

# OHP-Wake Green Surgery

## Quality Report

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

## Ratings

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

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

This inspection was an announced comprehensive inspection, carried out on 18 September 2017. We previously inspected Wake Green Surgery on 17 August 2015. The overall rating for the practice at the time was requires improvement.

We carried out a further comprehensive inspection on the 16 December 2016 to follow up progress made by the practice since the inspection in August 2015. We found the practice had failed to make sufficient improvement. The overall rating for the practice was inadequate and the practice was placed in special measures for a period of six months. We also took enforcement action.

The full comprehensive reports for the August 2015 and December 2016 inspection can be found by selecting the 'all reports' link for Wake Green Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Since the inspection in December 2016 the original provider has joined the Our Health Partnership (OHP) group as a partner. The registered provider is now Our Health Partnership.

This inspection on the 18 September 2017 was undertaken following the period of special measures. Overall the practice is now rated as good.

Our key findings were as follows:

- Since our previous inspection in December 2016 we found the practice had made significant improvement to address the concerns identified. This included systems and processes to ensure safe services were delivered.
- The practice had recruited several staff over the last six months, including a practice manager, two salaried GPs, a pharmacist, a practice nurse and two additional receptionists. There was clearer leadership within the practice and greater staffing to deliver the service and meet patient needs.
- The practice also had the wider support of Our Health Partnership to support the administration and governance of the practice.
- The practice had effective systems for reporting, recording and acting on significant events with evidence of shared learning.

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- There were clearly defined systems to minimise the risks to patient safety which included safeguarding, medicines management, staff recruitment and infection control.
- 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. There were opportunities and support for staff to develop in their roles.
- Concerns identified at our inspection in December 2016 in relation to the timely management of patient information and referrals had been appropriately responded to. Systems and processes had been established to monitor and help minimise the risk of potential delays in patients care and treatment.
- Working relationships with health and social care professionals in the management of vulnerable patients including those with complex health needs had improved since our previous inspection.
- There was mixed feedback on patient satisfaction. Most patients felt they were treated with compassion, dignity and respect. However, this was not consistently the case and we received complaints and some comment cards in which patients indicated that they had not received a positive patient experience. National patient survey results also showed slightly lower scores in relation to questions about patient involvement in decisions about their care and treatment.
- There had been significant changes to improve access to appointments. This included recruitment of additional clinical and reception staff (including two

salaried GPs), a review and changes to the appointment system and imminent changes to the telephone system. Some of these changes were still in their infancy and the impact on patient satisfaction had yet to be fully determined. Results from the GP national patient survey published in July 2017 and feedback from patients through our comment cards showed patients continued to have difficulties accessing appointments. However, the practice's in-house annual patient survey of 450 patients in 2017 showed improved patient satisfaction with access since 2016.

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

The provider should:

- Ensure local safety alerts are treated with the same rigor as medicine safety alerts.
- Continue to review and focus on the patient experience and identify ways in which this could be further improved.
- Ensure all staff are aware of recording verbal complaints so that they may also be used for monitoring trends.

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

**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 good for providing safe services.

Good



- The practice had made significant improvements to address concerns identified since or previous inspection in December 2016. This included systems and processes for the safe management of medicines, infection control and staffing.
- There were effective systems in place for reporting, recording and acting on significant events and incidents. Lessons learned were shared with practice staff and more widely to minimise the risk of reoccurrence.
- Safety alerts were generally well managed and acted upon.
- The practice had clearly defined systems and practice-specific processes in place to keep people safe and safeguarded from abuse.
- Risks to patient safety were being well managed.
- The practice had recently employed a pharmacist to support clinical staff with medicines reviews and medicine related queries.
- There had been recent refurbishment of the premises and the latest infection control audit by the CCG rated the practice at 97%.
- Staff recruitment and training records, which at our last inspection had not been available to verify the suitability of staff employed, were now organised and up to date.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- The practice had made significant improvements since our inspection in December 2016 to deliver effective services. This included systems to support the timely management of patient information and referrals and the working arrangements with health and social care professionals.
- At this inspection, the backlog of un-actioned patient information had been cleared and was monitored to ensure this remained the case.
- A system had been put in place to enable the practice to identify and monitor referrals to secondary care and ensure this was carried out in a timely way.
- At this inspection the practice was clearly able to demonstrate the supervision and support staff were receiving. Training was monitored and staff had opportunities to develop in their roles.

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- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable to CCG and national averages.
- Staff had knowledge of and made use of current evidence based guidance in the provision of care.
- There was evidence of clinical audits which demonstrated quality improvement.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs. Health and social care professionals we spoke with at this inspection told us that the working arrangements with the practice had improved.

## Are services caring?

The practice is rated as good for providing caring services.

**Good**



- Data from the national GP patient survey showed that patients rated the practice in line with local and national averages for several aspects of care. However, patients rated the practice slightly lower than others in relation to involvement in decisions about their care and treatment and there were some areas where patient satisfaction had slightly decreased.
- Patient feedback was mixed, although most patients felt they were treated with compassion, dignity and respect.
- A number of complaints had been received by CQC over the last six months which indicated a poor patient experience for those patients. The partners advised that they were to undertake an advanced consulting skills course but had yet to set a date for this.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect.
- Within the confines of the building the practice had put arrangements in place to improve privacy in the reception area.

## Are services responsive to people's needs?

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

**Requires improvement**



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. The practice participated in the CCG led Aspiring to Clinical Excellence scheme.
- Although it was evident that the practice had taken substantial action to improve access at the practice for example, through

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improved staffing, changes to the appointment system and the imminent new telephone system some of the changes were in progress and had yet to fully demonstrate improved patient satisfaction.

- Results from the GP national patient survey published in July 2017 and feedback from patients through our comment cards showed patients continued to have difficulties accessing appointments. However, the practice's in-house annual patient survey of 450 patients showed improvements to access since 2016.
- The practice had facilities which enabled it to treat patients and meet their needs.
- Information about how to complain was available and easy to understand.
- Complaints were handled appropriately and with sensitivity. The practice reviewed trends in complaints to support service improvement and learning. CQC had received eight complaints over the last six months about the service.

## Are services well-led?

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

The practice had made significant improvements since our inspection in December 2016 to deliver a well led service. The practice had received support through the Royal College of General Practitioners, the local CCG and from Our Health Partnership (OHP). Improvements seen included clearer leadership and stronger governance arrangements.

- The practice had a vision to deliver high quality services in line with Our Health Partnership. As a member practice of OHP the practice had adopted systems and processes which supported the administration and governance of the practice and were consistent with the wider partnership.
- Practice staff had worked together through away days and regular practice meetings to identify and oversee change. There had been good progress since our previous inspection in December 2016. The practice was more organised and risks to patients, staff and others were being well managed.
- A practice manager had been recruited to provide leadership and help deliver the changes needed in order to drive improvements within the practice. Staff were clearer about their roles and responsibilities and felt supported.
- There had been improvements to the staffing of the practice with the recruitment of additional clinical and non-clinical staff.

Good



# Summary of findings

- There was a clear governance framework to support the delivery of the service and quality care. The practice performed well against QOF and other national targets. Although further work was still needed to embed changes in order to improve the patient experience for all.
- The practice sought feedback from staff and patients to identify and deliver improvement.
- The provider was aware of the requirements of the duty of candour.
- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents, ensuring appropriate action was taken and sharing the information and learning with staff.

# 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



- Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people.
- Home visits and urgent appointments were available for those with enhanced needs.
- There was a nominated GP partner who undertook visits to a large care home every two weeks. This helped to improve engagement with the care home in order to meet patient needs.
- The practice offered flu vaccinations, shingles and pneumococcal vaccinations to eligible patients in this population group.
- The practice was accessible to patients with mobility difficulties.
- Health checks were available for patients over 75 years, 115 (20%) of patients over 75 years had received a health check in the last 12 months.
- Patients at risk of falls were offered a referral to the fall service for an assessment and additional support.

### People with long term conditions

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

Good



- Clinical staff took lead roles in the management of patients with long term conditions.
- Patients with long term conditions received a structured annual review to check their health and medicines needs were being met.
- Templates were used to review long term conditions to support best practice and consistency in reviews.
- Patient's outcomes as measured through the Quality Outcomes Framework (QOF) were in most cases in line with or above CCG and national averages.
- Overall performance for diabetes related indicators (2015/16) was 90% which was comparable to the CCG and national average of 90%.



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- The practice had systems in place to follow up patients who were at risk of unplanned hospital admissions. For those patients with the most complex needs, the GPs worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice offered some in-house services for the convenience of patients such as electrocardiographs (ECGs) and phlebotomy (blood taking).
- The practice had recently recruited a pharmacist to identify and support patients in the management of medicines.

## Families, children and young people

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

Good



- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Uptake for the cervical screening programme (2015/16) was at 81% which was similar to the CCG average of 79% and national average of 81%.
- Appointments were available outside of school hours with both doctors and nurses and the premises were suitable for children and babies. The practice had baby changing facilities and was accessible to pushchairs. The practice promoted a breast feeding friendly service.
- Child health clinics and regular meetings with the health visitor took place.
- Children under 16 years were offered same day appointments or a telephone appointment as appropriate.

## 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).

Good



- The practice offered extended opening Monday to Friday from 7.30am.
- At our previous inspection in December 2016 not all patients found it easy to access appointments. The practice had made changes to try and improve access including, staggering the

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release of appointments over longer periods, increased clinical and reception staffing and the imminent installation of a new telephone system. However feedback from some patients suggested accessing appointments was, at times still difficult.

- The practice had been promoting online services (online appointments and repeat prescriptions) for the convenience of patients and had a 42% uptake.
- The practice offered NHS health checks for patients aged 40-74 years. The practice had offered 562 patients health checks in the last 12 months of these 73% attended.
- Contraception services including implants and intra uterine devices were offered at the practice.

## People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances such as those with a learning disability and those with caring responsibilities.
- The practice offered longer appointments for patients with a learning disability.
- Data available from the practice showed that there were 80 patients currently on the practice's learning disability register. The number of patients who had received a health review in the last 12 months had increased from 25% to 82%. There was a designated member of staff who undertook these reviews.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice worked closely with the substance misuse workers to provide support to relevant patients.
- The practice advertised the provision of information in a variety of formats to support patients with sensory impairments, in alternative languages to English and in an easy read format.
- The practice had a nominated carers' champion and had been working with carers to identify how they could be supported. The carers register had increased since our last inspection in December 2016 from 136 patients (1.4% of practice list) to 262 (2.7% of the practice list) at this inspection.

Good



# Summary of findings

## 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).

- Nationally reported data for 2015/16 showed 86% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the CCG average of 85% and national average 84%.
- National reported data for 2015/16 showed 94% of patients with poor mental health had comprehensive, agreed care plans documented, in the preceding 12 months which was comparable to the CCG average of 88% and national average 89%.
- Alerts were used to identify patients who may require longer appointments due to poor mental health.
- The practice had a nominated clinical lead for mental health.
- The practice had promoted an event with the Alzheimer's Society and signposted patients and their carers to local dementia clinics for further support.

Good



# Summary of findings

## What people who use the service say

The latest national GP patient survey results were published in July 2017. The results showed a mixed performance overall from the practice compared to local and national averages. Questions relating to access and overall satisfaction were significantly lower than local and national averages and in some cases performance had deteriorated since the previous national GP patient survey published in July 2016. A total of 307 survey forms were distributed and 118 (38%) were returned. This represented 1.2% of the practice's patient list.

- 43% (previously 51%) of patients found it easy to get through to this practice by phone compared to the CCG average of 59% and national average of 71%.
- 77% (previously 69%) of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 80% and national average of 84%.
- 68% (previously 77%) of patients described the overall experience of this GP practice as good compared to the CCG average of 81% national average of 85%.
- 56% (previously 71%) 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 73% and the national average of 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 19 comment cards. In most cases patients were positive about the standard of care received from

staff. However, there were a number of patients who did not feel they received a good patient experience. Six patients told us that they found it difficult obtaining an appointment. There were also five patients who commented on the quality of the service in general. For example, repeated trips to resolve an issue and long waits for a prescription amendment.

We spoke with two members of the practice's patient participation group (PPG). We found they were more positive about the service than at our previous inspection. They told us that the practice was making improvements and that they felt listened to.

The practice undertook its own annual in-house patient survey of 450 patients in September 2017. This showed improvements from their previous patient survey. For example:

- The percentage of patients who said they were very happy or satisfied with the surgery service improved from 76% in 2016 to 95% in 2017.
- The percentage of patients who said they would recommend or maybe recommend the practice improved from 72% in 2016 to 92% in 2017.

Results from the friends and family test (between October 16 and Jul 2017) showed 75% of patients who responded would be likely or extremely likely to recommend the practice to others.

# OHP-Wake Green 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 adviser and a practice manager specialist adviser.

## Background to OHP-Wake Green Surgery

Wake Green Surgery is a member of Our Health Partnership, a partnership of approximately 40 practices across the West Midlands area. The partnership aims to support the member practices in meeting the changing demands of primary care. The practice also sits within NHS Birmingham Cross City Clinical Commissioning Group (CCG). CCGs are groups of general practices that work together to plan and design local health services in England. They do this by 'commissioning' or buying health and care services.

Wake Green Surgery is located in a converted house adapted to provide primary health services. Clinical services are provided on the ground and first floors. The practice registered list size is approximately 9700 patients. Services to patients are provided under a General Medical Services (GMS) contract with NHS England. A GMS contract ensures practices provide essential services for people who are sick as well as, for example, chronic disease management and end of life care and is a nationally agreed contract. The practice also provides some enhanced services such as childhood vaccinations.

Based on data available from Public Health England, the practice is located in an area with higher than average levels of deprivation. Ranked three out of ten by Public

Health England based on indices of multiple deprivation scores (ten being the most affluent and one the most deprived). However, the area served does include areas that are prosperous as well as deprived.

Practice staff consists of four GP partners (three female and one male), two salaried GPs, two practice nurses and two health care assistants and a pharmacist. Non-clinical staff includes, a practice manager and a team of reception and administrative staff.

The practice is open Monday to Friday from 7.30am to 6.30pm, except on a Wednesday when it closes at 2.30pm. Appointment times vary between the clinical staff but are staggered throughout the day. When the practice is closed (including Wednesday afternoons) services are provided by an out of hours provider who are reached through the NHS 111 telephone service. The practice provides extended opening hours Mondays to Fridays from 7.30am.

The practice is a training practice for qualified doctors training to become a GP.

## Why we carried out this inspection

We previously undertook two comprehensive inspections of Wake Green Surgery on the 17 August 2015 and 16 December 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions.

Following our inspection on the 17 August 2015 the practice was rated as requires improvement overall. We found breaches in regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. On the 16 December 2016 we undertook a comprehensive inspection to follow up progress made by the practice since the August 2015 inspection. The practice was rated as inadequate overall

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with breaches in relation to regulation 12 (safe care and treatment) and regulation 17 (good governance). The practice was placed into special measures for a period of six months. We undertook enforcement action in respect of good governance. The full comprehensive report for these inspections can be found by selecting the 'all reports' link for Wake Green Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a further announced comprehensive inspection of Wake Green Surgery on 18 September 2017. This inspection was carried out following the period of special measures to ensure improvements had been made and to assess whether the practice could come out of special measures.

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations including the CCG to share what they knew. We carried out an announced visit on 18 September. During our visit we:

- Spoke with a range of clinical and non-clinical staff (including GPs, nursing staff, the practice manager and reception/administrative staff).
- We spoke with members of the practice's patient participation group.
- Observed how patients were being cared for in the reception area.
- Reviewed an anonymised sample of the personal care or treatment records of patients.

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Reviewed information made available to us in relation to the running of the practice.

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

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

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

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

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

# Are services safe?

## Our findings

**At our previous inspection on 16 December 2016, we rated the practice as inadequate for providing safe services as the arrangements for ensuring the safety and security of prescriptions, staff records, monitoring of emergency equipment, cleaning of clinical equipment, carpets and curtains and the accessibility of safety information for substances hazardous to health were not adequate.**

**These arrangements had significantly improved when we undertook a follow up inspection on 18 September 2017. The practice is now rated as good for providing safe services.**

**Since the inspection in December 2016 the original provider had joined the Our Health Partnership (OHP) group as a partner. The registered provider is now Our Health Partnership.**

### Safe track record and learning

There was a system in place for reporting and recording incidents and significant events.

The practice had adopted a new electronic reporting system for recording incidents and significant events which was being rolled out across all practices within the Our Health Partnership (OHP). The system enabled incidents to be shared within the wider partnership as well as within the practice. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). All staff had been trained and were encouraged to use the system.

The practice had recorded a total of 26 significant events between October 2016 and August 2017. We saw that these were routinely discussed at staff meetings to ensure action had been taken and learning shared.

Practice staff were able to share with us various incidents that had been discussed at practice meetings. For example, a system template had been created for standard doses of palliative care medicines to question the prescriber in response to an incident in which an incorrect dose had been prescribed.

The practice had effective systems in place for the management of safety alerts received such as those from the Medicines and Healthcare Products Regulatory Agency (MHRA). The practice now employed a pharmacist who supported the practice in responding and acting on these alerts. We saw discussions that had also taken place in response to other local alerts received. However, in one such alert although it had been discussed, it was not clear what action the practice had taken. One key member of staff we spoke with had not been in attendance at the meeting and was not aware of the alert, which was relevant to their role.

### Overview of safety systems and process

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to staff. Information for local safeguarding agencies was displayed throughout the practice for staff to contact for further guidance if they had concerns about a patient's welfare. There was a lead GP and deputy for safeguarding and staff knew who they were. Staff demonstrated they understood their responsibilities and were able to provide examples of concerns they had raised. All staff had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three. An alert on the patient record system ensured staff were aware at the point of contact if a patient was at risk.
- Notices were displayed throughout the practice which advised patients that chaperones were available if required. Staff who acted as chaperones had undertaken training for the role. At our previous inspection we identified that not all staff who acted as a chaperone had a Disclosure and Barring Service (DBS) check or an adequate risk assessment. (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). At this inspection we saw DBS checks were in place.

The practice maintained appropriate standards of cleanliness and hygiene.



## Are services safe?

- At our previous inspection in December 2016 we found the practice had been in need of some refurbishment. The practice had received a red rating following an infection control audit in August 2016 and the associated action plan had yet to be completed. The practice's Infection control policy did not include the arrangements for managing bodily fluid spills and effective systems for monitoring the cleaning of clinical equipment, curtains and carpets was not in place.
- At this inspection we found the practice had taken action to address the concerns previously identified in relation to infection control. We observed the premises to be visibly clean and tidy. The waiting and clinical areas had recently been refurbished, carpets had been replaced with hard flooring and cloth curtains replaced with disposable ones. The practice had three infection prevention and control (IPC) leads who liaised with the local infection prevention teams. There were cleaning schedules and monitoring systems in place for the premises and for items of clinical equipment. Staff had access to personal protective equipment and a wide range of IPC policies and procedures. A recent infection control audit had been carried out in which the practice received a score of 97%, actions identified were either in progress or had been completed.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security, and disposal).

- At our previous inspection in December 2016 we found that the practice did not have effective systems for the safe and secure management of prescription stationery (including those used for drugs misuse instalments or blue prescriptions). Practice policies for managing uncollected prescriptions were not being followed. We found the storage of prescriptions and vaccines in one of the practice's medicines fridges disorganised.
- At this inspection we found the practice had taken action to address the concerns previously identified in relation to the management of medicines. The practice had introduced clear systems for recording prescriptions used and these were stored securely and safely. There were clear arrangements for managing uncollected prescriptions which were checked regularly

and seen by a GP to decide if any action was required. Storage arrangements for prescription stationery and vaccines were well organised. Staff we spoke with were knowledgeable about the processes.

- There were processes for handling repeat prescriptions which included the review of high risk medicines. We looked at a sample of patient records and found patients on high risk medicines were appropriately monitored. Repeat prescriptions were signed before being issued to patients and there was a reliable process to ensure this occurred. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- The practice had recently employed a pharmacist to support the practice in the safe management of medicines. They were able to support with patient medicine reviews and queries arising. The practice was also participating in a medicines waste project.

We found appropriate arrangements in place for the recruitment of new staff.

- At our previous inspection in December 2016 the practice was unable to demonstrate appropriate recruitment checks had been undertaken prior to the employment of new staff. At this inspection we reviewed the personnel files for five members of staff 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

- At our previous inspection in December 2016 we identified some areas where risks were not well managed. Control of Substances Hazardous to Health (COSHH) safety information for products used on the premises was not easily accessible in an emergency. At this inspection we found COSHH safety information readily available if needed.
- At this inspection we found risks to patient safety were assessed and well managed.



## Are services safe?

- There was a health and safety policy available and procedures in place for monitoring and managing risks to patient and staff safety.
- The practice had an up to date fire risk assessment in place for the premises and fire equipment had been checked. We saw evidence of regular alarm testing and fire drills. Staff received fire safety training.
- The practice had a variety of other risk assessments in place to monitor the safety of the premises such as the control of substances hazardous to health (COSHH) and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order. Checks had been carried out within the last 12 months.
- Since our previous inspection the practice had recruited two new salaried GPs, a pharmacist, a practice manager and a practice nurse. The practice recognised that further recruitment was needed as one of the GP partners and a practice nurse had left the team during the last six months. The practice requested where possible six weeks notice for leave. We saw annual leave discussions taking place between the partners at practice meetings to ensure enough cover was available. If needed the practice made use of locum staff. For example, a regular locum practice nurse was utilised to support the shortages in the nursing team. Administrative staff told us that they worked flexibly to

support each other in order to provide cover during periods of leave. The practice had closed its list for a fixed period to new patients (with a few exceptions) to enable themselves to focus on improvements needed.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers and panic alarms in the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training.
- Emergency equipment and medicines were accessible to practice staff and stored in a secure areas of the practice. Staff we spoke with knew of their location. The emergency medicine and equipment was organised and monitored by the practice nurse. At our previous inspection in December 2016 we were unable to verify the two practice defibrillators were regularly checked to ensure they were in good working order. At this inspection we saw records were maintained which showed the emergency equipment and medicines were regularly checked to ensure they were in date and working order. There were adult and children's masks available for the oxygen and nebuliser and adult and children's pads available and in date for the defibrillator.
- The practice had a business continuity plan for major incidents such as power failure or building damage. The plan contained emergency contact numbers for staff and services that might be needed. Copies were held off site if needed.

# Are services effective?

(for example, treatment is effective)

## Our findings

**At our previous inspection on 16 December 2017 we rated the practice as inadequate for providing effective services. The arrangements for managing patient information in a timely way, referral processes to secondary care and working arrangements with health and social care professionals needed improving.**

**These arrangements had significantly improved when we undertook a follow up inspection on 18 September 2016. The practice is now rated as good for providing effective services.**

**Since the inspection in December 2016 the original provider had joined the Our Health Partnership (OHP) group as a partner. The registered provider is now Our Health Partnership.**

### Effective needs assessment

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

- The practice had systems 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.
- NICE guidance was discussed in clinical meetings and we saw evidence of this.
- The practice was a training practice for qualified doctors training to become a GP, practice staff told us that this helped them keep their knowledge up to date.
- Clinical staff attended corporate and CCG meetings and learning events.

### 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 for 2015/16. This data showed the practice had achieved 98% of the total number

of points available, which was comparable to the CCG and national average of 95%. Overall exception reporting by the practice was 7% compared to the CCG and national average of 10%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

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

- Performance for diabetes related indicators was 90% which was comparable to the CCG average of 91% and national average of 90%.
- Performance for mental health related indicators was 100% which was higher than the CCG average of 91% and national average of 93%. Exception reporting was lower than CCG and national averages in five out of the six mental health indicators.

Unpublished QOF data for the current year (2017/18) shows the practice continues to make good progress against QOF indicators.

There was evidence of quality improvement including clinical audit:

The practice shared with us examples of audits that they had recently undertaken. This included a full cycle audit which looked at the management of patients on a medicine used to treat an underactive thyroid. Patients identified were reviewed to ensure appropriate blood tests were taken to check their medicine remained at the correct dosage. The practice showed improvement between the first and second audit cycle. The number of patients who had not received a blood test had reduced from 42 to 11 patients out the 263 patients identified.

A second audit seen reviewed the use of intra uterine systems (contraceptive devices) and requests for early removal due to common side effects. The practice reviewed the consent process to ensure appropriate discussion of side effects took place. No concerns were identified and good consent processes were identified.

Prescribing data for (2015/16) showed the practice performed well compared to other practices locally and nationally as a low prescriber of hypnotics and antibiotics, although prescribing of broad spectrum antibiotics was slightly higher than the local and national averages.

# Are services effective?

## (for example, treatment is effective)

### Effective staffing

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

- At our previous inspection in December 2016 the practice was unable to demonstrate that there was an effective induction and appraisal process in place. At this inspection the practice was able to demonstrate that systems were in place to ensure staff received inductions and annual appraisals. We spoke to a recently recruited member of staff who confirmed that they had been through a formal recruitment process and received an induction which included training and buddy support from a more experienced member of the team.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and guidance.
- Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. Staff found the practice supportive of training and were given opportunities to develop. For example, the newly recruited practice nurse was undertaking a practice nurse course at a local university, they also received supervision and support from the partners and through the wider partnership. They had been given opportunities to work with nursing staff at other practices.
- Other members of staff had also been given opportunities to develop. For example, two members of the administrative team had gone on to train as a health care assistant and phlebotomist.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. Training was monitored to ensure staff remained up to date.

### Coordinating patient care and information sharing

At our previous inspection in December 2016 we found that the information needed to plan and deliver patients care and treatment was not consistently actioned in a timely manner. There was a backlog of information that had not

been actioned in a timely way including hospital discharge letters and test results. Internal monitoring arrangements had been ineffective in managing this backlog. We also identified concerns relating to delays in patient referrals to secondary care. Patients were therefore at risk of potential delays in care and treatment.

At this inspection we found the practice had taken action and had put in place systems to support the timely management of patient information and referrals.

Feedback from the four health and social care professionals we spoke with had improved regarding the working arrangements. The staff we spoke with told us that the arrangements in place were working better.

The practice had approximately 20 patients at a local care home, a nominated GP from the practice was developing relationships with this home and was undertaking a visit to the home every two weeks.

### 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 and guidelines for capacity to consent in children and young people.
- An audit had been undertaken to assess the effectiveness of the consent process for patients undergoing the fitting of intrauterine systems to ensure risks and side effects were discussed.

### Supporting patients to live healthier lives

Information was displayed in the practice to support health promotion and prevention. The practice website also provided links to health information that patients could refer to. Staff we spoke with were aware of services they could refer or signpost to if a patient needed further support such as smoking cessation, lifestyle advice and counselling. The practice had recently piloted a walking group, to promote exercise with patients who may benefit from it.

The practice's uptake for the cervical screening programme (2015/16) was 81%, which was comparable to the CCG average of 79% and the national average of 81%. There were failsafe systems in place to ensure results were

# Are services effective?

(for example, treatment is effective)

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. Administrative staff supported the nurses in recalling patients where appropriate for their cervical screening test.

The uptake of national screening programmes for bowel and breast cancer screening was also comparable to the CCG and national averages. For example cancer data from Public Health England (2015/16) showed:

- 74% of females aged 50-70 years of age had been screened for breast cancer in the last 36 months compared to the CCG average of 69% and the national average of 73%.
- 59% of patients aged 60-69 years, had been screened for bowel cancer in the last 30 months compared to the CCG average of 50% and the national average of 58%.

Childhood immunisation rates for the vaccinations given to under two year olds and five year olds were meeting national standards of 90%. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 91% to 96%. Immunisation rates for five year olds ranged from 92% to 98% which were slightly above the national average of 88% to 94%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74.

The practice also undertook health reviews for patients with a learning disability and the numbers of reviews carried out had improved since our previous inspection. At the time of this inspection there were 83 patients registered on the practice list with a learning disability 82% had received a health review in the previous 12 months compared to 25% at our last inspection in December 2016.

# Are services caring?

## Our findings

**At our previous inspection on 16 December 2017, we rated the practice as good for providing caring services. The practice rating for providing caring services remains unchanged.**

### Kindness, dignity, respect and compassion

During the inspection we observed 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.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard. Consulting rooms had key pad access reducing the risk of unauthorised access.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

We received feedback from 19 patients through the Care Quality Commission comment cards and from two members of the patient participation group we spoke with on the day. The feedback was mixed although most patients were positive about the care and treatment they received.

Since the last inspection in December 2016 we had also received comments from eight patients who were unhappy with the care and treatment they had received from the practice. Two of these were received after the change in provider organisation. These were shared anonymously with the practice. Following the inspection the practice advised us that they had discussed the themes as a team and were hoping that changes and improvements being made within the practice would reduce the number of complaints in the future. Clinical staff told us that they planned to undertake the Royal College of General Practitioners Advanced Consulting Skills Course but did not yet have a date for when this would be completed.

Results from the latest national GP patient survey published in July 2017 showed patient satisfaction was in most areas comparable to CCG and national averages for satisfaction scores on consultations with GPs and nurses

and helpfulness of reception staff. Although, there were some areas where scores had declined slightly since the previous national GP patient survey published in July 2016. For example:

- 81% (previously 87%) of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 79% (previously 84%) of patients said the GP gave them enough time compared to the CCG and the national average of 86%.
- 95% (previously 92%) of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 81% (previously 81%) of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average of 86%.
- 91% (previously 90%) of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 88% and national average of 91%.
- 80% (previously 84%) of patients said they found the receptionists at the practice helpful compared to the CCG average of 83% and the national average of 87%.

The practice had undertaken its own in-house annual patient survey. The latest was carried out in September 2017 in conjunction with the practice's patient participation group. A total of 450 patients had completed the survey, at the time of the inspection the survey had only just been completed and analysed. There has been some improvement on the previous in-house survey undertaken in September 2016. For example:

- The percentage of patients who said they were very happy or satisfied with the surgery service improved from 76% in 2016 to 95% in 2017.
- The percentage of patients who said they would recommend or maybe recommend the practice improved from 72% in 2016 to 92% in 2017.

### Care planning and involvement in decisions about care and treatment

Feedback from the CQC patient comment cards indicated that most patients felt involved in decision making about the care and treatment they received.

## Are services caring?

Results from the national GP patient survey (published July 2017) showed patient responses to questions about their involvement in planning and making decisions about their care and treatment were slightly lower than local and national averages. For example:

- 82% (previously 79%) of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 70% (previously 74%) of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG and national average of 82%.
- 83% (previously 77%) of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 84% and national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care and treatment. This included translation services for patients who did not speak English as a first language. Reception staff held a resource file to help identify patients' different communication needs. The practice also had a hearing loop and a notice displayed in the waiting area which told patients that they could request information in an alternative format.

### **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.

The practice's computer system alerted GPs if a patient was also a carer. There was a designated carers' board which informed carers including young carers about support available. There was a named carers' champion within the reception team to provide support and promote services for carers. The practice had increased the number of identified carers on its list from 136 (1.4%) at our previous inspection in December 2016 to 262 (2.7%) at this inspection. Practice staff told us that patients on the carers register would be offered a health check and flu vaccination. There were plans to hold a carers' events in conjunction with the PPG, discussions had taken place with carers to find out how this could most effectively be done.

Staff told us that if families had suffered bereavement their usual GP would write to them to offer their condolences with information about local counselling services. We were advised GPs would also follow up patients to offer support from the practice.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

**At our previous inspection on 16 December 2016, we rated the practice as requires improvement for providing responsive services. We identified a high number of complaints and although trends had been identified there had been no effective action taken to address those trends.**

**At this inspection we found that the practice had taken action to improve access to services in response to patient feedback. The practice's own patient survey indicated some improvement to patient satisfaction in relation to access. However, during the inspection we also received information that access was still difficult for some patients. The practice had also taken action to review trends in complaints and identify areas for improvement. Complaints received by the practice were handled with sensitivity however, a number of complaints had been received via CQC over the last six months. Two of these were received since the provider had joined the Our Health Partnership (OHP) group as a partner.**

**The practice therefore continues to be rated as requires improvement for providing responsive services.**

### Responding to and meeting people's needs

Since our previous inspection in December 2016 the practice has continued to work with their Clinical Commissioning Group (CCG) to support the needs of their local population. The practice participates in the CCG led Aspiring to Clinical Excellence (ACE) programme aimed at driving standards and consistency in primary care and delivering innovation. The CCG informed us that the practice had passed their ACE foundation level for 2016/17. The practice was also working with the Royal College of General Practitioners and Our Health Partnership to deliver an action plan of improvements to the service.

- The practice offered extended opening hours Monday to Friday from 7.30am for working patients and those with other commitments who could not attend during normal opening hours.
- Staff told us that they would allocate longer appointments for patients who needed them such as patients with a learning disability.

- Home visits were available for patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical needs who required same day consultations.
- Patients were able to receive travel vaccines available on the NHS.
- There were disabled facilities, including parking spaces, disabled toilet facilities and ramp access into the premises. A bell outside the practice alerted staff if any patient was in need of assistance.
- There were two clinical rooms located on the first floor. If a patient was unable to use the stairs staff told us that they would make provision for the patient to be seen in downstairs.
- The practice had a hearing loop and translation services were available. Notices were also displayed in reception offering patients information in different formats on request.
- The practice provided baby changing facilities and was accessible to pushchairs. A room was made available for patients who wished to breast feed.
- The practice worked closely with a substance misuse worker to provide support to relevant patients.

### Access to the service

The practice opened Monday to Friday 7.30am to 6.30pm, except on a Wednesday when it closed at 2.30pm. Appointment times varied between the clinical staff and were staggered throughout the day. When the practice was closed (including Wednesday afternoons) services were provided by an out of hours provider which was reached through the NHS 111 telephone service. In response to patient feedback the practice had recently reviewed its appointment system. Advance appointments were now released over several days and same day appointments released twice a day. In addition to pre bookable appointments the practice offered a duty doctor / triage system. This was available for patients who want telephone advice, to deal with queries such as those relating to test results or other medical issues; as faster access for members of the health and social care team to discuss patients jointly managed and for patients who are unable to get an appointment in the time frame they expect. The duty doctor was also able to book appointments in the after work session between 6.30pm and 7pm.

# Are services responsive to people's needs?

## (for example, to feedback?)

Results from the national GP patient survey (published July 2017) showed that patient's satisfaction with how they could access care and treatment was mixed. Patients' ability to get an appointment, including one that was convenient was in line with CCG and national averages. However the experience of making an appointment, getting through on the phone and waiting times to be seen were below local and national averages. There was little improvement in the survey scores since the previous national GP patient survey published in July 2016.

- 64% (previously 70%) of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and national average of 76%.
- 43% (previously 51%) of patients said they could get through easily to the practice by phone compared to the CCG average of 59% the national average of 71%.
- 77% 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 average of 80% and the national average of 84%.
- 78% of patients said their last appointment was convenient compared with the CCG average of 75% and the national average of 81%.
- 49% of patients described their experience of making an appointment as good compared with the CCG average of 66% and the national average of 73%.
- 40% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 51% and the national average of 58%.

However, results from the practice's own in-house annual patient survey of 450 patients showed improvements in some areas over the last year in relation to access. For example:

- The percentage of patients who said they were able to get through to the surgery on the phone improved from 48% in 2016 to 73% in 2017.
- The percentage of patients who said they were able to speak with a doctor had improved from 64% in 2016 to 85% in 2017.
- The percentage of patients who said they were seen within 15 minutes of their appointment time improved from 53% in 2016 to 89% in 2017.

Of the 19 completed CQC patient comment cards six patients told us that they experienced difficulties accessing appointments and two patients said they had experienced long waits.

On the day of our inspection we saw that the next available routine GP appointment was available within 3 working days. The next available routine nurse appointment was within 10 working days and for a routine blood test within 17 days of our inspection.

At our previous inspection in December 2016 practice staff told us about action they were taking to improve access in response to patient feedback. This included the recruitment of two new salaried GPs due to start in January 2017. At this inspection we saw that these GPs were now in place. In December 2016 we were told that a new telephone system was planned to improve telephone access. At this inspection we saw that the new telephone system was in the process of being installed and was soon to be operational. Since our inspection in December 2016 the practice had also recruited two additional reception staff and had been promoting the use of online appointments; a 42% sign up for the online appointment system had been achieved. The practice was also looking to fill a recent vacancy in the nursing team. Other action taken included an appointment audit to identify need and recent changes to the release of appointments so that they could be staggered over time. Catch up slots were also added to try and address delays reported by patients. As these changes had only recently been implemented the impact had yet to be fully assessed.

### Listening and learning from concerns and complaints

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

- Its 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. A complaints leaflet was available for patients to take away which provided details such as expected timescales and what to do if the patient is unhappy with the practice's response. Information was also available on the practice website.

The practice had received 21 complaints between October 2016 and September 2017. We looked at two complaints in detail and saw that these had been appropriately managed with openness and sensitivity in a timely way.



# Are services responsive to people's needs?

(for example, to feedback?)

At our previous inspection in December 2016 we found the practice was not effectively using complaints to improve the service and learn from them. At this inspection we found that systems had been implemented to ensure trends in complaints were being reviewed. There was a good cross over and recording of complaints that were also significant events.

However, CQC had received a number of complaints from patients about the service over the last six months which we shared with the practice and OHP on an anonymous basis to support service improvement.

We also received comments from five patients through our CQC comment cards who were less positive about their patient experiences. For example, one patient told us about repeated trips to resolve an issue and another long waits for a prescription amendment.

We asked practice staff about how they managed verbal complaints, the practice held a 'niggles' book for recording verbal complaints where patients did not want to raise a full formal complaint. We saw that these were discussed at practice meetings. However, not all reception staff were aware of a process for recording verbal complaints and said these would be managed at the time and logged in patient records. Following the inspection the practice told us that there were new staff who had not completed their full level of competency in handling complaints and were working under supervision so many not have been fully aware of the systems in place at the time.

# Are services well-led?

Good 

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

## Our findings

**At our previous inspection on 16 December 2016, we rated the practice as inadequate for providing well-led services as the practice governance arrangements were not effective in managing risks to persons employed, service users and others.**

**Enforcement action was taken in respect of some of the issues these issues and found arrangements had significantly improved when we undertook a follow up inspection of the service on 18 September 2017. The practice is now rated as good for being well-led.**

**Since the inspection in December 2016 the original provider had joined the Our Health Partnership (OHP) group as a partner. The registered provider is now Our Health Partnership.**

### Vision and strategy

At our previous inspection in December 2016 the practice had faced difficulties with regards to the management of the practice. The former practice manager had left six months earlier and there was a lack of clear leadership within the practice. Practice staff told us of a significant information governance incident in which practice information had been lost and that they were trying to rectify. The practice had considered the future vision for the practice and had joined Our Health Partnership (OHP), a partnership of nearly 40 practices in the West Midlands working together to respond to the changing demands in primary care.

At this inspection Our Health Partnership had formally registered as a provider with CQC and were supporting the day to day running of the practices within the partnership. A business plan had been developed that was aligned to the vision and values of this partnership. Over the last nine months the practice had focussed on delivering improvements identified at the previous inspection, they had enlisted the support of the Royal College of General Practitioners and the local CCG. There was a comprehensive action plan in place which was shared with us. The practice was making good progress against this action plan. A new practice manager had been recruited since early 2017 to support the changes. The practice had also recruited several clinical members of staff including two salaried GPs, a pharmacist and a practice nurse.

The practice was aware of the limitations of the premises to enable it to expand. The practice was exploring potential opportunities but these were unlikely to come to fruition in the near future. The practice list was temporarily closed to new patients with a few exceptions to enable improvements to be made.

### Governance arrangements

At our previous inspection in December 2016 we found the governance arrangements at the practice were not sufficiently adequate to effectively assess and monitor risks and enable the delivery of service improvements.

At this inspection we found significant improvements in the governance of the practice.

- There was clear leadership in the practice as well as a clear staffing structure. Staff were aware of their own roles and responsibilities.
- As part of OHP the practice had adopted corporate policies and where appropriate had made these specific to the practice. These were accessible to all staff and up to date.
- Corporate IT systems had also been implemented which supported the administration of the practice.
- The practice had responded to the concerns raised at our last inspection. For example, systems and processes had been put in place to minimise the risk of delays in actioning test results and referrals. Monitoring report had been sent to CQC on a monthly basis to demonstrate progress made. There were also significant improvements in the management of prescription stationery.
- At our previous inspection in December 2016 we identified delays in implementing actions following audits. For example, in relation to infection control. At this inspection we found good progress on actions identified following a recent infection control audit undertaken by the CCG.
- At our previous inspection in December 2016 we were concerned about the practice's management of some risks associated with the premises. At this inspection we found appropriate arrangements in place for identifying, recording and managing risks, issues and implementing mitigating actions relating to the premises.
- The practice was performing well in relation to QOF and the CCG led ACE programme. Areas where the practice felt they could improve had been identified and action plan put in place.

# Are services well-led?

Good 

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

- Significant events and complaints were routinely discussed at staff meetings and the practice had started to implement bi-annual meeting to review trends.
- The practice website was being monitored to ensure information held on it was kept up to date.

## Leadership and culture

At our previous inspection in December 2016 we found the practice was disorganised, staff lacked direction and systems and processes were not always effectively implemented.

At this inspection we found there had been significant improvements. There was clearer leadership within the practice to drive forward improvement. Practice away days had taken place to bring staff together as a team. The practice also had the wider support of Our Health Partnership. On the day of inspection practice staff demonstrated that they had the experience, capacity and capability to run the practice and ensure quality care.

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). The provider encouraged a culture of openness and honesty. Although, there had not been any recently reported incidents in which the practice had needed to contact the patient, there were systems to ensure that when things went wrong with care and treatment affected people would receive reasonable support, truthful information and an apology and for maintaining records of interactions with patients.

Staff found the leadership within the practice as approachable and supportive.

- The practice held and minuted a range of multi-disciplinary meetings including meetings with community based staff such as district nurses, health visitors and members of the community mental health team.
- The practice held regular practice meetings attended by all staff. Minutes of meetings were well documented and available for practice staff to view.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any

issues at practice meetings and felt confident and supported in doing so. One member of staff told us that they felt morale was higher as a result of changes made such as increased staffing.

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

The practice encouraged feedback from patients and had a leaflet informing patients on how they could provide feedback about the service. Patients were also able to provide feedback through the patient participation group (PPG), annual in-house patient survey and friends and family test.

- We saw that the practice had collated feedback from various sources including the patient survey, friends and family test and NHS choices and that there was an on-going action plan in place.
- There was an area in the waiting room dedicated for the patient participation group (PPG) to share information and minutes of meetings. The PPG met regularly and supported with the annual in-house patient survey. The latest survey had been carried out during September 2017. There were approximately six active PPG members and we spoke with two of the members. They were positive about the changes and improvements being made to the practice. We discussed changes made as a result of feedback which included the promotion of breast screening to those over 70 years.
- We saw that the practice reviewed and responded to feedback received through the NHS choices website.
- However, we received a number of complaints about the service at CQC. Patient satisfaction relating to access in particular continued to be an issue. There was evidence that the practice was trying to address this for example, through a new telephone systems and additional staffing in place. The partners told us that they were also planning to attend a Royal College of General Practitioner's advanced consulting skills course in the near future.
- Results from the friends and family test (between October 2016 and July 2017) showed 75% of patients who responded would be likely or extremely likely to recommend the practice to others.
- The practice had gathered feedback from staff through practice meetings, away days, appraisals, and

# Are services well-led?

Good 

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

discussion. Staff we spoke with told us they had opportunities to give feedback and discuss any concerns or issues with colleagues and management and felt confident to do so.

## Continuous improvement

The practice had made significant improvements in the running of the practice since our previous inspection. There were improvements to staffing and skill mix within the practice. Staff were supported and given the opportunities to develop skills that would benefit the needs of patients at the practice.