The Malago Surgery

Quality Report

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

Ratings

Overall rating for this service	Good
Are services safe?	Good
Are services effective?	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 at The Malago Surgery on 24 February 2016. The overall rating for the practice was requires improvement for the safe, effective, responsive and well-led domains. The practice were rated as good for caring services. The key areas of concerns found during that inspection were:

- the practice did not have effective systems for infection control, had not identified a member of staff as an infection control lead and had not shown that appropriate actions were taken to address areas of concern promptly.
- the practice did not have suitable arrangements in the practice for managing medicines, including emergency medicines, vaccinations, and prescription stationary to keep patients safe.
- the practice did not have effective systems in place which promoted the health and safety of staff and patients at the practice.
- the practice did not evidence that appropriate checks had been made and did not have the required information in regard to the locum GPs who worked at the practice.

The full comprehensive report on the February 2016 inspection can be found by selecting the 'all reports' link for The Malago Surgery on our website at www.cqc.org.uk.

This inspection was an announced focused inspection which we carried out on 13 February 2017. Its purpose was to confirm that the practice had carried out their action plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 24 February 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is now rated as Good.

Our key findings were as follows:

- the provider now had effective systems for infection control and had identified a member of staff as an infection control lead and had shown that appropriate actions were taken to address areas of concern promptly.
- the provider now had suitable arrangements in the practice for managing medicines, including emergency medicines and vaccinations, and prescription forms to keep patients safe.

Summary of findings

- the provider now had effective systems in place which promoted the health and safety of staff and patients at the practice.
- the provider evidenced that appropriate checks were made and had appropriate information held in regard to the locum GPs who worked at the practice.
- the provider had ensured that staff had the skills, knowledge and experience to deliver safe and effective care and treatment.
- the provider had implemented a safe system in place for managing complaints that ensured that they were investigated and acted upon sufficiently. Any learning from complaints was shared with staff and other stakeholders. Feedback from patients, such as comments left on NHS Choices, were responded to and acted upon
- the provider had a documented business plan to support the development of the service.
- there were designated leads in the staff team to manage key areas of the service provision.
- practice policies had been reviewed or updated in a timely way
- there were now management and governance systems for the provider to ensure there were safe systems in place for health and safety, infection control, medicines management, safe recruitment, staff training and the management of complaints.

However, there were also areas of practice where the provider needs to continue to make improvements.

In addition the provider should:

- ensure that the changes made to the protocols for the management of prescription stationary in accordance with NHS England's prescription paper management are sustained.
- ensure the protocols in regard to appropriate temperature safety checks for medicines refrigerator checks are sustained.
- ensure that the changes in the recruitment and management of any future GP locums employed are sustained.
- ensure that there is a sustained regular fire drill and alarm check programme.

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

This inspection was an announced focused inspection carried out on 13 February 2017 to confirm that the provider 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 24 February 2016.

We found the provider had met the legal requirements for safe and is now rated as Good.

- the provider now had effective systems for infection control and had identified a member of staff as an infection control lead and had shown that appropriate actions were taken to address areas of concern promptly.
- the provider now had suitable arrangements in the practice for managing medicines, including emergency drugs and vaccinations, and prescription stationary to keep patients safe.
- the provider now had effective systems in place which promoted the health and safety of staff and patients at the practice.
- the provider evidenced that appropriate checks were made and information held in regard to the locum GPs who worked at the practice.

However there were areas that the provider should continue to make improvements:

- ensure that the changes made to the protocols for the management of prescription paper in accordance with NHS England's prescription paper management are sustained.
- ensure the protocols in regard to appropriate temperature safety checks for medicines refrigerator checks are sustained.
- ensure that the changes in the recruitment and management of any newly appointed GP locums are sustained.
- ensure that there is a sustained regular fire drill and alarm check programme.

Are services effective?

Good

This inspection was an announced focused inspection carried out on 13 February 2017 to confirm that the provider 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 24 February 2016.

We found the provider had met the legal requirements for effective and is now rated as Good.

Summary of findings

The provider had ensured that staff had the skills, knowledge and experience to deliver safe and effective care and treatment.

Are services responsive to people's needs?

Good

This inspection was an announced focused inspection carried out on 13 February 2017 to confirm that the provider 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 24 February 2016.

We found the provider had met the legal requirements for responsive and is now rated as Good.

- the provider had implemented a safe system in place for managing complaints that ensured that they were investigated and acted upon sufficiently. Any learning from complaints was shared with staff and other stakeholders. Feedback from patients, such as comments left on NHS Choices, were responded to and acted upon.

Are services well-led?

Good

This inspection was an announced focused inspection carried out on 13 February 2017 to confirm that the provider 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 24 February 2016.

We found the provider had met the legal requirements for well led and is now rated as Good.

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- the provider had in place a documented business plan to support the development of the service.
- there were designated leads in the staff team to manage key areas of the service provision.
- practice policies were reviewed or updated in a timely way
- there were now management and governance systems for the provider to ensure there were safe systems in place for health and safety, infection control, medicines management, safe recruitment, staff training, and the management of complaints.

Summary of findings

The six population groups and what we found

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

Older people
The provider had resolved the concerns for safety, effective, responsive and well-led identified at our inspection on 13 February 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good

People with long term conditions
The provider had resolved the concerns for safety, effective, responsive and well-led identified at our inspection on 13 February 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good

Families, children and young people
The provider had resolved the concerns for safety, effective, responsive and well-led identified at our inspection on 13 February 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good

Working age people (including those recently retired and students)
The provider had resolved the concerns for safety, effective, responsive and well-led identified at our inspection on 13 February 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good

People whose circumstances may make them vulnerable
The provider had resolved the concerns for safety, effective, responsive and well-led identified at our inspection on 13 February 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good

People experiencing poor mental health (including people with dementia)
The provider had resolved the concerns for safety, effective, responsive and well-led identified at our inspection on 13 February 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good

The Malago Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

The inspection team included a CQC lead inspector and a CQC second inspector.

Background to The Malago Surgery

The Malago Surgery is located in the Bedminster area of Bristol. They have approximately 9562 patients registered who come from the Bedminster, parts of Knowle West and Redcliffe areas of Bristol.

The practice operates from two locations:

40 St John's Road

Bedminster

Bristol

BS3 4JE

Branch Surgery:

BS1

Favell House

Queen Charlotte Street

Bristol

BS1 1DQ

We visited both of these locations during this and the previous inspection. The Malago Surgery is situated in an adapted residential property in Bedminster. The consulting, treatment rooms and some of the main administration areas for the practice are situated on the ground floor. There is no patient parking and a small number of parking spaces for staff. There is short stay parking in the local vicinity. BS1 is a leased surgery premises in the centre of Bristol. There are three consulting rooms/treatment rooms and a waiting area. There is on street meter parking.

The practice is made up of seven GPs in total including five partners, salaried GPs, an operational manager and the practice manager. The practice is a teaching practice with two GPs as trainers and they had one GP registrar at the time of this inspection. They have an advanced nurse practitioner, a recently employed practice nurse lead, two practice nurses and two healthcare assistants. The practice employs a full time pharmacist and emergency care practitioner. The practice is supported by an administrative team consisting of medical secretaries, receptionists and administrators.

The Malago Surgery is open from 8.30am until 6.30pm Tuesday, Thursday and Friday. On Monday the practice opens from 7am and closes at 7.30pm. On Wednesday the practice opens 8.30am and closes later at 8pm. They accept telephone calls between 08:30 - 12:30and 13:30 - 18:30. BS1 is open between the hours 8.30am to 12.45pm, Monday, Tuesday and Friday, on Wednesday and Friday the practice opens from 1.30pm to 5.45pm. On Thursdays the practice is closed and patients can attend The Malago Surgery if required.

The practice has a Personal Medical Services contract with NHS England (a locally agreed contract negotiated between NHS England and the practice). The practice is contracted for a number of enhanced services including extended hours access, patient participation, immunisations and unplanned admission avoidance.

The practice is a training practice and also offers placements to medical students and trainee GPs.

Detailed findings

The practice does not provide out of hour's services to its patients, this is provided by BrisDoc. Contact information for this service is available in the practice and on the practice website.

Why we carried out this inspection

We undertook a comprehensive inspection of The Malago Surgery, 24 February 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement. The full comprehensive report following the inspection on 24 February 2016 can be found by selecting the 'all reports' link for The Malago Surgery on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of The Malago Surgery on 13 February 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

How we carried out this inspection

During our visit we:

- Spoke with a range of staff including the lead GP/ Registered Manager, the practice manager, the lead nurse, pharmacist and emergency care practitioner, and members of the administration team.
- Visited both practice locations

Looked at information the practice used to administer and manage the service.

Good

Are services safe?

Our findings

At our previous inspection on 24 February 2016, we rated the practice as requires improvement for providing safe services as the arrangements in respect of the following were not in place :

- the practice did not have effective systems for infection control, had not identified a member of staff as an infection control lead and had not shown that appropriate actions were taken to address areas of concern promptly.
- the practice did not have suitable arrangements in the practice for managing medicines, including emergency medicines and vaccinations, and prescription stationary in order to keep patients safe.
- the practice did not have effective systems in place which promoted the health and safety of staff and patients at the practice.
- the practice did not have evidence that appropriate recruitment and employment checks were made and information held in regard to the locum GPs who worked at the practice.

We had also noted the practice should**:**

- ensure that a lead staff member is trained and identified in order to ensure safe management systems were in place for infection control.

These arrangements had significantly improved when we undertook a follow up inspection on 13 February 2017. The practice is now rated as good for providing safe services.

Safe track record and learning

During the inspection on 24 February 2016 we found the practice had maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. However, there was no designated member of staff who was the infection control clinical lead. The practice had not identified a member of staff to liaise with the local infection prevention teams to keep up to date with best practice. One of the GP partners had at the time taken steps to review the infection control management at the practice. There was an infection control protocol in place. Staff we spoke with told us they had undertaken infection control training; however, training records did not confirm this. An infection control audit had been undertaken in December 2015. However, the information given on the day did not record where the audit had taken place either at the Malago Surgery or at BS1 Favell House location. There was some information and evidence that actions had been taken to address areas for improvement such as obtaining foot operated bins and improved availability of gloves although we identified that this had not been fully addressed.

Following the inspection we were provided with an action plan as to how the practice was planning to address the issues found. During this inspection we checked that these had been implemented and the concerns had been rectified.

During this inspection on the 13 February 2017, we spoke with the lead practice nurse, who was now responsible for the infection control management of the service. We reviewed information and documents relating to infection control and observed the systems and facilities available to staff to manage infection control. We found both practice locations maintained well, clean and with appropriate equipment such as foot operated waste bins, wall mounted liquid soap dispensers and disposable gloves and paper towels available in areas where staff and patients were required to wash their hands. The lead nurse had undertaken appropriate training to manage and guide staff to maintain good infection control at the practice, and at both locations.

Infection control training had been provided to other staff and there was a gradual programme of underpinning infection control audits, such as those for staffs hand washing techniques being carried out. We noted that the policies, procedures for infection control had been reviewed and updated in January 2017 with a full infection control audit having been carried out. Within the audit we saw that where issues had been identified and addressed, dates for actions to be completed and review dates had been set. We saw during the inspection that some actions had been completed, for example replacement foot operated bins had been implemented, however, the audit record had not been amended to include this information. We were informed that these actions had been implemented whilst the infection control lead nurse was not present and so the document had not been updated. Following the inspection we were provided with an updated infection control audit record.

Overview of safety systems and process

Good

Are services safe?

During the inspection 24 February 2016 of The Malago Surgery we found there were gaps in the arrangements for managing medicines, including emergency medicines and vaccines, in the practice to keep patients safe (including obtaining, prescribing, recording, handling, storing and security).

Prescription stationary was securely stored and there had been systems in place to monitor their use. We were provided with an updated copy of the prescription management policy and we looked at the systems in place for prescription form security. We found the process to log prescription stationary received into the practice had ceased in October 2015. There was no system of logging where the prescription stationary was used and there was inadequate security of prescription stationary when it was removed and placed in printers around both the practice premises. We were provided with an updated policy for prescription management at the end of the inspection and informed after the inspection that actions had been taken to address these concerns.

During this inspection on the 13 February 2017 we spoke with the pharmacist, the Registered Manager GP, administration and management staff in regard to the safe handling of prescription paper. We saw that there was a system of logging prescription paper as it was received into the practice. We were informed of the changes they had made in regard to ensuring that prescription paper was not left in printers in unsecured areas when they were not attended by appropriate practice staff. The practice had a system of securing them safely when not in use. However, we found the process was not fully in accordance with NHS England's prescription paper management policy as they did not have a detailed logging system to ensure a clear audit trail. Following the inspection we were given information from the practice that an appropriate system had been implemented.

During the inspection of 24 February 2016 we found Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. The documents relating to PGDs were up to date and had been signed by the responsible clinician for governance at The Malago Practice. However, copies of those current documents were not in place at BS1 where we found that there was out of date information which had not been signed for by the responsible clinician.

During this inspection on the 13 February 2017, we found that there was a safe system in place that was monitored by the lead nurse for the management of PGDs. Each PGD was up to date and had been signed for by the responsible clinician. The lead nurse had implemented a process to ensure that PGDs were regularly reviewed and updated where necessary. PGDs were available to nursing staff as electronic versions and were available at both locations should it be required. We were informed that immunisations were not currently carried out at the BS1 Surgery.

At the inspection 24 February 2016 we found there was not safe monitoring or an effective overview of the medicines used at the practice. This had included:

- The system of monitoring the vaccine fridge temperatures at both The Malago Surgery and BS1 was inconsistent. There were large gaps between dates for checking fridge temperatures; these were dependent on when a nurse was on duty in the premises, particularly BS1 when this was not open on a daily basis. There was no system to check if there had been a power loss to the fridges or that the temperatures had been compromised when the practice premises were closed.
- Nursing staff or the pharmacist did not take the lead or managed the stocks of medicines held at the practice and there was uncertainty by these staff why some items were retained. Checking of stocks and reordering was carried out by a member of non-clinical staff.
- The checking of emergency medicines and the practices home visit bag was carried out by the practice nurses. We found that in one emergency bag a patient's own prescription of an inhaler had been retained and aspirin which was out of date.

Following the inspection 24 February 2016 the practice provided an action plan of how these concerns were to be addressed. This had included:

- The practice purchased new temperature and humidity/ data logging equipment to monitor the medicines refrigerators.
- A new system for monitoring the medicines stocks required was reviewed and a new process implemented with the lead role taking over this responsibility.
- A new emergency medicines management protocol was developed and implemented.

Good

Are services safe?

At this inspection on the 13 February 2017 we reviewed what the practice had put in place for the management of emergency medicines and equipment, the monitoring of the temperature of the medicines refrigerators and the systems in place for the management of stock medicines held at the practice. We found:

- The practice had recently implemented in January 2017 for both surgeries a new system for checking and recording fridge temperatures. We noted that there were gaps in records since they had started in January 2017 for daily temperature checks to support that checks had been carried out. The records for both locations did not note when the practice was closed or if the room had not been in use, so that it was difficult to assess if the checks should have been carried out.
- The practice, with the involvement of the clinicians, pharmacist and nursing staff had reviewed the medicines kept as stock for use in the practice. They had implemented a new system of stock control which was monitored and managed by the lead nurse. They had made changes to how the medicines were stored at The Malago Surgery by ensuring that stock medicines were accessible to clinicians at all times should they been required and staff did not need to interrupt or wait to have access between patients appointments with the nurses in the treatment rooms. Stock medicines were not routinely stored at BS1.
- The emergency medicines and equipment protocol had been updated and staff provided with detailed information. The medical emergency equipment and medicines that were kept had been reviewed and changes put in place to ensure there was continuity across both locations. Clear information about the emergency medicines was in place, there was a detailed audit check that was regularly carried out and a planned programme of replacement and replenishment in place. These regular checks were reviewed as they were included in the practice audit programme.

During the inspection 24 February 2016 we looked at the information held in regard to the locum GPs who had attended the practice. We found the information was incomplete as there was no evidence such as professional registration, qualifications and references had been sought. Immediately after the inspection visit 24 February 2016 we had been provided with a copy of an updated protocol and check list. We were also supplied with information in regard to the progress in obtaining up to date information concerning one of the two locums currently employed at the practice.

The practice told us in their action plan following the publication of their report of how they were going to address these issues and ensure appropriates steps were sustained in the future. This included a protocol in place to pre-check each Locum's suitability for employment before a clinical session was confirmed at the Surgery. The protocol required the locum to provide information and documentation to the practice including; CV, General Medical Council(GMC) registration and medical defence registration detail or certificates, licence to practice-NHS England's Performers List entry, their last DBS check, and names of two clinical referees. Once this was all collated the locum's appointment was confirmed.

At this inspection on the 13 February 2017 we checked to see if this new protocol was in place and was carried out effectively. We found that there was a check list in place and most but not all information had been retained in the locum's records. We viewed the records of three most recently used GP locums and found that proof of identity had not been retained in the records held in the practice, detail of which was provided following the inspection visit. We also noted that there was no written evidence of accountability or approval from any of the GP partners recorded with the locum's information to accept responsibility that they were suitable for the roles they were employed for. We were provided with information from the practice manager following the inspection that proof of identity had been obtained for the three most recently used GP locums and that the step of recording accountability for employing the locums by a member of the GP partnership would be added to the recruitment process.

Monitoring risks to patients

At the inspection 24 February 2016 we found that risks to patients were not always assessed and were not always well managed. We had seen there were some procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available although this was incomplete and did not have the most up to date information, such as the number and names of nominated first aiders on each premises. There was no named member of staff with appropriate training at the

practice to take the lead for health and safety. There was no Display Screen Equipment policy or risk assessment. The practice's fire risk assessments were not up to date and the policy and procedures needed to be reviewed and updated. This included having specific information in regard to the BS1 Favell House location. We saw that fire evacuation information was on prominent display in The Malaga Surgery. However, there were none in BS1.

We had also found fire exits were signposted and access kept clear with the exception of the side fire access at BS1 where the door was locked. We were informed keys were held by staff attending the practice premises for this exit, however, there was no risk assessment carried out in regard to the appropriateness of this should a member of staff not be available. We had found that a fire evacuation drill had been carried out shortly before our inspection at The Malago Practice. However, there was no evidence at BS1 that a fire drill had been carried out or that fire risk assessments were in place. There were no designated fire marshals at either location.

The practice manager had informed us that they had instigated checks for legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings) at The Malago Practice and made enquiries with the landlord as to establish responsibility for BS1. There was no designated member of staff identified for First Aid at either location. There was no First Aid equipment at BS1. The Malago Practice had engaged an external Health and Safety specialist to inspect the BS1 location in September 2015 where the aspects of fire safety were highlighted as to be needed to be addressed. At the time of our inspection 24 February 2016 some of these concerns had been acted upon such as installing fire fighting equipment, others had not such as a fire risk assessment or mains electrical circuits test.

Following our inspection we were provided with an action plan of how the provider intended to rectify these concerns. They told us they had recognised the gaps in their management of Health and Safety and had implemented a lead role, with the appropriate training (September 2016) in the staff team to ensure they were compliant. At BS1, a thorough external review of Health and Safety (Fire regulations) had been completed and actions taken to improve safety included a new fire-exit door, fire extinguishers and signage had been installed. Emergency lighting had been updated to meet the standards and a survey of electrical wiring had been completed to be compliant with fire safety standards.

During this inspection, 13 February 2017, we checked that these changes had been implemented and that the improvements had been made in the management of risks to patient's safety had improved. We found they had implemented new health and safety policies and procedures, including having a named and trained member of staff to take the lead. We saw that display screen risk assessment programme was in place and we were informed that new seating at desks had been purchased to ensure that they complied with requirements. Nominated clinical staff were designated as first aiders, training achieved January 2017, and first aid equipment was available at both locations. Fire risk assessments at been updated and information was available at both sites for staff on display. We saw that there was only one recorded fire drill and fire alarm test at BS1 that had occurred on the 8 February 2017, and there was not an effective system in place for staff to ensure that these were carried out regularly. We saw that eight members of the reception and administration team had completed fire marshal training recently, February 2017.

We were provided with information that showed that steps had been taken to assess the risk of Legionella at both sites, July 2016.

Arrangements to deal with emergencies and major incidents

At the previous inspection 24 February 2016 we saw that emergency medicines were easily accessible to staff at each practice premises and all staff knew of their location. However, there was no system to ensure the equipment was tamper proof when the area where these were located was unattended. Not all the medicines we checked were in date and fit for use. We had found one pain relief injectable medicine was out of date from December 2015. We also found that the checks on equipment had not always included all of the disposable equipment such as airways, where some packaging indicated it had been produced in 2009.

During this inspection 13 February 2017 we found they had reviewed their management of the emergency medicines and equipment. One member of the staff had taken the

Good

Are services safe?

lead to ensure the right equipment and medicines were in place, there was a new policy, procedure and audit system in place that ensured that medicines expiry dates were planned and replacement medicines were arranged in a timely way. Systems were also in place to ensure equipment and medicines were tamper proof and that there was no unauthorised access.

Good

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 24 February 2016, we rated the practice as requires improvement for providing effective services as the arrangements in respect of the following were not in place :

- The provider must ensure that staff had the skills, knowledge and experience to deliver safe and effective care and treatment.

These arrangements had significantly improved when we undertook a follow up inspection on 13 February 2017. The practice is now rated as good for providing effective services.

Effective staffing

At the inspection 24 February 2016 the provider could not fully demonstrate how they ensured role-specific training and updating for relevant staff as their current records showed gaps in information. We had been told they were still seeking detail of training achieved by staff. However, it was clear that there were significant gaps in mandatory training for example fire safety, moving and handling and other health and safety topics.

Following the inspection the provider submitted and action plan of how they were intending to ensure that staff had the skills and knowledge to carry out their roles and provide the service. They told us they would appoint a new treatment room lead nurse, who would be trained to undertake the lead for infection control, a member of staff would take the lead and would be trained for health and safety. They also told us they had training for mandatory training such as for fire safety and health and safety.

We found that at this inspection 13 February 2017, update training for the infection control lead employed September 2016 was planned for and the training for the health and safety lead had been completed September 2016.

We saw there was a monitoring system for ensure that training was planned for and achieved. Recent training had included eight members of staff for the fire marshal role and two members of staff for designated first aiders.

Additional changes in the staff clinical team had seen an emergency care practitioner employed July 2016 and an expansion of the role of the practices' pharmacist. The emergency care practitioner undertook the role of visiting and assessing patients at home or residing in care homes and within the same day appointment system at the practice premises. The practitioner was able to direct patients to the right clinician to meet their needs or see patients within their clinical remit. The pharmacist had expanded their role to review the medication needs of patients with long term conditions such as diabetes and chronic obstructive pulmonary disease (COPD) ensuring their care needs were met in a timely way.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 24 February 2016, we rated the practice as requires improvement for providing responsive services as the arrangements in respect of the following were not in place:

- An appropriate system in place for managing complaints, to include being investigated sufficiently and learning from complaints being actioned and shared with staff and other stakeholders.

These arrangements had significantly improved when we undertook a follow up inspection on 13 February 2017. The practice is now rated as good for providing responsive services.

Listening and learning from concerns and complaints

At the inspection 24 February 2016 we found the practice had a system in place for handling complaints and concerns. We looked at 12 formal complaints received in the 12 months prior to our inspection and found that there were gaps in how the complaints were managed. For one example, an incident was discussed at a practice clinical meeting, a decision taken not to raise it as a significant event, but it was not investigated or responded to as a complaint. The practice staff were not able to provide a written procedure for handling complaints; therefore it was uncertain that all staff involved with reported complaints followed the same process.

Following the inspection on the 24 February the provider, in their action plan, told us how they intended to address these concerns. This included reviewing and updating their complaints processes that included formal and informal complaints made to the practice. They told us they had implemented a complaints form available at reception desks and on the practice website. They also told us they had implemented a tracker system for complaints so that they are responded to and acted upon. Staff had been provided with guidance and a method to log minor comments and concerns expressed to them so that trends in concerns can be monitored.

During this inspection on the 13 February 2017 we spoke with the member of staff responsible to the management of complaints at the practice. We saw that complaints were managed well and effectively. There was a system for analysing trends of concerns which was under the process of further development. We saw from meeting minutes that concerns and complaints were discussed across the different staff teams so that there was shared information and learning.

Are services well-led?

Good

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

Our findings

At our previous inspection on 24 February 2016, we rated the practice as requires improvement for providing well-led services as there were gaps in the overarching governance structure. This included:

- The provider did not have a documented business plan
- There were not designated leads in the staff team to manage key areas of the service provision.
- Practice policies were not reviewed or updated in a timely way
- There were gaps in how the provider was ensuring safe systems in place for health and safety, infection control, medicines management, recruitment and staff training.
- Learning from significant events and complaints was not shared across the practice staff so that changes could be implemented effectively to prevent reoccurrence.
- Feedback from patients, such as comments left on NHS Choices, were not responded to or acted upon.

We issued a requirement notice in respect of these issues and found arrangements had significantly improved when we undertook a follow up inspection of the service on 13 February 2017. The practice is now rated as good for being well-led.

Vision and strategy

We were told at the inspection 24 February 2016 that the practice had a vision to deliver a service to patients that ensured they were confident and satisfied with the standard of care provided to them. We had also been told the practice was in the process of formulating a strategy to meet the changed needs of the partnership and staffing at the practice and the practice was not able to provide information of supporting business plans which reflected the vision and values or how they were regularly monitored.

At the inspection on the 13 February 2017 we were provided with the provider's business plan for the next three years which set out its aims and objectives to ensure that they were able to continue to provide a safe and secure service to the population group they served. The business plan set out the short term processes and the aims for the long term aims for providing a service.

Governance arrangements

During the inspection on the 24 February 2016 we saw the practice had aspects of an overarching governance framework in place to support the delivery of the service. We heard how they were in the process of resolving changes to the management and administration team and in the clinical staffing to assure that clinical needs of the service were met. We saw there were designated leads for clinical care at the practice, such as safeguarding, long term conditions and governance. However, no individual staff leads for health and safety, nurse leadership and medicines management.

We also saw practice specific policies were implemented. However, they were not always reviewed and updated in a timely way. For example those for lone working, health and safety, where risk assessments for fire safety had either not been carried out or updated. Medicines and prescription form management policies had been updated but did not include the necessary information and had not been implemented in practice, such as Patient Group Directives for vaccines.

We had seen there were gaps in the mandatory staff training for health and safety such as fire safety and first aid. The practice had gaps in the overarching process for the management of complaints how they responded to and acted upon written and verbal complaints and the sharing of information with staff to improve how the service was delivered.

Following the Inspection 24 February 2016, the provider told us in their action plan what steps they were taking to resolve these concerns. They told us they had reviewed its system of lone working for staff. This had included the rotas for salaried clinicians had been amended to ensure that lone-working did not take place with additional clerical and administration staff available for support. We were also told that staff would be provided with time to complete their mandatory training including fire safety and first aid.

At this inspection we checked to see the governance systems in place. We were provided with information that there were designated members of staff with lead roles within the practice partnership, clinicians, management and administration team. The partners were accountable for safeguarding, complaints, non- doctor clinicians, nursing and prescribing. Some had key liaising roles with the Clinical Commission Group (CCG) and others GP

Are services well-led?

Good

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

training. Leads within the nursing and administration of the service had been implemented for infection control, medicines management and health and safety. There was a system for reviewing and updating policies and procedures.

We saw there was a training programme with training planned for and delivered for lead roles, fire safety and mandatory training. Complaints were now managed well and effectively.

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

During the inspection 24 February 2016 comments made about the practice on NHS Choices were not always responded to or acted upon.

When we spoke with staff they told us they felt involved and engaged to improve how the practice was run. However, there were areas of leadership, such as the nursing team where the senior nurse role was vacant, where staff did not necessarily have access to guidance or discuss issues when they arose.

The provider gave us information in the action plan following this inspection of how they would address these issues. This had included monitoring of staffing levels and plans in place to ensure sufficient staff were on duty. Reviews of appointment levels to ensure they could meet patients' needs and expectations. They would improve the methods of gaining feedback from patients, staff and other stakeholders.

We saw at this inspection on the 13 February 2017, the staffing levels, skills and competencies had been reviewed and new staff had been employed within the clinical team, such as a lead treatment room nurse and an emergency care practitioner, which had assisted practice staff ensuring patients had the right treatment from the right clinician. This had also improved how the nursing team worked together and supported each other in providing their services. We also saw that they had undertaken a review and audit of the appointments processes and availability which had led to changes in the types of appointments and making them available at an earlier stage and planning in appropriate time for clinicians to carry out their non-clinical work.

We saw that concerns and comments made on NHS Choices were responded to and acted upon including escalating them within their complaints process. Information regarding the complaints process was more readily available within the practice and on the practice website.

We saw that a regular programme of staff meetings across the practice had occurred and from the minutes of these meetings there was evidence of sharing of information and staffs ability to comment on how the service was run was occurring. In addition we saw that positive steps had been taking to obtain further feedback from staff as one of the GPs had recently carried out a staff survey. Some of themes arising have been included in the strategic business plan such as developing whole team meetings and reorganisation of roles and responsibilities.