

Highcroft 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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Requires improvement



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Highcroft Medical Centre on 16 March 2016. The overall rating for this practice is requires improvement

We rated the practice as requires improvement for providing safe, caring, effective, responsive, and well-led services. The concerns which led to these ratings apply across all the population groups we inspected.

Our key findings were as follows:

- The practice had experienced a recent turbulent period in which a number of key staff had left the practice. The partners had ensured continuity of service throughout this period and new recruitment had started to impact positively upon service delivery. The newly appointed practice manager was co-ordinating actions to address key priorities including recruitment and access to appointments.
- Access to GP appointments was a significant problem for patients. Feedback from a variety of sources indicated that patients were unhappy with the

appointment process. The practice was aware of the problems and had developed actions, including a review of reception hours, to ensure more staff were available to deal with incoming patient requests.

- The practice provided primary medical services to patients across a number of local care and nursing homes. Staff at two of these homes expressed a number of concerns with the service which they did not feel was responsive to effectively manage their patients' needs.
- The practice worked with the wider multi-disciplinary team to plan and deliver effective care to keep some vulnerable patients safe. However the practice had only carried out annual health checks for 32% of their learning disability patients in the last 12 months.
- There was a system in place to support the reporting and recording of significant events, although processes were not sufficiently robust. Lessons were generally shared to ensure action was taken to improve safety in the practice, although this was not consistently recorded.

Summary of findings

- 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.
- Feedback from patients about their care, and their interactions with all practice staff, was generally positive. Most patients said they were treated with dignity and respect by clinicians, and that they were usually involved in their care and decisions about their treatment. However, there were a number of comments made with regards to a poor experience received from dealing with reception both by telephone and face-to-face.
- The practice used clinical audits to review patient care and we observed example of how outcomes had been used to improve services as a result.
- The practice had excellent facilities and was well-equipped to treat patients and meet their needs. Its co-location with a large number of other community health providers facilitated good patient access to a range of other services.
- The practice had a proactive patient participation group (PPG) who championed the voice of patients and influenced practice developments. The PPG were also highly supportive of the practice and were helping them to introduce positive changes for patients.

The areas where the provider must make improvement are:

- Ensure recruitment arrangements include all necessary pre- employment checks for all staff.

- Ensure that risks to patients are identified, assessed and mitigated. For example, by ensuring either a Disclosure and Barring Service check is completed or a risk assessment is available to identify why this is not necessary; and to review the care provided to patients in local care and residential units to ensure this is responsive to patients' needs.
- Ensure that robust and safe arrangements are implemented to support the safe management of medicines within the practice and reviewing the stock of medicines kept on site and their secure storage.
- Ensure patients with a learning disability receive an annual review to enable their health and well-being needs are met.

The areas where the provider should make improvement are:

- Continue to work towards improving the availability of non-urgent appointments.
- Review the need for a more robust approach to the recording of significant events so mechanisms are in place to ensure effective learning is applied across the practice team.
- Review the need for a more formal structure for staff meetings and the need to provide documentary evidence of discussions held and agreed actions.

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?

- There was a system in place for reporting and recording significant events, although analysis of investigations and monitoring of agreed actions needed to be more robust. Lessons were generally shared to ensure action was taken to improve safety in the practice, although this was not consistently documented.
- When there were unintended or unexpected safety incidents, people received support, truthful information, an apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice had not always followed robust recruitment procedures to ensure all staff had received the appropriate pre-employment checks. This included obtaining clearance from the Disclosure and Barring Service (DBS), which helps to prevent unsuitable people from working with vulnerable patients.
- The practice had most systems, processes and practices in place to keep people safe and safeguarded from abuse. However, the process for ensuring that all staff acting as chaperones had received clearance from the DBS was not robust.
- Risks to patients and staff were assessed and well-managed including procedures for infection control and other site-related health and safety matters.
- Risks to vulnerable patients with complex needs were monitored by multi-disciplinary team meetings to provide holistic care and regular reviews.
- Systems to manage medicines on site were generally satisfactory with systems to monitor and control stock levels. However, some medicines were stored on site which were not required and were not always adequately secured. The practice agreed to dispose of these immediately.
- The practice had effective systems in place to deal with medical emergencies.
- The practice ensured staffing levels were sufficient to respond effectively to patient need. Recent staffing changes were in the process of being addressed by the recruitment of new staff.

Requires improvement



Summary of findings

Are services effective?

- The practice had achieved an overall figure of 95.7% for the Quality and Outcomes Framework in 2014-15. This was in line with local and national averages.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Not all patients received reviews of their condition on a regular basis to provide information if their needs were being fully met. For example, the practice had carried out 32% of annual health checks for people with a learning disability in the last 12 months.
- Clinical audits demonstrated quality improvement. For example, a completed audit cycle demonstrated that compliance with local guidance on impetigo (a condition which affects the skin) had increased from 67% to 75% over an 18 month period
- Staff had the skills, knowledge and experience to deliver effective care and treatment. There was a process to support the training and development of staff. A training matrix was being produced to enable more robust monitoring of training records.
- The skill mix of the practice team was kept under review to meet the changing demands of GP practice. For example, an advanced nurse practitioner was due to start in June 2016 and this role would help GP capacity by taking the lead role in managing patients in care homes.
- Annual appraisals and personal development plans were in place for staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs, in order to deliver care more effectively. Monthly meetings with wider members of the healthcare team were held to review more complex and vulnerable patients.

Requires improvement



Are services caring?

- Data showed that patients generally rated the practice below CCG and national averages in respect of care. For example, 79% of patients said the GP was good at listening to them compared to the CCG and national averages of 89% according to the National GP Patient Survey.
- The National GP Patient Survey indicated that 73% of patients surveyed said the GP gave them enough time compared to the CCG and national averages of 87%, and this was reflected in comment cards received, and patients we spoke to on the day of the inspection.

Requires improvement



Summary of findings

- Representatives at two local care homes told us that various GPs would visit offering limited continuity for their patients. We were told that it was sometimes difficult to arrange a GP visit, and patient care had been compromised on occasions by delayed responses to visit patients.
- We observed that staff treated patients with kindness and respect on the day of our inspection.
- GPs gave a consistent account of offering support to bereaved patients, including initial contact by the practice and signposting to other appropriate services such as counselling.
- The practice had recently appointed a carers champion to assist in the identification and support for carers. The practice had identified 1.2% of their registered patients as being carers, which is in line with local averages.
- The PPG participated in fund raising and had raised £275 for the Macmillan Cancer Support charity during a flu vaccination clinic in 2015.
- Information for patients about the services available was easy to understand and accessible.

Are services responsive to people's needs?

- Comment cards and patients we spoke to during the inspection were negative about their experience in contacting the surgery and in obtaining routine appointments. This was reinforced by the national GP survey in January 2016 which found 48% of patients described their experience of making an appointment as good, compared to the CCG and national averages of 73%.
- Patients told us that there were often long queues when booking in at reception, and had to wait for long periods after their allocated appointment times. The practice acknowledged the frustrations this created for both patients and their own reception team. This situation was improving with a restructuring of the reception team's working arrangements and the appointment of new staff. Customer care training had been delivered to the reception team in response to patient feedback about their experiences.
- The partners and newly appointed practice manager were fully aware of the problems with regards GP access, and the negative feedback this had created. An action plan had been developed to rectify the difficulties, and we saw evidence that this was evolving.
- The practice had excellent facilities and was well equipped to treat patients. The practice was located on the upper floor of a

Requires improvement



Summary of findings

health centre which offered a range of other services including an independent pharmacy. Visiting clinicians, including a consultant psychiatrist, provided clinics on site to facilitate easy access for the practice's patients.

- Information about how to complain was available and easy to understand, and the practice responded appropriately when issues were raised. Learning from complaints was shared with staff to improve the quality of service.

Are services well-led?

- The practice had a vision and mission statement accompanied by a practice development plan considering short, medium and longer term strategic goals.
- The partners had ensured continuity of the service during a difficult period which had seen many staff leave the practice. The situation was improving as newly appointed staff acquired key posts and started to impact on service delivery.
- The practice had engaged with the CCG and worked with other practices within their locality.
- The practice had a range of policies and procedures to govern activity
- Practice and clinical staff meetings took place. However, these were not always well documented.
- Most staff had received an induction, although this was narrow in scope. Staff had received performance reviews.
- The overarching governance framework which supported the delivery of the strategy and good quality care lacked robustness. This included the identification of risks in relation to recruitment checks, DBS checks for staff acting as chaperones and the arrangement for the management of medicines to keep patients safe.
- The practice had an active patient participation group (PPG) who were influential in championing patient views whilst being supportive to the practice. For example, the PPG had assisted in the analysis of patient feedback received in the National GP Patient Survey (January 2016) and worked with the practice to develop an action plan to improve patient experiences.

Requires improvement



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

We rated the practice as requires improvement for providing safe, caring, effective, responsive, and well-led services. The concerns which led to these ratings apply across all the population groups we inspected. There were however, examples of good practice.

- The practice offered personalised care to meet the needs of older people. Care plans were in place for more complex patients. Monthly multi-disciplinary meetings were held to review frail patients and those at risk of hospital admission to plan and deliver care appropriate to their needs.
- The practice accommodated the needs of older people, and offered home visits, longer appointments, and urgent appointments for those who needed them. However, feedback received from patients indicated that they had experienced lengthy delays in waiting for a visit at home, and on occasions the GP had not arrived as planned.
- The practice provided primary medical services to approximately 70 residents within a number of local care homes for older people. An advanced nurse practitioner starting in June 2016, would take over the leadership of care homes with the intention of developing a more proactive and co-ordinated approach for the residents with regular planned visits.
- The practice worked with community care home teams who dealt with minor health issues in residential homes
- Nurses undertook home visits to older patients to provide routine disease monitoring and vaccinations.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people, including rheumatoid arthritis and heart failure were in line with local and national averages
- Flu vaccinations rates for patients aged over 65 were 68.3% which was slightly below the national average of 73%.

Requires improvement



People with long term conditions

We rated the practice as requires improvement for providing safe, caring, effective, responsive, and well-led services. The concerns which led to these ratings apply across all the population groups we inspected. There were however, examples of good practice.

- Patients with a long-term condition received an annual nurse-led review to check their health and medicines needs

Requires improvement



Summary of findings

were being appropriately met. Practice data indicated that 61.7% of patients on long-term conditions registers had received an annual review in 2015-16. One-stop clinics were being planned for the future to provide a more comprehensive review with the HCA, nurse and GP.

- For those patients with the most complex needs and associated risk of hospital admission, the practice team worked with health and care professionals to deliver a multidisciplinary package of care.
- The practice had performed well in QOF and attained 409 out of 435 points for clinical disease indicators in 2014-15. Outcomes were in line with local and national averages. For example, indicators for chronic kidney disease at 95% were minimally different from the local average of 95.1% and the national average of 94.7%
- Performance for indicators relating to diabetes in 2014-5 at 92.8% was 5.5% above the CCG average and 3.6% higher than the England average. However, it was observed that the practice generally had a higher exception reporting rate in most of the 11 indicators measured. Unverified practice data for 2015-16 demonstrated a reduction in exception reporting rates.
- The practice nurse worked closely with the local Diabetes Nurse Specialist, for example, in initiating insulin treatment in the community. Links were established with other specialist nurses such as the respiratory nurse to access expert advice and support when indicated.
- Services provided on site for patients with diabetes included a diabetes education programme (Juggle), and diabetic retinopathy screening.

Families, children and young people

We rated the practice as requires improvement for providing safe, caring, effective, responsive, and well-led services. The concerns which led to these ratings apply across all the population groups we inspected. There were however, examples of good practice.

- Urgent appointments were available every day to accommodate children.
- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children who had a high number of A&E attendances. Effective liaison was in place between the practice and the health visiting team and school nurse.

Requires improvement



Summary of findings

- Immunisation rates were comparable to local averages for all standard childhood immunisations. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 92.5% to 96.3% (locally 91.7% to 96.5%) and five year olds from 85% to 99.2% (locally 88.1% to 98.1%).
- Child appointments with the nurse were available outside of school hours
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Nurse led clinics were held to provide contraceptive services and advice.
- The premises were suitable for children and babies. A child's play area was available in the waiting area.
- There was a room was available for mothers who wished to breast feed, and for baby changing facilities. Access was suitable for pushchairs.

Working age people (including those recently retired and students)

We rated the practice as requires improvement for providing safe, caring, effective, responsive, and well-led services. The concerns which led to these ratings apply across all the population groups we inspected. There were however, examples of good practice.

- The needs of the working age population, those recently retired and students, had been considered by the practice and it had adjusted the services it offered to ensure these were accessible and flexible. For example, the practice offered telephone appointments and provided online services to book GP appointments and to order repeat prescriptions.
- Working age people reported significant difficulties in getting through to the practice by telephone to make an appointment. However, there were daily GP telephone triage consultations in place to prioritise patients who needed a same day appointment. Other patients were offered advice.
- Evening appointments were available twice a week until 7.30pm.
- Health promotion and screening was provided that reflected the needs for this age group.
- Flu clinics were held on a Saturday morning to improve access to vaccinations for working patients.

Requires improvement



Summary of findings

People whose circumstances may make them vulnerable

We rated the practice as requires improvement for providing safe, caring, effective, responsive, and well-led services. The concerns which led to these ratings apply across all the population groups we inspected. There were however, examples of good practice.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. Homeless people could register with the practice.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people and informed patients how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were mostly 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.
- The practice provided good care and support for end of life patients. Patients were kept under close review by the practice in conjunction with the wider multi-disciplinary team and the practice worked to high quality standards for end of life care (the Gold Standards Framework). The practice also shared patient end of life care plans with other service providers to enhance care and avoid unnecessary hospital admissions.
- We spoke with representatives from two care homes for older vulnerable patients who reported that the service was reactive and did not provide any regular programme of visits or offer continuity for patients. They reported that the practice did not always respond in a timely manner to the needs of their residents. They provided examples of how patients experienced delays in being seen by a GP, and sometimes visiting took place in the early evening which compromised the timely treatment of patients. This created risks to the care of some older vulnerable patients.
- The practice had undertaken an annual health check for 32% of patients on their learning disability register in the last 12 months. This was recognised as an area for improvement by the practice and an action plan had been developed to support this. A nurse had been appointed to be the practice lead for learning disability patients. The practice offered longer appointments for people with a learning disability.
- The practice provided an example of how care had been provided to patients with learning disabilities including coping with personal issues as they entered adulthood.
- Registers were maintained for hearing and visually impaired patients and a hearing loop was available.

Inadequate



Summary of findings

- The practice had appointed a carers' champion and had created a carers' notice board in the waiting area.

People experiencing poor mental health (including people with dementia)

We rated the practice as requires improvement for providing safe, caring, effective, responsive, and well-led services. The concerns which led to these ratings apply across all the population groups we inspected. There were however, examples of good practice.

- A Consultant Psychiatrist provided sessions on site, making access easier for patients within the local area
- 81.5% of people diagnosed with dementia had received a face to face consultation in the preceding 12 months to review their care. This compared to a CCG average of 87.8% and a national average of 84%.
- The achievement of 100% for mental health related indicators was above the CCG average of 93.8% and the national average of 92.8%. However, it was noted that high exception reporting excluded a large number of these patients from the overall achievement. The exception reporting rate was over 10% higher than average in four of the seven individual mental health indicators.
- 70% of patients on the practice's mental health register had a care plan in place in the 2015-16 period. Some patients received a joint health check and review of their care plan, whilst others had elements of their care plan checked separately. For example, 66% of patients on the mental health register had received a blood pressure check, whilst 82.6% had received a review of their alcohol status.
- The practice regularly worked with multi-disciplinary teams in the management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice told patients experiencing poor mental health and patients with dementia about how to access services including talking therapies and various support groups and voluntary organisations. Some information was available for patients in the waiting area to facilitate this.

Requires improvement



Summary of findings

What people who use the service say

The National GP Patient Survey results were published on 7 January 2016. The results showed the practice was performing below local and national averages. A total of 240 survey forms were distributed and 113 were returned, which was equivalent to a 47% completion rate of those patients invited to participate in the survey.

- 50% of patients found it easy to get through to this surgery by phone compared to a CCG average of 71% and a national average of 73%.
- 73% of patients found the receptionists at this surgery helpful compared to a CCG average of 87% and a national average of 87%.
- 80% of patients were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 86% and a national average of 85%.
- 76% of patients said the last appointment they got was convenient compared to a CCG average of 91% and a national average of 92%.
- 48% of patients described their experience of making an appointment as good compared to a CCG average of 73% and a national average of 73%.
- 35% of patients usually waited 15 minutes or less after their appointment time to be seen compared to a CCG average of 63% and a national average of 65%.

Prior to our inspection we asked for CQC comment cards to be completed by patients. We received a total of 21 comment cards of which 11 (52%) contained negative comments. There were eight comments which focussed on problems in contacting the surgery and making an appointment; two comments related to the attitude of reception staff; and one comment expressed dissatisfaction in the time it took to obtain a repeat prescription on time. Patients also commented that the environment was clean, and that clinicians treated them with dignity and respect.

We spoke with nine patients during the inspection. All these patients said that they had experienced significant problems in obtaining a GP appointment and informed us of prolonged waits in having their call answered; not receiving call backs from the practice when these had been offered; experiencing long queues at the reception desk, and long waiting times to see the doctor after their allocated appointment time; and experiencing poor interactions with the reception team. There were references to good care being provided by specific GPs to meet particular patient needs, but patients also told us that obtaining an appointment for a named GP increased waiting times significantly further.

Highcroft Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor, a nurse specialist advisor, a second CQC inspector, and an Expert by Experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Background to Highcroft Surgery

Highcroft Medical Centre is situated in Arnold in the Gedling borough to the north-east of the city of Nottingham. The practice is sited on the first floor within new purpose-built premises, and is co-located with a number of community based health care services and an integral independent pharmacy.

The practice is run by a partnership between three GPs (two male and one female).

As well as the three full-time GP partners, the practice employs three part-time salaried female GPs. The practice has a nurse practitioner (shortly to be replaced with an advanced nurse practitioner), three part-time practice nurses, two part-time health care assistants and a phlebotomist. The clinical team is supported by a full-time practice manager and assistant practice manager and a team of fifteen administrative, secretarial and reception staff. The practice employs their own cleaning staff and a caretaker, and also currently has an apprentice in post to support the administration team.

The registered practice population of 12,607 are predominantly of white British background, and are ranked in the fourth least deprived decile. The relocation into the new building saw an increase in registered patients by 11%, although this has stabilised recently. The practice age profile is broadly in line with national averages but has slightly higher percentages of older patients.

The practice opens from 8.30am until 6.30pm Monday to Friday, although telephone lines are manned from 8am. GP morning appointments times are available from 8.30am until 12.30pm; afternoon GP appointments are available between 2pm and 5pm. Extended hours GP surgeries are provided from 6.30pm to 7.30pm on Tuesday and Thursday evenings.

The practice acts as a training practice for GP registrars (qualified doctors who are gaining experience of general practice) and also supports medical students as part of their placement within general practice. The practice successfully reaccredited as a training practice in July 2015.

The practice has opted out of providing out-of-hours services to its own patients. When the practice is closed patients are directed to Nottingham Emergency Medical Services (NEMS) via the 111 service.

The practice holds a Personal Medical Services (PMS) contract to provide GP services which is commissioned by NHS England. A PMS contract is one between GPs and NHS England to offer local flexibility compared to the nationally negotiated General Medical Services (GMS). The practice also offers a range of enhanced services, including minor surgery, which are commissioned by NHS Nottingham North East CCG.

Detailed findings

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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.

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

How we carried out this inspection

Before our inspection, we reviewed a range of information that we hold about the practice and asked other organisations including NHS England and NHS Nottingham North East CCG to share what they knew.

We carried out an announced inspection on 16 March 2016 and during our inspection:

- We spoke with staff including GPs, the practice manager, the assistant practice manager, the practice nurse and a number of reception and administrative staff. In addition, we spoke with representatives from two local care homes regarding their experience of working with the practice team. We also spoke with nine patients who used the service, and two members of the practice patient participation group.

- We observed how people were being cared for from their arrival at the practice until their departure, and reviewed the information available to patients and the environment.
- We reviewed 21 comment cards where patients and members of the public shared their views and experiences of the service.
- We reviewed practice protocols and procedures and other supporting documentation including staff files and audit reports.

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 are provided for specific groups of people and what good care looks 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)

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events. Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system. However, some staff stated there was no clear formalised process, and that meetings to discuss incidents had not happened on a regular basis.

The practice carried out an analysis of the significant events although these were not sufficiently robust to identify and address all of the contributing factors. Not all incidents appeared to have been reported through this system in order to analyse trends and themes in the types of incidents that happened. We were informed that actions were implemented to address issues and the findings were discussed at monthly meetings, although these had not always taken place and therefore were often discussed some time after the incident had occurred. We reviewed 16 significant events which had been recorded over the last 12 months. Lessons were generally shared to ensure action was taken to improve safety in the practice, although evidence of learning was not always clearly documented. An example where learning had been applied included a repeat prescription being issued after the original prescription was thought to have been lost. The original prescription was then found leading to amendments being made to the internal process, and the requirement to make a note on the patient record if a prescription was reprinted, and the reasons for doing so.

When there were unintended or unexpected safety incidents, people received support and truthful information and an apology, and were told about any actions to improve processes to prevent the same thing happening again. This reflected the provider's awareness to comply with the Duty of Candour requirements in being open and transparent with patients when things went wrong.

The practice had a robust approach to information received from the Medicines and Healthcare Regulatory Agency (MHRA). These were disseminated to all relevant staff and follow up actions were taken and documented to keep patients safe. For example, we saw that a two cycle audit had been completed in 2015 further to a MHRA alert

about the combination of certain medicines. This had identified 20 patients prescribed this combination who were on a higher dose of one of these medicines than recommended. These patients were reviewed and a second cycle audit three months later demonstrated that all 20 patients had a dosage adjustment made, and therefore the practice had achieved 100% compliance with the alert.

Overview of safety systems and processes

- 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 outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead GP for safeguarding, with the appropriate safeguarding training at level 3. Meetings took place every month between the GP safeguarding lead and other health professionals including the health visitor and school nurse to discuss any children at risk. This was part of a wider multi-disciplinary team meeting to review all vulnerable patients. Most staff demonstrated they understood their responsibilities for safeguarding and all had received training relevant to their role. We saw that learning had been applied from an incident in which a serious case review was done on a child who had been a patient at the practice for a short period of time. As part of reviewing the child's record, the practice recognised the problem of children from the same family being registered with different surnames and different GPs. This led to a change in process used by the practice to minimise the risk of this happening in the future by implementing an 'umbrella' approach in allocating a named GP to each household to ensure a more coherent system was in place
- A notice in the waiting room advised patients that staff would act as chaperones, if required. The practice were reviewing their arrangements for DBS checks and were in the process of ensuring that all checks were completed to cover all employees who undertook chaperone duties (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).
- We observed the practice to be visibly clean and maintained to a high standard. A recently appointed

Are services safe?

practice nurse had taken over the role as the identified infection control clinical lead. The nurse had been proactive in this role and completed an infection control audit and devised an accompanying action plan to address the required improvements as a result. There was an infection control policy in place and staff had received training relevant to their role. The practice employed their own cleaner and had developed cleaning schedules with monitoring in place to ensure high standards were maintained.

- The arrangements for managing medicines, including emergency medicines and vaccinations, in the practice were generally acceptable. Patient Group Directions were in place to allow nurses to administer medicines and these were dated and signed. There was a system for the production of Patient Specific Directions to enable health care assistants to administer vaccinations including flu and pneumococcal vaccines when appropriate. We observed that a number of medicines were kept in an unlocked cupboard in one of the treatment rooms. These were in date but not required; the practice explained that these were available if required at short notice for a patient. However, following discussion on this matter, the practice agreed to review the requirements for retaining these medicines. The practice informed us after the inspection that the medicines had been taken out of circulation to review stocks and consider any additional processes that needed to be implemented if any were to be retained. Prescription pads were not used in the practice and arrangements for the control of electronically produced prescriptions were robust. Prescriptions for home visits were printed off to take on the visit, or completed by the GP on their return to the practice.
- We reviewed four personnel files and found that there were some gaps relating to appropriate recruitment checks having been undertaken prior to employment. For example, not all files contained evidence of the appropriate checks through the Disclosure and Barring Service (DBS) where relevant. Recently appointed staff including the practice manager and two staff with direct patient facing roles had commenced their roles prior to the DBS clearance being received. The practice explained that assurances had been obtained through references and DBS clearance provided from previous

roles working within GP practices, however, this was not deemed to be adequate assurance as they were not current. The practice was able to demonstrate that new DBS checks were being processed from these staff.

Monitoring risks to patients

Some risks to patients were assessed and managed.

- There was a health and safety policy available and there were procedures in place for monitoring and managing risks to patient and staff safety. The practice had an up to date fire risk assessment which had resulted in a comprehensive action plan being developed by the practice management. The practice carried out regular fire training including trial evacuations. All electrical equipment had been checked to ensure the equipment was safe to use and clinical equipment was validated to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). We saw evidence that clinical staff had received vaccinations to protect them against hepatitis B.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a system in place for all the different staffing groups to ensure that enough staff were on duty. Some staff, particularly in reception, explained that recent staff shortages had created stress which had impacted upon their work including their interactions with patients. However, this had recently improved and staff were more optimistic for the future and felt as if the new practice management team were communicating with them more, and expediting the recruitment of new staff.

Arrangements to deal with emergencies and major incidents

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

- An audible alarm was in place, and there was an instant messaging system on the computers in all the consultation and treatment rooms and patient areas which alerted staff to any emergency.
- All staff had received annual basic life support training.

Are services safe?

- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date.
- The practice had a comprehensive business continuity plan, last updated in December 2015, in place for major incidents such as power failure or building damage. Copies were kept off site and with neighbouring practices should access to the premises become problematic.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice had systems in place to keep all clinical staff up to date. The practice considered relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) guidelines, and local guidance, for example, in relation to prescribing.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 95.7% of the total number of points available (which was comparable to the CCG average of 95.1% and the national average of 94.7%, with 10.5% exception reporting which was marginally above the local average of 9.1% and national average of 9.2% (the exception reporting rate is the number of patients which are excluded by the practice when calculating their achievement within QOF). QOF data from 2014-5 showed;

- Performance for diabetes related indicators at 92.8% was above the CCG average of 87.3% and the national average of 89.2%. Exception reporting rates for the eleven individual indicators within diabetes were generally slightly higher than local and national averages.
- The percentage of patients with hypertension having regular blood pressure tests at 87.3% was in line the CCG average of 85.5%, and above the national average of 83.6%. This ensured that patients were kept safe by ensuring their blood pressure reading was within normal ranges.
- The achievement of 100% for mental health related indicators was above the CCG average of 93.8% and the national average of 92.8%. However, it was noted that high exception reporting excluded a large number of these patients from the overall achievement. For example, patients with a mental health disorder who

had received a blood pressure check in the preceding 12 months had a 31.5% exception reporting rate. This was 17.5% above the CCG and 22.5% above the England averages.

- 81.5% patients with a diagnosis of dementia had their care reviewed in a face to face consultation in the preceding 12 months. This was 6.3% lower than the CCG average and 2.5% below the England average.
- Data for 2014-15 showed the practice as being a significant outlier at 70.9% for the percentage of patients with chronic obstructive airways disease (COPD) who had been reviewed using the Medical Research Council dyspnoea scale to assess the extent of breathlessness. The national average for this indicator was 90%.

High exception reporting rates were noted in four disease areas, including mental health, depression and COPD in QOF figures for 2014-15. However, practice supplied data (subject to external verification and publication) showed this had significantly improved in the last 12 months. A review of six randomly selected patient records that had been exception reported found evidence that the correct process for contacting non-responders had been followed and documented in each case, providing assurance that the practice data was accurate. Some issues remained in respect of COPD and this was explained to be a result of coding issues relating to the annual review. The practice were aware of this and had developed actions to address it.

Clinical audits demonstrated quality improvement.

- There had been two completed full clinical audit completed in the last year, where the improvements made were implemented and monitored. Findings were used by the practice to improve services. For example, a two cycle audit had been completed on local guidance for the treatment of impetigo (a contagious skin condition that causes sores and blisters). This demonstrated that that the practice improved their compliance with the guidance from 67% to 75% over an 18 month period, and set recommendations to further improve compliance to 90%.
- Two further audits were seen in the last 12 months illustrating a culture of improvement delivered via internal audit processes.

Are services effective?

(for example, treatment is effective)

- The practice participated in applicable local audits and benchmarking. The practice used a system called eHealthscope to review practice performance against other CCG GP practices. For example, the practice was ranked as tenth out on 21 practices in respect of GP referrals into secondary care, and this was a significant improvement on the previous year when referral rates were noted to be high.

Effective staffing

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

- The practice had reviewed the skill mix within their team and a new advanced nurse practitioner was joining the practice team in June 2016. The practice were trying to recruit a new GP as a result of the recent departure of one of the GP partners, and were mindful that a further nurse practitioner role may be an alternative in view of the current GP recruitment difficulties.
- We saw some evidence of induction programmes for newly appointed members of staff that covered such topics as health and safety and confidentiality. The induction checklist was not fully comprehensive as it did not include topics such as safeguarding.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to and made use of e-learning training modules as well as in-house training and training organised by their CCG. Staff had received mandatory training that included safeguarding, fire procedures, basic life support and information governance awareness. The practice were aware that there were some gaps in training for some employees. In response to this, the practice manager had developed a training matrix which was evolving and identifying those staff that required additional training in order to be up-to-date.
- The practice ensured role-specific training with updates was undertaken for relevant staff including for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- Staff had received an appraisal within the last 12 months, and most of the staff we spoke with told us that training needs had been discussed and supported.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's electronic patient record. This included care plans and risk assessments, medical history, and investigation and test results.

The practice shared relevant information with other services in a timely way, for example when referring people to other services.

Practice staff worked with other care services and had monthly meetings to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included patients at risk of hospital admission, and those at end of life. The practice used the electronic palliative care co-ordination systems (EPaCCS) to share details of people's care preferences and key details about their care at end of life with the aim of improving the quality of end of life care, and avoid unnecessary hospital admissions and distress for patients and their families. The practice was ranked at the sixth highest of the 21 CCG practices for active patients on EPaCCS in February 2016 at 0.41% and were aspiring to achieve the 1% target in line with national recommendations. A nurse had been allocated responsibility to keep records up to date as new patients were identified via the multi-disciplinary team meetings.

We saw evidence that multi-disciplinary team meetings took place on a monthly basis, including the district nursing team and social services representation and these discussions were documented. However, we found that patients in local care and residential homes were not reviewed on a regular basis to facilitate effective and proactive management of their health needs.

However, not all patients received reviews of their condition on a regular basis to provide information if their needs were being fully met. For example, the practice had only carried out 32% of annual health checks for people with a learning disability in the last 12 months.

The medicines management team had a good relationship with the practice and had recently delivered some training on repeat prescribing protocols with reception staff. The practice had identified one of their administrators to be a medicines management facilitator to work with the CCG team on issues such as cost effectiveness alternative prescribing.

Consent to care and treatment

Are services effective?

(for example, treatment is effective)

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. Staff were able to provide examples to demonstrate their competency in this area.
- 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, where appropriate, recorded the outcome of the assessment.

Health promotion and prevention

The practice provided smoking cessation support and advice on weight management. Patients could also be referred into locally based services to help them stop smoking, and into community based schemes to support weight loss.

The practice's uptake for the cervical screening programme was 88.3%, which was slightly above the CCG average of 86.2% and above the national average of 81.8%. There was

a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening and uptake was generally in line with the CCG average and slightly higher than the national percentages.

Childhood immunisation rates were comparable to local averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 92.5% to 96.3% and five year olds from 85% to 99.2%, and these were comparable to the CCG averages.

Flu vaccinations rates for patients aged over 65 was 68.3% which was slightly below the national average of 73%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. 114 patients had received a health check in the last 12 months. The practice informed us that they had struggled to provide these recently due to capacity within the nursing team, but were hopeful that they would be able to target these as the team stabilised with additional recruitment.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed that members of staff were courteous and helpful to patients and treated people with dignity and respect. However, long queues at the reception desk were not conducive to maintaining confidentiality.

- 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 and that conversations taking place in these rooms could not be overheard.
- If patients wanted to discuss sensitive issues, or appeared distressed, they were offered a private room next to the reception to discuss their needs.

Patients we spoke with told us they were usually listened to and supported by staff, but often had insufficient time during consultations and felt rushed. Patients generally felt they were treated with compassion, dignity and respect by clinicians. Results from the National GP Patient Survey in January 2016 showed the practice was below average for its satisfaction scores on consultations with doctors and nurses. For example:

- 79% of patients said the GP was good at listening to them compared to the CCG and national average of 89%.
- 73% of patients said the GP gave them enough time compared to the CCG and national average of 87%.
- 88% of patients said they had confidence and trust in the last GP they saw compared to the CCG and national average of 95%.
- 69% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 85%.
- 86% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG and national average of 91%.
- 73% of patients said they found the receptionists at the practice helpful compared to the CCG and national average of 87%.

We were told of examples where the reception team had been proactive in dealing with concerns and had worked in partnership with the GPs to address these. For example, on noticing a severely ill patient in the waiting room, reception staff had immediately contacted a GP resulting in an ambulance being called and the patient being transferred to hospital for emergency surgery.

The PPG had raised funds for the Macmillan charity as part of their involvement in the flu immunisation clinics, demonstrating a caring approach towards wider patient care.

Care planning and involvement in decisions about care and treatment

Patients told us that they were involved in decision making about the care and treatment they received. Patient feedback on the comment cards we received aligned with these views. A caring and patient centred attitude was demonstrated by all staff we spoke with during the inspection, and we saw documented evidence in which patients had been involved in their own care planning.

However, results from the national GP patient survey showed results were below local and national averages in relation to questions about their involvement in planning and making decisions about their care and treatment. For example:

- 77% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and national average of 86%.
- 61% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and national average of 82%.

Patient and carer support to cope emotionally with care and treatment

The practice identified patients who may be in need of extra support. These included patients in the last 12 months of their lives, carers, and those at risk of developing a long-term condition.

Notices in the patient waiting room told patients how to access a number of support groups and organisations, and a range of literature was available for patients.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 1.2% of the practice list as carers, and identified new carers upon

Are services caring?

registration. Written information was available to direct carers to the support services available to them. The practice had an identified Carer's Champion to develop the identification and support of carers.

The practice team made arrangements to contact relatives who had experienced a bereavement to offer condolences and support, including signposting to appropriate services such as counselling, if required.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

- The premises were situated on the upper floor of the health centre building. The practice offered excellent facilities to patients who had a disability, and the practice was fully accessible for patients with a wheelchair. Two patient lifts were available, although the practice were able to offer to see patients in a room on the ground floor should this be required.
- The premises provided opportunities for future development, and this was an area being explored as part of the practice strategy in respect of providing more services locally.
- A practice nurse who was an independent prescriber had recently commenced a minor illness clinic to improve access for patients and alleviate pressures on GP appointments.
- Due to the location of the practice within the health centre, a number of other services were offered on site which patients could access. This included an independent pharmacy.
- A Consultant Psychiatrist provided sessions on site, making access easier for patients within the local area.
- The health visitor provided weekly baby clinics on site.
- The practice hosted health education programmes for patients with diabetes; and diabetic retinopathy screening (eyes can be affected by diabetes and this service screens patients with diabetes to ensure that treatment can be provided promptly to help prevent the patient's sight deteriorating).
- The practice also hosted ultrasound screening. This was as a diagnostic tool to see internal body structures to find the source of a disease or exclude pathology.
- The practice had a number of registered patients who resided in local care and nursing homes. The practice told us that each care home had an allocated GP for continuity. However, we spoke with representatives from two local homes who informed us that various GPs would visit offering no continuity for patients or care home staff. We were told that it was sometimes difficult to arrange a GP visit, and that when they did take place these were often late in the afternoon or even in the evening, and this impacted upon patient well-being. The service was described as reactive with no regular ward rounds or reviews to ensure that patients were being effectively managed. The practice told us that the newly appointed advanced nurse practitioner would assume responsibility for care homes, with an objective of improving this service.
- There were longer appointments available for people, including those with a learning disability or patients with complex or multiple health needs.
- Home visits were available for older patients / patients who would benefit from these.
- A private area was available adjacent to the reception for sensitive or confidential discussions to take place.
- A child's play area was available.
- Health information was displayed on a television screen in the waiting area
- Translation services were available for patients who needed them.
- Posters were displayed to promote services including support available for carers, and programmes such as abdominal aortic aneurysm screening. There were a range of information leaflets available providing advice on a number of health conditions and details of local services available.

Access to the service

The practice opened between 8.30am and 6.30pm Monday to Friday, with incoming phone lines being covered from 8am. GP appointments were available from 8.30am to approximately 12.30pm and afternoon surgeries ran from 2pm to 5.30pm. Extended hours GP surgeries were provided until 7.30pm on Tuesday and Thursday evenings. In addition to pre-bookable appointments that could be booked up to eight weeks in advance, urgent appointments were also available on the day for people that needed them. Telephone appointments were also available for patients who may not be able to attend the surgery due for example, to working commitments.

On the day of our inspection, we observed that the next routine appointment was available in two weeks' time. Waiting times to see a named GP could be significantly longer than this.

Results from the National GP Patient Survey showed that patient's satisfaction with how they could access care and treatment was significantly below local and national averages. For example:

Are services responsive to people's needs?

(for example, to feedback?)

- 50% of patients said they could get through easily to the surgery by phone compared to the CCG average of 71% and national average of 73%.
- 48% of patients described their experience of making an appointment as good compared to the CCG and national average of 73%.
- 35% of patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 63% and national average of 65%.

Feedback from the CQC comment cards, people we spoke with on the day of the inspection, and two patients who contacted the CQC directly, said they experienced difficulties in getting through to the practice by telephone to make an appointment.

There had been 37 comments posted on the NHS Choices website over the last six months and the majority of these stated that patients were highly dis-satisfied with the appointment system, and many made reference to a poor experience when dealing with reception staff.

It was observed that the practice had one of the higher rates of Accident & Emergency (A & E) attendances being ranked as the sixth highest of the 21 CCG GP practices between April and December 2015. Higher A & E attendance rates are an indicator of difficulties with access to GP appointments.

The practice were fully aware of the ongoing problems their patients had experienced with regards to the difficulties associated with obtaining an appointment to see a GP. In response they had:

- Introduced a GP telephone triage service in August 2015. This was initially well-received but was now requiring further modifications. The senior GPs had assumed responsibility to provide this service to ensure effective advice was offered to patients. All same day appointment requests were triaged through the duty GP.
- Provided dedicated time for the triaging GP to respond to all calls before 1pm.
- Arranged for the telephone system to be upgraded to handle and manage more calls.
- A robust action plan had been formulated to address the identified problems.
- Restructured the reception team to provide increased availability of manned phone lines in the morning when patients ring for an appointment and were recruiting new staff to increase manpower capacity.

The practice had updated patient about these developments on the practice website, and had also engaged support from their PPG.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- The practice's complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated responsible person who handled all complaints in the practice.
- We saw that information was available within the waiting area to help patients understand the complaints system.

We looked at 15 complaints received in the last 12 months and found these were satisfactorily handled in an open and transparent manner and dealt with in a timely way. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, further to a complaint in July 2015 regarding the perceived negative attitude of reception staff, the practice had organised some customer care training in October 2015.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

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

- The practice had formulated a practice development plan in January 2016 which reflected the practice values. This formed the basis of a short, medium and long term strategy for the practice and incorporated succession planning. This was a live document with a planned quarterly review to keep this updated.
- Partnership meetings were in place and were planned to be held on a weekly basis with the newly appointed practice manager in recognition of the issues which required actions to be agreed and undertaken as a high priority.
- The practice had undertaken an analysis of their strengths, weaknesses, opportunities and threats in order to inform their future strategy and business planning.
- Staff understood the practice vision but required more time as a team with newly recruited team members to consolidate how they contributed to the achievement of practice goals, and deliver improved outcomes for patients.

Governance arrangements

The practice had a governance framework which generally supported the delivery of the strategy and good quality care, although this required strengthening in order to be fully effective.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities. The practice had reviewed their skill mix to deliver services more effectively, for example the appointment of an advanced nurse practitioner role provided greater opportunities for patient access and alleviated some pressures on GP appointments. The advanced nurse practitioner would assume the title as the Director of Nursing to provide clear leadership for the nursing team.
- The practice had implemented a comprehensive range of policies and these were readily available to all staff. As

these had been developed via an external consultant, the practice needed to develop ownership and keep these under review as the service adapted to new ways of working.

- We spoke with a member of the practice team who had commenced employment recently, but had not received a formal induction and was unaware of any plans that one had been arranged. A practice induction checklist was available although this did not include subjects such as safeguarding. There was a staff appraisal system in place, and staff said they received opportunities for development within their roles.
- A programme of clinical audit was used to monitor quality and to make improvements
- There were some arrangements for identifying, recording and managing risks, issues and implementing mitigating actions, and these were kept under regular review.
- The practice engaged with their CCG, and one of the partners attended the monthly Clinical Cabinet meetings to keep up to date with local developments. The practice had received an annual CCG practice visit in October 2015, which had not identified any specific concerns. There had been a recommendation from this visit to appoint a medicines management facilitator to support the prescribing agenda, and the practice had identified a member of their team to undertake this role. The new practice manager was arranging to join the local practice managers' forum. The practice also worked with other GP practices in the locality, and had a good working relationship with a nearby practice which had previously been located with them in their former premises, and thereby had similar demographics.

However, there were some areas where the practice governance arrangements required improving. These included sharing and documenting the learning from significant events; ensuring appropriate documents were obtained in relation to recruitment processes; DBS checks for staff carrying out chaperone duties; robust processes for the management of medicines and responding to patient feedback in relation to patient satisfaction.

Leadership, openness and transparency

The practice had undergone a turbulent period over the last twelve months, in which many key staff had left, or

Are services well-led?

Requires improvement 

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

were in the process of leaving, the practice. However, the partners had adopted a resilient approach to ensure continuity of the service for patients and used the experience as an opportunity to reshape the service. The practice had sought external advice and support through this period and at the time of the inspection, we were able to see how new systems were evolving to address the underlying problems faced by the practice.

The partners were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff, although others reported that they did feel isolated at times. Staff said that they felt confident and supported to raise issues with the GP partners.

There were some formal mechanisms for nursing staff to receive mentorship and support from the GPs, for example, GPs supported nurses with a lead responsibility for specific long-term conditions. The practice planned to appoint a Director of Nursing role which would help provide leadership and direction for the nursing team, and a locality practice nurse forum was commencing in April 2016 which would assist with wider networking and support opportunities.

The partners had successfully appointed a new experienced practice manager who had been in post for less than a month at the time of our inspection. However, the practice manager had developed a thorough awareness and understanding of the presenting difficulties and was proactively working to address these. The appointment of a new deputy practice manager role helped to create additional management capacity to provide more responsive and effective leadership. Staff told us that they were encouraged by the new management team in place, and said that communications had improved significantly recently. Although the inspection identified a number of concerns, the inspection team were reassured that the new management team had the skills and foresight to deliver positive outcomes for the future.

Practice and clinical staff meetings took place. A meetings' folder contained copies of four documented meetings over the last 12 months following a standardised agenda.

However, these did not record who was in attendance at the meeting, nor did it detail any evidence of actions proposed as a result of the discussion. We were informed that this arrangement had been reviewed and the plan was to introduce fortnightly full staff meetings.

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

The practice encouraged and valued feedback from patients and staff.

- It had gathered feedback from patients through the patient participation group (PPG) and through the National GP Patient Survey, NHS Choices and complaints received. There was an active PPG which met on a quarterly basis, and submitted proposals for improvements to the practice management team. The core membership of the PPG was enhanced by a large virtual PPG network which communicated via email.
- The PPG worked effectively to champion patient views whilst also supporting the practice management team. There was evidence of positive improvements being achieved via the PPG. For example, posters had been placed in patient areas to highlight what patients should do to access the right service. This gave clear information on when a patient should see their GP, or alternatively access emergency care, or get support for dealing with minor illnesses. Representatives from the PPG joined the practice team in delivering a presentation to the CQC inspection team about the practice demonstrating an openness by the practice in sharing information and working in partnership with their PPG.
- The practice had reflected upon poor data from the National GP Patient Survey by implementing relevant actions to improve patient satisfaction about the appointment system. These improvements had yet to be assessed to see whether they have been effective.
- The practice had gathered feedback from staff generally through meetings, appraisals and discussion, although we did not see any evidence of the outcomes achieved from this.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

| Regulated activity | Regulation |
|--|---|
| Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury | Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment <ul style="list-style-type: none">• Arrangements for the selection and appropriate storage of some medicines kept on site required review.• Take more proactive steps to ensure patients with a learning disability receive an annual review to ensure their health and well-being needs are met. Regulation 12 (1) (2) (a)(b)(c)(g) |
| Regulated activity | Regulation |
| Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury | Regulation 17 HSCA (RA) Regulations 2014 Good governance <ul style="list-style-type: none">• Ensure that risks to patients are identified, assessed and mitigated. For example, by ensuring either a Disclosure and Barring Service check is completed or a risk assessment is in place to identify why this is not necessary; and review the care provided to patients in local care and residential units to ensure this is responsive to patients' needs. Regulation 17 (1) (2) (b) |
| Regulated activity | Regulation |
| Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury | Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed <ul style="list-style-type: none">• Provide assurance that recruitment procedures are sufficiently robust Regulation 19 (2) (a) 3 (a) |