

Station Road Surgery

Quality Report

Station Road
Sowerby Bridge HX6 3AB
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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?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Station Road Surgery on 14 June 2017. Overall the practice is rated as good. We rated the practice as requires improvement for providing safe services to the population it serves.

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

- The practice had undergone a period of significant disruption and staffing changes in the preceding 18 months. During our inspection staff spoke positively about support they received from the GP partners and newly appointed locum practice manager.
- The practice demonstrated an open and transparent approach to safety. Significant events were reported and recorded. At the time of our visit we saw that systems had recently been changed, and a streamlined, single process for reporting and recording internal significant events had been implemented.
- There were systems in place to monitor risks to patient safety. At the time of our inspection we saw there were gaps in logs kept of vaccine refrigerator monitoring. Following our inspection these logs were found, and samples forwarded as evidence of continuous monitoring.
- We saw that Medicines and Healthcare Products Regulatory Agency (MHRA) alerts were not always acted upon in a timely way.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- We saw that an induction programme was in place for staff.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.

Summary of findings

- The practice had responded to patient feedback in relation to appointment access, and telephone systems. The telephone system had recently been changed to improve patient experience. Appointment availability was closely monitored, and a range of appointment options were available, including telephone triage, urgent and routine appointments.
- The practice had some limitations in relation to premises. However we saw that good use had been made of the space available. Premises were accessible to patients with limited mobility, or those who used a wheelchair.
- There had been recent disruption to the leadership structure in the practice. Staff told us they felt able to make suggestions and give feedback, and action was taken in response to this when appropriate.
- The practice had a long established patient participation group. The practice worked closely with them to respond to patient feedback and initiate change or improvement in response to this.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

We saw one area of outstanding practice:

- The practice had held a men's health open day. The event attracted 45 attendees between the ages of 40 and 60. Of these, 35 attendees (78%) were identified

as requiring further investigation and follow up for unmet health needs, such as pre-diabetes and hypertension. Each of these patients were directed to the appropriate follow up and treatment by the practice. Evaluations completed by attendees showed that 100% of respondents would recommend the service; and said that they felt better informed about their health as a result of the event. The practice told us they had plans to repeat these events in future.

The area where the provider must make improvement is:

The provider must do all that is reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of patients who use the service. Specifically, medicines and other patient safety alerts must be responded to in a timely manner.

In addition the provider should:

- Maintain systems to log and monitor vaccine stock levels
- Continue to improve communication systems for temporary locum staff.
- Continue to engage with patients to review satisfaction with access to appointments.

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?

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

Requires improvement



- The practice demonstrated an open and transparent approach to safety. Significant events were reported and recorded. At the time of our visit we saw that systems had recently been changed, and a streamlined, single process for reporting and recording internal significant events had been implemented. From the sample of documented examples we reviewed we saw that lessons were learned and shared to make sure action was taken to improve safety within the practice. When things went wrong, patients were informed as soon as practicable, and were given truthful information and support, as well as a verbal and written apology. Patients were informed what actions had been taken to reduce the risk of the same thing happening again.
- There were systems in place to monitor risks to patient safety. At the time of our inspection we saw there were gaps in logs kept of vaccine refrigerator monitoring. Following our inspection these logs were found, and samples forwarded as evidence of continuous monitoring.
- We saw that an infection prevention and control audit had been carried out; however, at the time of the inspection we were unable to see evidence that identified actions had been completed. Following our inspection the practice provided evidence that all identified actions had been completed.
- We saw that Medicines and Health Regulatory Agency (MHRA) alerts were not always acted upon in a timely way.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had appropriate arrangements to respond to emergencies and major incidents.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average compared to the national average.

Summary of findings

- Staff were able to demonstrate their awareness of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment. We reviewed details of staff training, and saw that opportunities for all staff to maintain mandatory and role specific training were provided.
- We saw that a timetable for staff appraisals had been developed, which would ensure all staff had received an appropriate appraisal and personal development plan by September 2017. We reviewed examples of appraisals which had been completed; and saw there was a comprehensive and thorough process in place.
- The practice held regular multidisciplinary meetings in house, and worked closely with the Primary Care Team to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice in line with others for several aspects of care.
- Patient comment cards we reviewed reflected patients' views and showed that patients felt they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice maintained a register of people undertaking an unpaid caring role for friends, neighbours or family. We saw that 2% of the practice population (185 people) had been identified as carrying out this role.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population. For example a men's health 'drop in' open day had been held; and a number of unmet health issues had been identified, which the practice were acting on and providing appropriate follow up and treatment.

Good



Summary of findings

- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patient comment cards we reviewed demonstrated that access to appointments had improved in recent months. We were told that urgent appointments were made available when needed.
- The practice had some limitations in relation to premises. However we saw that good use had been made of the space available. Premises were accessible to patients with limited mobility, or those who used a wheelchair.
- Information about how to complain was available and evidence from three examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The practice had responded to a number of complaints which they had received in relation to accessing the practice by telephone, and availability of appointments. A new telephone system had been introduced, with additional staff deployed to answer incoming calls during busy times. Appointment availability was closely monitored; with telephone triage, telephone appointments, same day and routine appointments available. In addition the practice was taking part in the 'practice assist' pilot which enabled patients to receive telephone consultations offered by qualified GPs off site.

Are services well-led?

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

- The practice had undergone a period of significant disruption and staffing changes in the preceding 18 months. The practice had experienced two floods; one in December 2015 during high levels of rain; and another one in May 2017 when they experienced an internal water leak. In this period a number of key staff personnel had left the practice, including two GP partners, practice nurses and practice manager. At the time of our visit a locum practice manager had recently been appointed, with a view to a long term position. Additional clinical and non-clinical staff posts had been filled. The leadership team told us they were developing and nurturing a cohesive staff team. Staff we spoke with confirmed that the shared vision of continuing to improve and provide the best possible care for patients was understood and embraced by all members of the team.
- There had been recent disruptions to the leadership structure in the practice. Staff spoke positively about support they

Good



Summary of findings

received from the GP partners and newly appointed locum practice manager. Staff told us they felt able to make suggestions and give feedback, and action was taken in response to this when appropriate

- The practice had policies and procedures to govern activity and held regular governance meetings.
- The practice had engaged an external company to develop and carry out health and safety risk assessments. We looked at these, and saw they were appropriate, and in date.
- We saw evidence of a clear induction process. Appraisal dates were planned for all staff. We saw evidence of a plan which would ensure all staff had received an appraisal by September 2017.
- Staff meetings were held regularly. Staff had access to training and learning appropriate to their role. We saw minutes from meetings which demonstrated that information from matters such as medicine or drug alerts was discussed at clinical meetings. However, locum staff did not always have access to these discussions.
- The partners encouraged a culture of openness and honesty. The provider was aware of the requirements of the duty of candour. In three examples we reviewed we saw evidence the practice complied with these requirements.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.
- The practice provided opportunities for apprenticeships within the staff team. Staff at all levels were able to access training and development appropriate to their role.

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

Good



- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population. We saw that 93% of patients over 75 years taking multiple medicines had a review of their medicines completed in the preceding year. 57% of patients over 75 years had a care plan in place.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care, as they were approaching the end of life. The practice held quarterly palliative (end of life) care meetings with specialist nurses and the community matron. Weekly meetings with district nurses were also held. Older patients were involved in planning and making decisions about their care.
- The practice had identified over 2% of their population who were at risk of unplanned hospital admission; and followed up on these, and other older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice shared summary care records with local care services, such as out of hours (OOH) services.
- Before the inspection we sought feedback from a residential home for older people who were registered with the practice. They told us the practice provided a responsive and caring service to their residents.

People with long term conditions

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

Good



- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.

Summary of findings

- 79% of patients with diabetes, on the register, had a cholesterol reading which was within normal limits recorded in the preceding 12 months, compared to the CCG average of 81% and the national average of 80%.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- The practice had recently carried out searches on patient records. As a result 343 patients had been added to a number of disease registers.
- The practice had developed in-house chronic disease management templates.
- One of the practice nurses had received enhanced training in diabetes care and treatment. The nurse was qualified, with GP support, to initiate insulin treatment for diabetic patients where appropriate.
- We saw that patient information leaflets had been developed, to provide patients with diabetes with additional information to help them with managing their condition.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the practice worked with the wider multidisciplinary team to deliver appropriate care packages.

Families, children and young people

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

- The practice held monthly meeting with the health visitor. This allowed them the opportunity to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Staff told us that children under five years of age were prioritised for same day appointments.
- The practice had employed a nurse who provided a full range of contraceptive and sexual health services to patients. They told us they were considering introducing a 'drop in' element to the service to broaden the appeal for younger people.

Good



Summary of findings

- The practice liaised with appropriate agencies, such as midwives and the local neonatal unit, to provide support for premature babies and their families following discharge from hospital.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.

Working age people (including those recently retired and students)

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

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice offered online services. In February 2017 the practice had changed their clinical system, which had resulted in the loss of 3000 patients who had previously registered for online services from the online access database. At the time of our visit the practice was actively promoting this service, and encouraging patients to re-register. When we visited, we saw that 896 patients (9% of the practice population) were registered for the service.
- The practice offered a full range of health promotion and screening appropriate to this age group.
- An 'E-Consult' service was available on the practice website, which enabled patients to complete details of their symptoms for minor illnesses; and the practice made contact to provide additional advice and support if needed.
- Students were encouraged to register with the practice as temporary patients during holiday periods.
- The practice was participating in a 'Practice Assist' pilot which gave patients contacting the surgery for an appointment the opportunity to receive a telephone consultation from a GP situated remotely, not attached to the practice.
- A men's health event had recently been held in the practice. Out of 45 attendees, 35 had been found to have unmet health needs which required further follow up. 100% of attendees said they had found the event beneficial; and that they felt better informed about their health as a result.

Good



People whose circumstances may make them vulnerable

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

Good



Summary of findings

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability.
- We saw evidence that 45 out of 60 (75%) of annual reviews for patients with learning disability had been completed in the previous year.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff we spoke with demonstrated their awareness of how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- Before the inspection we sought feedback from a care home for younger physically disabled people who were registered with the practice. They told us that overall they were satisfied with the service; however they had experienced some difficulties in accessing the practice by telephone, and in relation to medicines requests. We fed this back to the practice who told us they would make contact with the home and develop improved systems of communication.

People experiencing poor mental health (including people with dementia)

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

- The practice carried out advance care planning for patients living with dementia.
- 77% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was lower than the CCG average of 82% and the national average of 84%.
- 100% of patients with dementia had a care plan in place at the time of our visit.
- The practice made use of pharmacists employed by the practice to monitor repeat prescribing for patients receiving medicines for mental health needs.

Good



Summary of findings

- 84% of patients with schizophrenia or other psychoses had their blood pressure recording completed in the preceding 12 months, which was lower than the CCG average of 90% and the national average of 89%.
- The practice worked with other professionals, such as mental health teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients with mental health problems, who were experiencing a crisis, were offered same day GP assessment.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

What people who use the practice say

The national GP patient survey results were published in July 2016. The results showed the practice was performing lower than local and national average in some respects. 279 survey forms were distributed and 118 were returned. This represented 42% of the surveyed population, and 1% of the practice patient list.

- 86% of patients described the overall experience of this GP practice as good compared with the CCG average of 87% and the national average of 85%.
- 65% of patients described their experience of making an appointment as good compared with the CCG average of 74% and the national average of 73%.
- 73% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to The CCG average of 80% and the national average of 78%.

During our visit the practice acknowledged their difficulties in relation to patient access by telephone, and availability of appointments. At the time of our visit appointment availability was closely monitored by a lead GP, and appointment audits were carried out on a regular basis. The practice had reduced the number of telephone triage appointments offered, and replaced them with face to face appointments. The practice was also participating in the 'Practice Assist' pilot, which gave patients the option to receive a telephone consultation by a GP not

affiliated with the practice, and located off site. Following consultation, patients were able to receive prescriptions, have referrals made, or be offered a same day face to face appointment with their own GP if indicated.

The practice had recently also changed their telephone system, reducing the number of callers being queued, and increasing the number of staff available to take incoming calls during busy times. The practice were continuing to work with their patient participation group to improve patient satisfaction with access.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 44 comment cards which were all positive about the standard of care received. Staff were cited as 'caring' and the practice was described as providing 'a pleasant and friendly atmosphere'.

We spoke with the chair of the Patient Participation Group over the telephone ahead of the inspection. They told us they were very happy with the way the practice responded to patient feedback. They thought that the practice was in the process of rebuilding after a period of significant tumult.

We saw the results from the most recent Friends and Family test. In May 2017, of 45 responses, 71% were likely or highly likely to recommend the service to friends and family.

Areas for improvement

Action the service **MUST** take to improve

The provider must do all that is reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of patients who use the service. Specifically, medicines and other patient safety alerts must be responded to in a timely manner.

Action the service **SHOULD** take to improve

- Maintain systems to log and monitor vaccine stock levels
- Continue to improve communication systems for temporary locum staff.
- Continue to engage with patients to review satisfaction with access to appointments.

Summary of findings

Outstanding practice

- The practice had held a men's health open day. The event attracted 45 attendees between the ages of 40 and 60. Of these, 35 attendees (78%) were identified as requiring further investigation and follow up for unmet health needs, such as pre-diabetes and hypertension. Each of these patients were directed to the appropriate follow up and treatment by the

practice. Evaluations completed by attendees showed that 100% of respondents would recommend the service; and said that they felt better informed about their health as a result of the event. The practice told us they had plans to repeat these events in future.

Station Road Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection was led by a CQC Lead Inspector. The team included a GP specialist adviser and a second CQC inspector.

Background to Station Road Surgery

Station Road Surgery is situated in Sowerby Bridge HX6 3AB. Sowerby Bridge is a small town located approximately three miles from Halifax town centre. The surgery is located within a two storey converted police station, which has grade two listed building status.

There are currently 9300 patients on the practice list. The National General Practice Profiles data shows that approximately 3% of the patient group are of mixed or Asian origin; with the remainder of white British origin. The practice provides General Medical Services (GMS) under a contract with NHS England. The practice offers the following enhanced services:

- Meningitis vaccination and immunisation
- Childhood vaccination and immunisation
- Extended hours access
- Services for timely diagnosis and support for people with dementia
- Influenza and pneumococcal immunisation
- Support for patients with learning disability, including an annual health check
- Minor surgical procedures

- Patient participation group
- Rotavirus and shingles immunisation
- Identification and review of patients at risk of unplanned hospital admission

The practice has undergone a period of significant disruption and staffing changes in the preceding 18 months. The practice has experienced two floods; one in December 2015 during high levels of rain; and another one in May 2017 when they experienced an internal water leak. In this period a number of key staff personnel have left the practice, including two GP partners, practice nurses and practice manager

The practice has three partners; one man and two women. Additional GP support is provided by four regular locums. At the time of our visit a locum practice nurse, who is working towards Advanced Nurse Practitioner status had recently been appointed to a substantive post. A further practice nurse is due to start within the next few weeks. Two Health Care Assistants had recently been appointed. The practice receives support from a pharmacist, employed by the practice, who is present on site daily, as well as CCG pharmacist support. The clinical team is supported by a practice manager (interim at the time of our visit), and a range of reception and administrative staff.

The practice is a teaching and training practice, which means it provides training and support for qualified doctors wishing to specialise in general practice, as well as medical students.

The National General Practice Profile shows the level of deprivation within the practice population as five on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

Detailed findings

The age/sex profile of the practice is in line with national averages. Average life expectancy for patients is 78 years for men and 82 years for women. National averages are 79 years and 83 years respectively.

The practice is open:

- Monday 8.30am to 8pm.
- Tuesday to Friday 8.30am to 6pm.

Appointments are available between 8.30am and 11.30 am in the morning; and between 3pm and 6pm Tuesday to Friday; and 3pm to 8pm on Monday.

Although parking is limited on site; on street parking is available. There is a dedicated disabled parking space on site. All patient consultation rooms are on the ground floor, and are accessible to those patients with limited mobility, or those who use a wheelchair.

Out of hours care is provided by Local Care Direct, which is accessed by calling the surgery telephone number or by calling the NHS 111 service.

The practice was previously inspected by the Care Quality Commission on 10 November 2016, and received a rating of good. This report can be viewed in full by visiting our website at www.cqc.org.uk and clicking the 'all reports link for Station Road Surgery.

When we returned for this inspection, we checked, and saw that the previously awarded ratings were displayed as required in the premises and on the practice website.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting the practice we reviewed information we hold about the practice and spoke with other organisations and key stakeholders such as NHS England, Calderdale Clinical Commissioning Group (CCG) and Healthwatch Calderdale, to share what they knew about the practice. We reviewed policies, procedures and other relevant information the practice manager provided before the inspection day, as well as updated action plans developed by the CCG in collaboration with the practice and NHS England. We also reviewed the latest data from the Quality and Outcomes Framework (QOF), national GP patient survey and the NHS Friends and Family Test (FFT).

We carried out an announced comprehensive inspection on 14 June 2017.

During our visit we:

- Spoke with a range of staff, including two GP partners, two locum GPs, one practice nurse, the practice manager and four non-clinical staff.
- We reviewed three questionnaires completed by non-clinical staff before our visit.
- We also spoke with the chair of the patient participation group over the telephone before the inspection day.
- We observed communication and interaction between staff and patients, both face to face and over the telephone.
- We reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- We reviewed a sample of the personal care or treatment records of patients.

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

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

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

Detailed findings

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

- people experiencing poor mental health (including people living with dementia).

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

Are services safe?

Our findings

Safe track record and learning

There was a system for reporting and recording significant events.

- Significant events were reported and recorded. At the time of our visit we saw that systems had recently been changed, and a streamlined, single process for reporting and recording internal significant events had been implemented. Most staff we spoke with were aware of the process. Although one locum member of staff was unaware of the newly developed process, we saw that incidents had been reported and acted upon in an appropriate manner. The incident reporting process supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go seriously wrong with care and treatment). Following our inspection the practice provided evidence that steps had been taken to embed the understanding of the incident reporting system amongst all staff.
- From the sample of four documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. We saw that significant events were discussed at clinical and staff meetings that such events were analysed, and any learning disseminated to all appropriate staff. We saw that locum staff were not always able to attend staff meetings, but minutes were distributed via email.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, following an incident when a child was given a duplicate immunisation; the practice clarified whether or not any harm had been done to the child, the parents were informed of the error, and a further appointment was arranged to complete additional immunisations required. As a result of this, appointment templates were amended to ensure that longer appointments

were available for immunisation appointments, to avoid risk of further error by feeling 'rushed' during such appointments. In another example, an appointment booking had been made under the incorrect patient name. As a result processes were changed so that patients' name, address and date of birth was confirmed before any appointments were booked.

Overview of safety systems and processes

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

- Arrangements for safeguarding reflected relevant legislation and local requirements. Safeguarding policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. A monthly meeting was held with the health visitor. This allowed for sharing of information in relation to children and families with additional needs. Although GPs were not usually able to attend safeguarding meetings, they provided information and/or reports when required, to inform decision making.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child safeguarding level three.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- At the time of our visit one of the GPs was acting as the infection prevention and control (IPC) clinical lead. This role would be taken over by the practice nurse newly appointed to a permanent role. There was an IPC

Are services safe?

protocol and at the time of our visit plans were in place for all staff to receive up to date training. An IPC audit had been carried out in February 2017; and identified actions had been carried out.

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice were appropriate; however we were unable to have sight of logs of vaccine refrigerator temperatures between December 2016 and May 2017 on the day of the inspection. However, following our visit these logs were found and samples were sent to us as evidence of continuous monitoring. We also saw that systems for stock control of vaccination had not been established at the time of our visit. Following our inspection the practice provided us with evidence of newly established processes and procedures for vaccine stock control had been implemented.
- There were processes for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms were securely stored and there were systems to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. PGDs are written instructions for the supply and administration of medicines to groups of patients who may not be individually identified before presentation for treatment. Healthcare assistants (HCAs) were trained to administer vaccines and medicines and patient specific directions (PSDs) from a prescriber were produced appropriately. PSDs are written instructions, signed by a doctor; dentist or non-medical prescriber for medicines to be supplied and/or administered to a named patient after the prescriber has assessed the patient on an individual basis.
- Medicines and Healthcare products regulatory agency (MHRA) alerts were not always acted upon in a timely way. During our inspection we identified that two alerts, had not been acted upon. One related to risks of use of Spironolactone (a medicine used to regulate water levels and retain potassium levels in the body) in conjunction with some medicines used to treat blood pressure. The alert required for monitoring of renal functioning in patients affected. Another alert related to the use of Canagliflozin (a medicine used to treat type

two diabetes) in patients at higher risk of limb amputation. Following our inspection the practice provided evidence that the appropriate retrospective patient searches had been carried out, with patient reviews and/or medicine changes had been arranged as appropriate.

We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Monitoring risks to patients

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

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment and carried out regular fire drills. There were designated fire marshals within the practice.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order. We saw that the electrical fixed wire testing certificate had expired on 1 February 2017. Following our feedback the practice provided evidence that an appointment to update this had been set for 24 June 2017.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a bacterium which can contaminate water systems in buildings).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. We saw that there had been recent significant staffing disruption when key personnel had left the practice. The practice had made use of locum staff to supplement staff rotas. At the time of our visit appointments had been made to substantive posts for two practice nurses and two healthcare assistants. The practice manager had been appointed on a locum basis; with a view to this becoming a permanent post.
- On the day of the inspection we were unable to have sight of vaccine refrigerator temperature recording logs between December 2016 and May 2017. Following the inspection the practice located paper copies of the logs,

Are services safe?

which clearly detailed that temperatures had been recorded as appropriate; and rises in temperature logged and accounted for as appropriate. Samples of these records were forwarded to us as evidence of this.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. When we visited, we learned that an incident had occurred in the previous week; and confirmed that the instant messaging system had been effective in alerting all staff to the incident.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.

- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book was available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. We saw that although atropine was available on site, it was stored separately from other emergency medicines. At the time of our inspection not all staff were aware of its location. Atropine is a medicine used to treat slow heart rate, and is used in treating certain cardiac emergencies. All the medicines we checked were in date and stored securely.

The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan did not include emergency contact numbers for staff at the time of our visit. However, following the inspection the practice provided evidence to show that these had been added to the document.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through audit and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 95% of the total number of points available compared with the clinical commissioning group (CCG) average of 97% and national average of 95%. The exception reporting rate for the practice was 8% compared to the CCG average of 9% and the national average of 10%. Exception reporting is the removal of patients from QOF calculations where, for example, patients are unable to attend a review appointment or where certain medicines cannot be prescribed due to side effects.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

- Performance for diabetes related indicators was above CCG and national averages. For example 98% of patients with diabetes, on the register, had a record of being referred to a structured educational programme within nine months of entry onto the diabetes register, compared to the CCG average of 97% and the national average of 92%. The practice had an exception reporting rate of 2%, compared to the CCG exception reporting average of 12%, and the national exception reporting average of 23%.

- Performance for mental health related indicators was similar to CCG and national averages. For example 92% of patients with schizophrenia or other psychoses had a comprehensive care plan documented in the preceding 12 months compared to the CCG average of 90% and the national average of 89%. The practice had an exception reporting rate of 10%, compared to the CCG and national exception reporting average of 12%.

We saw that in 2016/17 the practice had achieved 94% of available points, although these figures were as yet unpublished and unverified.

There was evidence of quality improvement including clinical audit:

- There had been seven clinical audits commenced in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, recent action taken as a result included re-validation of the chronic disease register. We saw that as a result of the audit 343 patients had been added to various disease registers.

Information about patients' outcomes was used to make improvements such as reducing hospital admissions for frail patients experiencing urinary tract infections, through standardising diagnosis and treatment options.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. One member of the clinical team had completed their first shift without a clinical mentor having been identified. They had, however, been allocated a non-clinical member of staff to refer to prior to a clinical mentor being identified. We reviewed the induction documentation and saw it covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific

Are services effective?

(for example, treatment is effective)

training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, attendance at weekly clinical educational sessions, formal and informal clinical supervision and facilitation and support for re-validating GPs and nurses. Not all staff had received an appraisal within the last 12 months. However we saw that a timetable of staff appraisals had been developed, to ensure that all staff appraisals were completed by September 2017.
- Staff received training that included: safeguarding, fire safety awareness, and basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- Practice staff described how they shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Information was shared between services, with patients' consent, using a shared care record. Meetings took place with health visitors on a monthly basis; palliative care nurses on a quarterly basis, and district nurses on a weekly basis; and care plans were reviewed and updated for patients with complex needs.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- Staff showed, through discussion, that they were aware of assessing capacity to consent when providing care and treatment for children and young people, in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored to ensure it complied with legal guidance for general practice.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example:

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

The practice's uptake for the cervical screening programme was 78%, which was comparable with the CCG average of 85% and the national average of 81%.

70% of eligible women had been screened for breast cancer in the preceding three years, compared to the CCG average of 70% and the national average of 73%; and 56% of eligible patients had been screened for bowel cancer in the preceding 30 months compared to the CCG average of 60% and the national average of 58%.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were comparable to national averages. For example, uptake rates for the vaccines given

Are services effective?

(for example, treatment is effective)

to under two year olds stood at 97% compared to the national average of 91%; and the uptake rates for vaccines given to under five year olds stood at 98% compared to the national average of 88%.

There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for

bowel and breast cancer. There were systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40 to 74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- The practice acknowledged that patient conversations could be overheard at the reception desk. In response to our feedback the practice told us they were introducing a barrier in the reception area, behind which patients stood in order to improve confidentiality.
- Patients could be treated by a clinician of the same sex.

All of the 44 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with one member of the patient participation group (PPG) on the telephone before the inspection day. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was in line with local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 93% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 91% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%.

- 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%
- 84% of patients said the last GP they spoke to was good at treating them with care and concern compared to The CCG average of 88% and the national average of 85%.
- 97% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) and national average of 91%.
- 97% of patients said the nurse gave them enough time compared with the CCG average of 93% and the national average of 92%.
- 100% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 96% and the national average of 97%.
- 97% 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%.
- 84% of patients said they found the receptionists at the practice helpful compared with the CCG and national average of 87%.

The views of external stakeholders were positive in the main, and in line with our findings. For example the manager of a local residential home for older people who had residents registered at the practice told us the practice provided a caring and responsive service. The manager of a home for younger physically disabled people told us that although they had experienced some delays in relation to accessing the surgery by telephone, and some prescription delays, they felt overall the practice provided a caring and thorough service. Managers of both these services confirmed that processes within the practice had improved within recent months.

Care planning and involvement in decisions about care and treatment

Patients comment cards indicated that patients felt involved in decision making about the care and treatment they received. They also indicated they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. We reviewed examples of patient care plans, and saw these were personalised to meet individual needs and preferences.

Are services caring?

Staff described how children and young people were treated in an age-appropriate way and recognised as individuals.

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

- 87% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 88% and the national average of 86%.
- 83% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 82%.
- 95% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 89% and the national average of 90%.
- 89% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG and national average of 85%.

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

- Staff told us that telephone interpretation services were available for patients who did not have English as a first language.
- Information leaflets could be made available in larger font for patients with visual impairment.

- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital).
- The practice provided an 'E-Consult' facility on their website, which enabled patients to complete their symptoms for minor illnesses, following which they could be directed to appropriate self-help guidance, or contacted by the GP to review their symptoms more fully.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 185 patients as carers (2% of the practice list). Carers were offered an annual health review, as well as seasonal influenza vaccination. In addition the practice was able to signpost carers to a local carers' support organisation.

Staff told us that if families had experienced bereavement, contact was made when appropriate, to the family. The practice liaised with local district nursing teams to offer support, and appointments were available with the GP if required. Further information on local bereavement support groups was provided when appropriate.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice offered extended hours on a Monday evening until 8pm for working patients who could not attend during normal opening hours.
- The practice offered 'E-Consultation' facilities on their website. This enabled patients to input details of their symptoms on the practice software; after which they could receive self-help advice, or be contacted by the practice for further assessment/advice.
- The practice was participating in the 'Practice Assist' pilot which offered patients requesting an urgent appointment a telephone consultation by a GP not located within the practice. Following this, patients could receive medication, be referred to other services; or offered a same day appointment with their own GP if appropriate.
- The practice had hosted a men's health 'drop in' open day. Of 45 attendees, 35 were found to have unmet health needs which required further follow up.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems requiring immediate medical assessment.
- In response to patient complaints the practice telephone system had been changed; reducing the number of queued calls, and increasing the number of staff available to take incoming calls during busy periods.

- The practice had considered and implemented the NHS England Accessible Information Standard to ensure that disabled patients received information in formats that they could understand and receive appropriate support to help them to communicate.

Access to the service

The practice was open between 8.30am and 8pm on Monday; and between 8.30am and 6pm on Tuesday, Wednesday, Thursday and Friday.

Appointments are available:

- between 8.30am and 11.30 am in the morning
- between 3pm and 6pm Tuesday to Friday
- between 3pm to 8pm on Monday.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was lower than local and national averages.

- 65% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) and national average of 76%.
- 68% of patients said they could get through easily to the practice by phone compared to the CCG average of 75% and the national average of 73%.
- 83% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG and national average of 85%.
- 88% of patients said their last appointment was convenient compared with the CCG and national average of 92%.
- 65% of patients described their experience of making an appointment as good compared with the CCG average of 74% and the national average of 73%.
- 45% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 61% and the national average of 58%.

Patient comment cards we reviewed indicated that appointments were available when needed. The practice told us they were continuing to work with the PPG to assess and respond to patient satisfaction levels in regard to accessing appointments. One of the GPs took a lead on monitoring and continually reviewing appointment availability. We saw evidence that detailed capacity audits

Are services responsive to people's needs?

(for example, to feedback?)

took place on a regular basis. The practice offered same day telephone triage, same day appointments and pre-bookable appointments two days in advance, as well as one or two weeks in advance. The practice were also participating in the 'Practice Assist' pilot which gave patients an additional option of a same day telephone consultation with a GP situated remotely from the practice.

The practice had a system to assess:

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

The GP made telephone contact with the patient to assess the urgency of the home visit. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

- The complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.

- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system in the practice information leaflet, and on the website.

We looked at three complaints received in the last 12 months and found that wording of response letters had recently been improved, to provide a fuller explanation of findings from complaints, and plans put in place to prevent future occurrences of the incidents in question. We saw that complaints were responded to in a timely way, and demonstrated an open and transparent approach. Lessons were learned from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, in response to a number of complaints relating to telephone access to the surgery and availability of appointments, the telephone system had been changed, to provide a reduced number of queued calls; and additional staff deployed to answer incoming calls during busy periods. In addition, in response to a complaint about an unhelpful attitude by a non-clinical member of staff, staff were reminded at a staff meeting about appropriate behaviours, and additional customer service training was arranged for all relevant staff.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to provide the best care possible and promote good outcomes for patients.

- Staff we spoke with understood the practice ethos.
- The practice had undergone significant disruption and staffing changes in recent months. They told us their strategy going forward was to re-build, and develop a cohesive and supportive staff team.

Governance arrangements

The practice had a number of protocols and policies which supported the delivery of good quality care. These outlined the structures and procedures and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas.
- Practice specific policies were implemented and were available. We saw that some policies, relating to MHRA alerts and COSHH were not available on the practice computer system, but were available in paper form. All the policies we saw were in date. Following our inspection the practice provided evidence that these policies had been made available to all staff on the practice computer system.
- The GPs and newly appointed locum practice manager had an understanding of the performance of the practice. Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice. However, these were not consistently shared with locum staff.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However we saw that MHRA alerts were not always acted upon in a timely way. Following our inspection the practice provided evidence that appropriate actions had been taken on outstanding MHRA alerts. At the time of the inspection, we were unable to view vaccine refrigerator temperature logs from December 2016 to May 2017. Following the inspection the practice located paper copies of the logs,

which clearly detailed that temperatures had been recorded as appropriate; and rises in temperature logged and accounted for as appropriate. Samples of these records were forwarded to us as evidence of this.

- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints. Locum staff were not always able to attend; however minutes from meetings were available via email.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they were in the process of rebuilding their staff team following a period of significant disruption. They told us their focus was to create a supportive, cohesive staff team in order to provide the best possible care for their patients. had the experience, capacity and capability to run the practice and promote high quality care. Staff we spoke with told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. From the sample of three documented examples we reviewed we found that the practice had systems to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

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

- The practice held and minuted a range of multidisciplinary meetings including meetings with district nurses and palliative care nurses to monitor vulnerable patients. GPs met monthly with the health visitor to monitor vulnerable families and safeguarding concerns.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any

Are services well-led?

Good 

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

issues at team meetings and felt confident and supported in doing so. Minutes were detailed, and were available for practice staff to view. Not all locum staff were able to attend staff or clinical meetings.

- Staff told us that the period of recent tumult had resulted in a strong and cohesive team culture, which was mutually supportive. Staff told us they felt the practice was entering a strong period of regeneration. They told us they felt valued and respected by the GPs and management team. Staff told us they were able to contribute to discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- patients through the long established patient participation group (PPG) and through surveys and complaints received. The PPG met regularly and

submitted proposals for improvements to the practice management team. For example, they had suggested changes to the patient information leaflet, to make it simpler and more succinct. In addition they had suggested a 'rolling programme' of patient information posters and health promotion information to be displayed in the waiting area.

- the NHS Friends and Family test, complaints and compliments received
- staff through staff meetings, appraisals and informal discussion. Staff told us they would feel confident to give feedback or raise concerns with the GPs or practice manager.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice was looking to become involved in the local 'frailty project', which aimed to improve identification and treatment of patients experiencing deterioration in their health.

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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Action we have told the provider to take</p> <p>The table below shows the regulations that were not being met. The provider must send CQC a report that says what action it is going to take to meet these regulations.</p> <p>How the regulation was not being met:</p> <p>The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:</p> <ul style="list-style-type: none">Processes for receiving and acting upon MHRA alerts were not embedded. <p>This was in breach of regulation 12(1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>