodating and patient. Several commented positively on the improvements they had seen since the new provider took over, especially in relation to clinical care. Two cards included some areas where the patient thought the practice could improve. On the day of the inspection, we saw staff responding well to the needs of patients.

Results from the National GP Patient Survey, published in July 2016, showed patients were generally satisfied with how they were treated and that this was with compassion, dignity and respect. However, this survey was completed when the previous provider was in place and locum GPs undertook all GP appointments.

Of those who responded:

- 94% said they had confidence and trust in the last GP they saw or spoke to (clinical commissioning group (CCG) average 96%, national average 95%).
- 98% had confidence or trust in the last nurse they saw or spoke to (CCG average 98%, national average 97%).

The practice had undertaken a patient survey in July 2016, which focused on the waiting and reception area. The practice told us this was because they wanted to focus on patients initial impressions of the practice. They had looked at the results of the survey and taken action to address the issues raised by patients. For example, they had updated the notice boards in the waiting area, ensured more health promotion information was provided and updated the practice leaflet.

The practice gathered patients' views on the service through the national friends and family test (FFT). (The FFT is a tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience that can be used to improve services. It is a continuous feedback loop between patients and practices). Data from the most recent Friends and Family Survey carried out by the practice, in August 2016, showed that 100% of patients said they would be extremely likely or likely to recommend the service to family and friends. The practice told us that while they were not yet actively monitoring or acting on the results of the friends and family test, they were encouraging patients to complete the FFT cards.

Care planning and involvement in decisions about care and treatment

When we inspected the practice in March 2016, we identified concerns relating to care planning and involvement in decisions about care and treatment. During the inspection in October 2016, we found:

- 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.

Results from the National GP Patient Survey, published in July 2016, showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment with the nurse. Responses in relation to the GPs were lower than local and national averages. However, this survey was completed when the previous provider was in place. For example, of those who responded:

- 86% said the last GP they saw was good at explaining tests and treatments (CCG average of 89%, national average of 86%).This showed an improvement of 11% since the last inspection.
- 80% said the last GP they saw was good at involving them in decisions about their care (CCG average 85%, national average 82%). This showed an improvement of 16% since the last inspection.
- 94% said the last nurse they saw was good at explaining tests and treatments (CCG average 91%, national average 90%). This showed an improvement of 9% since the last inspection.
- 89% said the last nurse they saw was good at involving them in decisions about their care (CCG average 86%, national average 85%). This showed an improvement of 14% since the last inspection.

We also saw that:

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

- Staff told us that translation services were available for patients who did not have English as a first language. A language file was available in the reception area that included frequently asked questions about healthcare in other languages.
- A hearing loop was available on reception for patients who were hard of hearing.

Patient and carer support to cope emotionally with care and treatment

When we inspected the practice in March 2016, we identified concerns relating to supporting patients and carers to cope emotionally with care and treatment. During the inspection in October 2016, we found:

- Improved arrangements had been put in place by the new provider to support families who suffered bereavement. A bereavement policy had been implemented and there was a designated palliative care lead. Regular palliative care meetings ensured support was put in place when end of life care was required.

We also saw that:

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

The practice's computer system alerted GPs if a patient was also a carer. Information was available to direct carers to the various avenues of support available to them. The practice had links to support organisations and referred patients when appropriate. The practice had identified 66 of their patients as being a carer (2% of the practice patient population). At the time of our inspection, 23% of carers on this register had received an influenza immunisation in the last year and 38% had received a carer's health check. The practice was undertaking work to improve the care and support offered to carers, for example, a carer's policy had been introduced and a carers champion had recently been appointed. Carers were asked to identify themselves to the practice at any time and if a patient attended an appointment to support someone they were asked at the time if they were a carer.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

When we inspected the practice in March 2016, we identified concerns relating to responding to and meeting people's needs. We found:

- Services did not provide flexibility, choice, continuity or care. Locum GPs provided all clinical sessions, home visits were not available in the afternoons and online booking of appointments was not available.

During the inspection in October 2016, we found:

- There were improved arrangements for responding to the needs of patients who required home visits; these were now available each day.
- Online booking of routine GP and nurse appointments was now available.
- All patients now had a named GP. Bridge Medical had written to all patients to explain the changes at the practice and let patients know who their named GP was.
- The new provider had reduced the use of locum GPs. The partners aimed to work regular days each week to support continuity of care and arrangements had been made to ensure that doctors could review test results on days when they were working at other locations.
- Extended hours appointments are currently not available.

We also found that:

The practice reviewed the needs of their local population and engaged with the NHS England Area Team and clinical commissioning group (CCG) to secure improvements to services where these were identified.

The practice was aware of the needs of their patient population and provided services that reflected their needs.

- The practice had created a register of high-risk patients that included, for example, patients who required palliative care, dementia or who were frail. Seventy-eight patients were initially identified. Care plans and medication reviews were put in place and discussed at monthly MDT meetings.
- High-risk patients who met additional criteria were referred by the practice to an external support agency that provided a wide range of support that aimed to reduce unplanned hospital admissions.
- The new provider had responded to concerns raised at the previous inspection and taken steps to ensure that patients were offered effective care, for example, work had been undertaken to ensure that patients with long-term conditions were well managed.
- The practice held regular clinics to provide childhood immunisations and minor surgery.
- When a patient had more than one health condition that required regular reviews, they were able to have all the healthcare checks they needed completed at one appointment if they wanted to.
- There were longer appointments available for patients with a learning disability, patients with long terms conditions and those requiring the use of an interpreter.
- A text message service informed patients of the details of their appointments if requested.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations that were available on the NHS.
- Smoking cessation support was provided by the practice.
- There were disabled facilities and translation services available. A hearing loop was available to support patients with hearing difficulties.
- Patients could order repeat prescriptions and book GP appointments on-line.

Access to the service

The practice was open at the following times:

- Monday to Friday 8:30am to 6pm.

Appointments were available at the following times:

- Monday to Friday 9am-12pm and 12:30pm-3pm

The telephones are answered by the practice during opening times. When the practice is closed patients are directed to the NHS 111 service. This information is available on the practices' website and in the practice leaflet.

Extended hours appointments are currently not available. The practice hoped to be able to provide this service by the end of the year.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Results from the National GP Patient Survey, published in July 2016, showed that patients' satisfaction with how they could access care and treatment was generally comparable to local and national averages. However, this survey had been completed before the new provider took over the practice. Of those who responded:

- 77% of patients were satisfied with the practice's opening hours (CCG average 78%, national average of 76%).
- 86% patients said they could get through easily to the surgery by phone (CCG average 79%, national average 73%).
- 84% patients said they able to get an appointment or speak to someone last time they tried (CCG average 86%, national average 85%).
- 64% feel they normally don't have to wait too long to be seen (CCG average 64%, national average 58%).

Patients told us they were able to get urgent appointments when they needed them. The practice had a system in place to assess:

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

We also spoke with seven patients during the inspection. Some patients told us that urgent appointments were always available when required but that they had to wait longer then they would like for routine appointments. On the day of the inspection, there was an appointment with a doctor or nurse available on the same day. Most patients also told us that they were often called in late for their appointments. On the day of the inspection, one of the GPs was running forty minutes late.

Listening and learning from concerns and complaints

When we inspected the practice in March 2016, we found that the practice was not able to demonstrate that they always effectively listened or learned from concerns and complaints. We found:

- Staff did not always document informal or verbal complaints. One complaint had not been considered, reviewed, acted on or responded to.

During the inspection in October 2016, we found that the systems in place had been reviewed and demonstrated improvement. The new provider had addressed some of the concerns identified at the previous inspection.

We discussed the two written complaints received in the last 12 months with the practice manager; one was received very shortly before the inspection. The practice had not yet provided written responses, however, plans were in place to meet the patients and discuss the concerns raised. The practice told us they were not recording verbal complaints. We discussed this with the practice and they agreed it was appropriate to record verbal complaints.

We also found that:

- The complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The duty practice manager was the designated responsible person who handled all complaints in the practice; one of the partners was the GP lead who provided clinical oversight when required.
- We saw that information was available to help patients understand the complaints system. Information was on display in the reception area and practice leaflet and on the practices' website.
- The practice kept a record of written compliments from patients.

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

When we inspected the practice in March 2016, we found that the practice did not have a clear vision or strategy. During the inspection in October 2016, we found:

- The new provider, Bridge Medical, had developed aims to 'save' the practice, make it 'safe', to 'stabilise' it and to 'succeed'. Staff were aware of these aims which were visible at the practice.
- A clear clinical governance structure had been put in place and we saw that regular meetings supported this structure. Executive and performance groups had been established to lead the improvements required. Leads had been established for key areas such as safeguarding, high-risk patients and significant events. Plans had been put in place to address the concerns raised by the previous inspection that had been rated by risk.
- We saw several examples of plans that the new provider had put in place and were working to complete. For example, for managing long term conditions improving, QOF performance and implementing a patient engagement action plan.

Governance arrangements

When we inspected the practice in March 2016, we found that the practice did not have effective governance arrangements. We found:

- There was no effective governance framework in place. Practice polices were updated on an ad-hoc basis and that polices were not available to locum GPs. Learning from significant events was not demonstrated and clinical audit was not used to make improvements in patient outcomes.

During the inspection in October 2016, we found:

- A clear governance structure had been put in place and we saw that regular meetings supported this structure.
- There were improved arrangement for identifying, recording and managing risks, issues and implementing mitigating actions.
- Practice specific policies had been reviewed, were implemented and were available to all staff including locum GPs.
- Information from incidents and significant events was used to identify areas where improvements could be made.
- Systems had been established to monitor the clinical performance of the practice. These included improvements to the clinical audit programme.
- However, when we inspected the practice on 11 October 2016 the new provider had not yet achieved registration with the Care Quality Commission.

Leadership and culture

When we inspected the practice in March 2016, we found that the practice had no clinical leadership. During the inspection in October 2016, we found:

- Clinical leadership was in place and visible at the practice. For example, clinical leads had been appointed. Staff were aware of their own roles and responsibilities.
- A team of three duty practice managers supported the practice, each had lead areas. Staff told us that this system worked well as it provided a wide range of support. We saw that a rota was displayed so that staff knew who to contact each day.
- The practice held weekly executive team meetings, weekly partners meetings and monthly whole team meetings. We looked at the minutes of some of these meetings and saw that they demonstrated an open culture.

We found that the GPs and practice managers prioritised safe, high quality and compassionate care. The GPs were visible in the practice and the staff told us that responding to the last inspection had strengthened the whole team despite initial difficulties.

The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents. (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).

- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues and felt confident in doing so and were supported if they did.

Are services well-led?

Good

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

- Staff said they felt respected, valued and supported. During the inspection we saw that staff and the management of the practice had developed strong working relationships.
- There were more effective arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

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

When we inspected the practice in March 2016, we found that the practice engagement with patients was minimal and that feedback from staff or patients was not valued. During the inspection in October 2016, we found:

- The new provider had written to all registered patients to let them know that a new provider was in place. The letter also contained details of the named GP system, a request for patients to join the patient participation group and details of how to access the latest CQC report.
- A patient engagement action plan had been implemented, this included actions to produce a patient survey, form a patient participation group (PPG) and update the health information available in reception. These actions had been completed.
- There were improved arrangements to engage with patients. One member had been recruited to the PPG, the practice was actively trying to recruit additional members and create a virtual PPG for patients who were unable to attend meetings at the practice. We spoke to the member of the PPG and they told us that the practice was open and responsive and that they had been engaged by the practice in the work they were doing to improve the management of the practice. They had been provided with a 'buddy' who was a chair at another local practice for support.
- Improved arrangements were in place to manage complaints at the practice.
- Staff told us that regular team meetings were held and we saw minutes of these meetings. We were also told that they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff were consistent in their praise of the level of support that was now available from management and clinical staff, they felt that they could now raise issues and that there was a no blame culture at the practice.
- Staff had been surveyed in order to understand how the practice could improve their job satisfaction and to see if there were any alternative ways of working that would help staff feel happier in their roles. Following this, the practice had decided to employ a team leader so that staff would have additional support.

Continuous improvement

The new provider had a clear focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and had taken steps to address many of the areas of concern raised by the previous inspection. They had planned effectively for changes at the practice and supported staff in delivering change.

For example:

- The practice had developed effective processes for learning from significant events.
- The practice had undertaken work to ensure that the clinical records and disease registers were accurate and that the management of long-term conditions and QOF was effective.
- A clear governance structure was in place and clinical support was available for all staff.
- New systems had been introduced to move the practice towards 'paper light' working practices.
- The practice had participated in a high-risk patient (HRP) pilot project. A HRP register was created with support from attached staff to ensure as many appropriate patients as possible were identified. Seventy-eight patients were initially identified and 16 of these met the criteria and consented to being referred to an external support agency that provided a wide range of support that aimed to reduce unplanned hospital admissions. Care plans and medication reviews were put in place as part of a wider range of support services. The project was being monitored to see if it reduced unplanned admissions.