Dr Jayesh Bhatt

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Jayesh Bhatt on 9 June 2016. The overall rating for the practice was requires improvement. The full comprehensive report from the inspection undertaken on 9 June 2016 can be found by selecting the 'all reports' link for Dr Jayesh Bhatt on our website at www.cqc.org.uk.

As a result of our findings from this inspection CQC issued a requirement notice for the identified breaches of Regulations 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Breaches identified related to concerns associated with the management of significant events, absence of mandatory training, lack of action being taken to mitigate against infection control risks and deficiencies in arrangements to deal with medical emergencies.

This inspection was undertaken within 12 months of the publication of the last inspection report as the practice was rated as requires improvement for two of the key questions; are services safe? and are services well led? and so requires improvement overall. This was an announced comprehensive inspection completed on 12 October 2017. Overall the practice is now rated as requires improvement.

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

- Systems to manage clinical correspondence were not effective and printer prescriptions were not stored securely and their use was not monitored. Checks of emergency equipment were not always documented and there were no systems in place which checked clinical staff's professional registration and to ensure that all staff had adequate indemnity insurance in place. However, risks associated with the premises including fire and infection control were assessed and well managed.
- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the

Summary of findings

clinical skills and knowledge to deliver effective care and treatment. However, most staff had not received information governance training in the last 12 months and some staff were not receiving regular appraisals.

- There was minimal evidence of quality improvement work being undertaken.
- The practice were performing below national and local averages for their management of patients with mental health conditions and only four of the 26 patients on their learning disability register had received an annual review.
- 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.
- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on. However there were deficiencies in governance which undermined the safe provision of care.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

The areas where the provider must make improvement are:

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out the duties.

The areas where the provider should make improvement

- Advertise translation in waiting area.
- Take action to increase the proportion of patients who receive appropriate and timely reviews.
- Asssess and take action to increase the uptake of the MMR vaccine

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?

Requires improvement

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

- The practice did not have effective systems in place to ensure that clinical correspondence was reviewed and acted upon in a timely manner. We found that 80 letters had not been reviewed by the practice between 9 October 2017 and 20 September 2017 and of those letters reviewed during the inspection some required actions to be taken by the practice had not been taken. We were provided with evidence after our inspection that this backlog had been cleared.
- The practice did not have systems in place to monitor prescription use or ensure that prescriptions were stored securely. We were provided with evidence after our inspection that a system had been instituted.
- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices to minimise risks associated with the management of the premises including those associated with infection control and fire.
- There was no system in place to check professional registrations of clinical staff or ensure that all staff had medical indemnity in place. Though the practice had taken action to address this after the inspection.
- 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 adequate arrangements to respond to emergencies and major incidents although there was not an effective system in place to ensure checks of the practice oxygen and emergency medicines were documented.

Are services effective?

Requires improvement

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

Summary of findings

- Data from the Quality and Outcomes Framework showed patient outcomes were comparable to the national average in most areas. However scores for the management of patients with mental illnesses, including dementia, and those with COPD were below the local national average in 2015/16. Subsequent to our inspection data for 2016/17 was published which indicated that performance of COPD was now in line with local and national averages. The proportion of dementia patients reviewed was also now in line with other practices and although mental health performance data had improved it was still below local and national averages. The practice had undertaken learning disability reviews for four of the 26 patients on their learning disability register.
- Staff were aware of current evidence based guidance.
- There was limited clinical audit and quality improvement work.
- Staff had the clinical skills and knowledge to deliver effective care and treatment though most staff had not received information governance training within the last 12 months.
- Not all staff received regular appraisals.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Survey information we reviewed showed that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 92 patients as carers (1.6% of the practice list). Written information was available to direct carers to the various avenues of support available to them on a carer's notice board in the waiting area.

Are services responsive to people's needs?

Good

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

Summary of findings

example the practice held a consultant-led in-reach paediatric clinic for patients under 15 once every three months which two other practices in the area could book patients into. The other practices involved also held monthly clinics which the practice could book patients into.

- 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.
- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from three examples reviewed showed the practice responded quickly to issues raised.

Are services well-led?

Inadequate

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

- The practice's vision and strategy to deliver high quality care and promote good outcomes for patients was hindered by the lack of effective governance which undermined patient safety.
- There was a clear leadership structure and staff felt supported by management. However, policies and procedures were either lacking in key areas or did not operate effectively. For example there was no system in place to monitor prescription use and clinical correspondence was not being acted upon in a timely manner.
- There were arrangements to monitor risks associated with the premises including fire and infection but little evidence of work to improve quality.
- The practice had an induction programme in place and staff were regularly undertaking clinical update training and were encouraged to keep their skills up to date. However, some staff were not receiving regular appraisals and some staff had not completed information governance training within the last 12 months.
- The provider was aware of the requirements of the duty of candour. We saw the practice had systems in place to ensure compliance with duty.
- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.

Summary of findings

- 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.

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

Requires improvement

The practice is rated as requires improvement for safe and effective and inadequate for well-led leading to the practice being rated as requires improvement overall. The issues identified impact on the care provided to this population group.

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice provided GP services to two thirds of the residents at a local residential care home. The home manager said that the practice would promptly respond when asked to, provided high quality care and treatment and displayed a caring and compassionate attitude towards staff and residents.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population. For instance the practice ran an in-house phlebotomy clinic for older patients who would find it difficult to travel to the hospital based phlebotomy service.
- 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. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs. However, it was evident from reviewing clinical correspondence received by the practice that systems did not guarantee that this would be done in a timely fashion.
- Where older patients had complex needs, the practice shared summary care records with local care services.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible.

People with long term conditions

Requires improvement

The practice is rated as requires improvement for safe and effective and inadequate for well-led leading to the practice being rated as requires improvement overall. The issues identified impact on the care provided to this population group.

Summary of findings

- Staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes was comparable to the local and national average.
- 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. However, it was evident from reviewing clinical correspondence received by the practice that systems did not guarantee that this would be done in a timely fashion.
- 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 named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. Specifically the practice participated in virtual clinics (clinics where complex patients records are reviewed and care plans agreed with the input and advice of a specialist consultant) for chronic obstructive pulmonary disease, diabetes, atrial fibrillation and asthma.

Families, children and young people

Requires improvement

The practice is rated as requires improvement for safe and effective and inadequate for well-led leading to the practice being rated as requires improvement overall. The issues identified impact on the care provided to this population group.

- From the sample of documented examples we reviewed we found there were systems 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 most standard childhood immunisations.
- The practice provided 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 worked hosted midwives and health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health

Summary of findings

surveillance clinics. The practice had visits from the local school to introduce under 5s to the local health visitor. The practice also ran joint in reach paediatric clinics with the support of two practices and a consultant paediatrician.
- 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)

Requires improvement

The practice is rated as requires improvement for safe and effective and inadequate for well-led leading to the practice being rated as requires improvement overall. The issues identified impact on the care provided to this population group.

- 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, for example, extended opening hours. Saturday appointments were offered at the local extended access hub.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

People whose circumstances may make them vulnerable

Requires improvement

The practice is rated as requires improvement for safe and effective and inadequate for well-led leading to the practice being rated as requires improvement overall. The issues identified impact on the care provided to this population group.

- 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. However though the practice had 26 patients on their learning disability register only four annual health checks had been completed for this group. 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. The practice had trained a member of the administrative staff to act as a primary care navigator who could refer vulnerable patients to local support services.

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- Staff interviewed knew 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.

People experiencing poor mental health (including people with dementia)

Requires improvement 

The practice is rated as requires improvement for safe and effective and inadequate for well-led leading to the practice being rated as requires improvement overall. The issues identified impact on the care provided to this population group.

- The practice carried out advance care planning for patients living with dementia with 77% of these patients diagnosed with dementia having their care reviewed in a face to face meeting in the last 12 months which is comparable to the national average.
- The practice hosted workers from a drug and alcohol support service.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- 1% (62 patients) of the practice's list had severe mental health problems. Performance for some other mental health indicators was lower than the local and national average.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- 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. However, it was evident from reviewing clinical correspondence received by the practice that systems did not guarantee that this would be done in a timely fashion.
- 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

The national GP patient survey results were published in July 2017. The results showed the practice was performing in line with or above local and national averages. Three hundred survey forms were distributed and 102 were returned. This represented 2% of the practice's patient list.

- 91% of patients described the overall experience of this GP practice as good compared with the CCG average of 79% and the national average of 85%.
- 80% of patients described their experience of making an appointment as good compared with the CCG average of 69% and the national average of 73%.
- 84% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the local average of 74% and the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 28 comment cards, 27 of which were exclusively positive about the standard of care received with patient saying that staff were kind and considerate, patient's views were listened to and that privacy was respected.

We spoke with seven patients during the inspection. All seven patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Dr Jayesh Bhatt

Detailed findings

Our inspection team

Our inspection team was led by:

The inspection team was led by a CQC Lead Inspector**.** The team included a GP specialist adviser and an Expert by Experience.

Background to Dr Jayesh Bhatt

Dr Jayesh Bhatt is part of Southwark CCG and serves approximately 5,800 patients. The practice informed us that their patient population had increased as a result of other local practices in the area having recently closed down and there had been 500 additional patients added to their list since our last inspection. The practice told us that they had to undertake a lot of additional work to review new patients; particularly those with long term conditions or complex needs.

The practice is registered with the CQC for the following regulated activities: Family Planning; Treatment of Disease, Disorder or Injury; Maternity and Midwifery Services; Diagnostic and Screening Procedures.

The demographics of the practice population is broadly comparable to national averages. The practice is ranked in the second most deprived decile on the Index of Multiple Deprivation and the levels of deprivation affecting children and older people is approximately twice the national average.

The practice is run by one female and one male partner. There are two salaried female GPs, a female practice nurse and a female healthcare assistant. The practice is supported by locum GPs who work between five and six sessions per week. The practice plans to recruit additional salaried GPs.

The practice is open between from 8am every week day except Thursday when the practice opens at 7am. The practice closed at 6.30pm every week day except Monday when it remains open until 7.30pm. The practice provides a maximum of 28 GP sessions per week including six locum sessions.

The practice could also refer patients to a local extended access in centre which was open from 7.30am until 10pm Monday to Friday and 8am until 8pm.

Dr Jayesh Bhatt operates from Park Medical Centre, London, Southwark SE16 2PE which are purpose built premises located on ground level. The service is accessible for those with mobility problems. Practice patients are directed to contact the local out of hours provider when the surgery is closed.

The practice operates under a Personal Medical Services (PMS) contract, and is signed up to a number of local and national enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract). These are: Childhood Vaccination and Immunisation Scheme, Extended Hours Access, Facilitating Timely Diagnosis and Support for People with Dementia, Improving Patient Online Access, Influenza and Pneumococcal Immunisations, Learning Disabilities, Rotavirus and Shingles Immunisation.

The practice is part of GP federation Quay Health Solutions.

Detailed findings

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, we reviewed a range of information we hold about the practice and asked other organisations, including staff at a local care home, to share what they knew. We carried out an announced visit on 12 October 2017. During our visit we:

- Spoke with a range of staff (GPs, nurses, the practice healthcare assistant, the practice manager and administrative staff) and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area and talked with c family members
- Reviewed a 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.
- Looked at information the practice used to deliver care and treatment plans.

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 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.

Requires improvement

Are services safe?

Our findings

At our previous inspection on 9 June 2016, we rated the practice as requires improvement for providing safe services as:

- There was not always clear learning stemming from significant events and patients were not always informed about the incident.
- Risks associated with infection control were not well managed.
- One of the oxygen masks stored with the practices emergency equipment had expired and the practice's supply of emergency medicines was not in line with guidelines and the absence of certain medications had not been risk assessed.

In addition to the breaches of regulation we also other identified issues and recommended the practice should take action to address these including:

- Non clinical equipment had not been checked to see if it was safe to use for a number of years.
- Adequate recruitment checks were not being completed and staff had not undertaken the required training in accordance with current guidelines.

At this inspection we found that although these issues had been addressed there were additional concerns raised. Systems for reviewing clinical correspondence for other healthcare organisations were not effective and the arrangements for monitoring urgent referrals was unclear and did not ensure referrals were followed up with sufficient regularity. Printer prescriptions were not securely stored and their use was not monitored. We also found that checks of some emergency equipment were not being documented. Consequently the practice remains rated as requires improvement for providing safe services.

Safe track record and learning

At our previous inspection we found that there was not always clear learning from significant events and patients were not always informed about incidents which impacted them. At this inspection we found there was a system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. 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).
- From the 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. The practice carried out a thorough analysis of the significant events.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, we reviewed an incident where a patient was not followed up after a period of monitoring. The practice addressed the issue with the individual patient and put in place a safety netting system whereby patients were booked for a follow up telephone consultation when monitoring was initiated to ensure that GPs reviewed and followed up the patient after the period of monitoring had ended.
- The practice also monitored trends in significant events and evaluated any action taken.

Overview of safety systems and processes

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

- Arrangements for safeguarding reflected relevant legislation and local requirements. 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. From the documented examples we reviewed we found that the GPs attended safeguarding meetings when possible or provided reports where necessary for other agencies.
- 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 protection or child safeguarding level three and reception and administrative staff to at least level 1.

- 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

At our last inspection we found that the practice did not have effective arrangements to mitigate or address risks associated with infection control. We found at this inspection action had been taken to address infection control risks and appropriate standards of cleanliness and hygiene were maintained throughout the premises.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

Although we saw instances where patient medication was not updated in response to changes made by other health organisations other arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal). However, there were no systems in place to ensure that prescriptions were stored securely or to monitor prescription usage.

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 printer prescriptions were left in printers overnight and there was no system in place to monitor their use. The practice provided us with an updated prescription protocol within 24 hours of our inspection which detailed mechanisms to ensure the use of prescriptions was monitored and forms stored securely. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment). Health care assistants were trained to administer vaccines and medicines and patient specific prescriptions or directions (PSDs) from a prescriber were produced appropriately (a PSD is a written instruction signed by a medical prescriber authorising the supply or administration of specific medication to a named individual).

At our last inspection we found that adequate recruitment checks were not always being undertaken for new staff.

The practice had only recruited one staff member since our last inspection. We reviewed this staff member's file and found that all 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. However, the practice did not have systems in place to monitor the continuing suitability of employees. For example the most recently recruited staff member was not part of the practice's group indemnity insurance scheme and the practice could not confirm that this staff member had appropriate indemnity in place. There was also no system in place to monitor the professional registrations of clinical staff. We were provided with an indemnity insurance certificate after the inspection which showed that suitable cover was in place at the time of our inspection and that periodic checks of registrations and indemnity for the one GP who was not on the company group scheme would now take place.

The arrangements in place for managing clinical correspondence received from external organisations was not effective.

We were told on the day of the inspection that only three of the clinical staff were responsible for reviewing clinical letters. One of these staff members was on annual leave at the time of the inspection. Correspondence was received into a central inbox and we were told that staff took turns to review the letters each day. There were 181 letters outstanding on the day of the inspection and 80 of these were received between 9 October 2017 and 20 September

2017. Some of these letters required action to be taken but in some cases we found that action had not been taken including stopping repeat prescriptions for certain medicines which were subsequently issued, referrals to other health and social care services or booking follow up appointments where required. The practice provided us with a screen shot of the inbox within 48 hours of our inspection which showed that all correspondence had been cleared from the inbox.

We also reviewed correspondence that was in the practice scanning tray. It was unclear if this had been reviewed and action taken. For example there was a letter from August 2017 which had no date stamp indicating when the practice had received the correspondence. The letter notified that a patient had not attended for an urgent diagnostic procedure. The letter had been signed indicating that this had been reviewed however when we check the patient's notes these indicated that the patient had left the country. However there was nothing on the system which made any reference to the letter received. No other correspondence in the tray was required follow up or action to be taken which had not already been taken.

We were told that the failsafe system for urgent referrals was only reviewed to see if patients had attended their appointment every month instead of every two weeks. The system set up to enable the review of these referrals was also unclear. We were shown a folder of urgent referrals which dated back to February 2017. We reviewed a sample of the older referrals and found that patients had been seen and followed up appropriately. However, it was unclear why the older referrals were still stored within the review folder or how staff knew which referrals to check and which had been dealt with.

Monitoring risks to patients

At our last inspection we found that non-medical equipment had not been tested to ensure that it was fit for purpose. At this inspection we found that there were procedures for assessing, monitoring and managing risks to patient and staff safety related to the management of the premises and that all non-medical equipment had been subject to portable appliance testing.

- 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. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- 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 term for a particular 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. There was a rota system to ensure enough staff were on duty to provide enough appointments. The practice was currently recruiting for two part time salaried GPs and in the interim sessional cover was provided by locum staff for five to six sessions per week by three regular locums. We were told that locum staff did not review any of the pathology results or letters coming into the practice. One of the staff members we spoke with told us that at the time of the inspection the responsibility for this was undertaken by two of the GPs.

Arrangements to deal with emergencies and major incidents

At the last inspection we found that one of the practice's oxygen masks stored with their emergency equipment had expired and their emergency medicines did not reflect current legislation and guidance. At this inspection we found that the practice had addressed these concerns but that checks of emergency equipment were not documented for all items of emergency equipment.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- 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 were available.

Requires improvement

Are services safe?

- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- There was a check list which checked the working status of the defibrillator and the cupboard with the emergency medicines had a list with the expiry dates of all medicines. There was a checklist of the oxygen supply but this had only been check up to mid-September. The practice nurse told us that when they checked the defibrillator they would also check the oxygen and the medicines.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

At our last inspection undertaken on 9 June 2016 we rated the practice as good for providing effective care and treatment. However we recommended that the practice should take action to ensure care plans were completed for all patients, promote breast screening and increase the numbers of patients with chronic obstructive pulmonary disease (COPD) who had received an annual review.

At this inspection we found that the uptake of breast screening had increased and was comparable to screening rates in the CCG and nationally and that care plans were being completed for patients where appropriate. The percentage of patients with COPD who had received a review had not improved in the year 2015/16 but according to QOF data for 2016/17 that was published after our inspection this was now in line with local and national averages. In addition we also found that performance indicators for the care of patients with mental health were below local and national levels in 2015/16 though again this improved in 2016/17. The practice had reviewed four out of 26 patients with learning disabilities and there was limited evidence of quality improvement work. Consequently the practice is now rated requires improvement for providing services that are effective.

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 risk assessments, audits 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). At the time of the inspection the most recent published results were 84% of the total number of points available compared with the clinical commissioning group (CCG) average of 94% and national average of 95%. The practice's overall exception reporting rate was 4% compared with 7% in the CCG and 10% nationally. Subsequent to the inspection data for 2016/17 was published overall performance was 94% compared with the CCG average of 95% and the national average of 96%. exception reporting was 4% compared to the CCG average of 7% and the national average of 10%.

At our previous inspection we found that performance indicators related to the management of patients with COPD were lower than the national average. Performance in this area was still below the local and national average for 2015/16 but had improved in 2016/17 according to newly published data. In addition the practice were below the local and national average for mental health indicators though there was improvement in 2016/17. Four of the 26 of the practice's learning disabled patients had received an annual review.

Data from 2016/17 showed:

- Performance for diabetes related indicators was similar to the CCG and national averages. The percentage of patients with diabetes who have well controlled blood sugar was 71% compared to 75% in the CCG and 79% nationally. The exception reporting rate was 2% compared with 7% in the CCG and 12% nationally. The percentage of patients with well controlled cholesterol was 86% compared with 82% CCG and 80% nationally. The exception reporting rate is 6% compared with 7% locally and 13% nationally.
- Performance for mental health related indicators was similar to the CCG and national averages. The percentage of patients with complex mental health patients with an agreed care plan in place was 77% compared with 92% in the CCG and 90% nationally. The rate of exception reporting rate was 3% compared with 6% in the CCG and 13% nationally. The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months was 77% compared with 84% in the CCG and 84% nationally. The exception reporting rate was 7% compared to 5% in the CCG and 7% nationally.

Requires improvement

Are services effective?

(for example, treatment is effective)

- The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness was 86% compared with 91% in the CCG and 92% nationally. The rate of exception reporting was 2% compared with 5% in the CCG and 11% nationally.
- The practice had 26 patients on their learning disability register. The practice told us that they had undertaken four annual health checks for this group. The practice said that they had difficulty in getting this population group to attend the practice for learning disability reviews.

There was little evidence of quality improvement including clinical audit:

- There had been little quality improvement work including clinical audits commenced after our last inspection. We were provided with one cycle of a CCG initiated antibiotic prescribing audit and a medicines review aimed at reducing costs where patients were prescribed a more cost effective alternative. The practice then undertook a further review to ensure no other patients had subsequently been prescribed this medicine.
- The practice provided evidence of a virtual clinic (clinic where records reviewed with advice and support from specialist consultant) for patients with atrial fibrillation. Patients who were not on anticoagulant medication were reviewed to see if anticoagulation therapy would be appropriate. Two of those patients were deemed potentially suitable for anticoagulation. Efforts where then made to refer these patients to the anticoagulation clinic. This action had not been subsequently reviewed.

Effective staffing

Evidence reviewed showed that staff had the clinical skills and knowledge to deliver effective care and treatment but that not all staff had received information governance training in the last 12 months.

- The practice had an induction programme for all newly appointed staff. This 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 and courses in wound management domestic violence training and care co-ordination.
- 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 discussion at practice nurse forums.
- Not all staff had received a practice appraisal within the last 12 months including administrative and clinical staff. However, staff had access to appropriate clinical training to meet their learning needs and to cover the scope of their work and we were told that there was ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses.
- Staff received training that included: safeguarding, fire safety awareness and basic life support though a number of staff had not completed information governance training within the last 12 months. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

Systems for reviewing and taking action in response to correspondence from secondary care services were not always effective. We found that there had been a delay in reviewing some correspondence in the practice's electronic inbox and it was unclear if clinical letters in the practice scanning tray had been reviewed or actioned. From the examples we reviewed we found an example where a patient had not been referred to another service despite this being requested by another healthcare service on two occasions and instances where medication had not been updated. The practice provided us with evidence that the backlog of letters had been dealt with within 48 hours of the inspection.

However, we saw evidence of care planning and that staff regularly 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

Requires improvement

Are services effective?

(for example, treatment is effective)

ongoing care and treatment. Meetings took place with other health care professionals on a regular basis when care plans were routinely 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

At the last inspection staff were not able to adequately outline legislation and guidance related to consent, including the Mental Capacity Act 2005. At this inspection we found that staff sought patients' consent to care and treatment in line with legislation and guidance and all clinical staff had an awareness of and training on The Mental Capacity Act.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

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 cessation and those requiring support with drug and alcohol dependency.
- Smoking cessation advice was available from a number of local pharmacies and patients could be referred to a dietician if required.

The practice's uptake for the cervical screening programme was 77%, which was comparable with the CCG average of 77% and the national average of 81%. 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. The percentage of females, 50-70, screened for breast cancer in last 36 months was 64% compared with 63% in the CCG and 73% nationally. the percentage of Persons, 60-69, screened for bowel cancer in last 30 months was 47% compared to 43% in the CCG and 58% nationally. There were failsafe systems to ensure results were received for all samples sent for the cervical screening programme.

Childhood immunisation rates for the vaccinations were comparable to the national averages. There are four areas where childhood immunisations are measured; each has a target of 90%. The practice had achieved the target in all four areas. These measures can be aggregated and scored out of 10, with the practice scoring nine (compared to the national average of nine). The practice informed us that they had achieved 90% for all immunisation targets for the current year.

However the percentage of children who had the first MMR vaccine was 82% compared with 93% in the CCG and 94% nationally.

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

Good

Are services caring?

Our findings

The practice was rated as good for providing caring services at our last inspection and remains rated as good for this key question on the basis of our findings from this inspection.

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- 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.
- Patients could be treated by a clinician of the same sex.

Of the patient Care Quality Commission comment cards we received 27 out of 28 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. The other comment card was negative about the care provided.

We spoke with seven patients including one member of the patient participation group (PPG). 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, published in July 2017, showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 87% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 86% and the national average of 89%.
- 87% of patients said the GP gave them enough time compared to the CCG average of 82% and the national average of 86%.
- 94% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% 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 local average of 84% and the national average of 86%.
- 95% of patients said the nurse was good at listening to them compared with the CCG average of 85% and the national average of 91%.
- 97% of patients said the nurse gave them enough time compared with the CCG average of 87% and the national average of 92%.
- 98% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 94% and the national average of 97%.
- 94% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the local average of 85% and the national average of 91%.
- 96% of patients said they found the receptionists at the practice helpful compared with the CCG average of 85% and the national average of 87%.

The views of external stakeholders were positive and in line with our findings. For example we spoke to a manager of a local residential care home. The practice supported two thirds of these patients with regular ward rounds being undertaken by a GP employed through the local federation. The manager informed us that the two GPs who regularly attended the home were very caring and compassionate with residents and were quick to respond when staff at the home asked them to attend.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed

decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

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:

- 84% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 83% and the national average of 86%.
- 80% of patients said the last GP they saw was good at involving them in decisions about their care compared to the local average of 77% and the national average of 82%.
- 93% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 84% 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 local average of 79% and the national average of 85%.

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

- Staff told us that interpretation services were available for patients who did not have English as a first language. Though we could not find notices in the reception areas informing patients this service was available, reception staff had a chart in different languages that patients could point to identify the language that they spoke. Patients were also told about multi-lingual staff who might be able to support them.
- Information leaflets were available in easy read format.
- 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.

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 92 patients as carers (1.6% of the practice list). Written information was available to direct carers to the various avenues of support available to them on a carer's notice board in the waiting area. Older carers were offered timely and appropriate support.

A member of staff acted as a primary care navigator to help ensure that patients who were vulnerable, including those with caring responsibilities were referred to the local support service.

Staff told us that if families had experienced bereavement, their usual GP sent them a letter which offered the patient more frequent appointments and advised of local counselling services. Notes were placed on patient's notes to ensure that all staff were aware of recent bereavements.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our last inspection the practice was rated as good for providing responsive services although we recommended that the practice should take action to ensure that complaint responses were fully in line with legislation and guidance and that they should consider installing a hearing loop. At this inspection we found that all but one complaint response, which did not contain details of external services patients could escalate concerns to, complied with current legislation and guidance and the practice had purchased a hearing loop. The practice remains rated as good for providing responsive services.

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: For example the practice held a consultant led in reach paediatric clinic for patients under 15 once every three months which two other practices in the area could book patients into. The other practices involved also held monthly clinics which the practice could also book patients into.

- The practice offered extended hours access on Monday evenings between 6.30pm and 7.30pm and Thursday mornings between 7am and 8am for working patients who could not attend during normal opening hours.
- 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 that require same day consultation.
- The practice sent text message reminders of appointments.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- There were accessible facilities, which included a hearing loop, and interpretation services available.
- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services.

Access to the service

The practice was open from 8am every week day except Thursday when the practice opened at 7am. The practice closed at 6.30pm every week day except Monday when it remained open until 7.30pm. Extended hours appointments were offered at the local extended hour access centre between 7.30am until 10pm Monday to Friday and 8am until 8pm Weekends and Bank Holidays. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for patients that needed them.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages.

- 86% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 74% and the national average of 76%.
- 83% of patients said they could get through easily to the practice by phone compared to the local average 74% and the national average of 71%.
- 81% 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 82% and the national average of 84%.
- 84% of patients said their last appointment was convenient compared with the CCG average of 75% and the national average of 81%.
- 80% of patients described their experience of making an appointment as good compared with the CCG average of 69% 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 51% and the national average of 58%.

The practice had held a discussion in response to feedback from the patient survey and reminded staff to ensure that patients were kept informed if clinicians were running late.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Only one of the patients we spoke with and one of the comment cards made reference to long waiting times. All other patients indicated that appointments ran to time and that if there was a delay they would always be informed.

Patients told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system to assess:

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

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.

- 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.

We looked at all three of the complaints received in the last 12 months and found that these were dealt with in a timely way with responses being provided that were open and transparent. Lessons were learned from individual concerns and complaints where appropriate and also from analysis of trends and action was taken to as a result to improve the quality of care.

Are services well-led?

Inadequate

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

Our findings

At our previous inspection on 9 June 2016, we rated the practice as requires improvement for providing well-led services as the breaches found in respect of safe services indicated deficiencies in governance. In addition to the breaches of regulation identified we recommended that the practice consider implementing a business plan and continue to develop their patient participation group which at the time of our last inspection had only started meeting with patients after a 13 months of inactivity.

At this inspection we found that the practice had completed a comprehensive business plan and were told that regular meetings were being held with the PPG. Although the practice had taken action to address the deficiencies in governance identified at our last inspection we identified new issues, particularly related to the management of correspondence from secondary care which undermined the practice's ability to provide safe and effective care. Consequently the practice is now rated as inadequate for providing well led services.

Vision and strategy

The practice had a vision to deliver high quality care and promote good outcomes for patients and had drafted a business plan as suggested after our last inspection. However, the practice's ability to carry out their vision was hampered by ineffective governance arrangements which undermined the practice's ability to provide safe and effective care.

- The practice had a clear vision and were able to articulate challenges they faced and their plans to address these.
- The practice had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice's governance framework had improved in some respects since our last inspection for example in respect of the management of significant events and management of infection control risks. However there were still areas where governance was not effective which prevented the practice from fulfilling their aim to provide safe and effective care.

- Some areas of practice management were not supported by effective policies. For example the practice was not monitoring unused prescriptions and printer prescriptions were not securely stored. The systems for reviewing clinical correspondence and monitoring urgent diagnostic referrals were neither clear nor effective.
- Action had been taken in response to our last inspection to improve the management of patients with COPD. However, indicators for mental health were lower than local and national averages and the only a small proportion of learning disabled patients had received an annual review. There was no clear plan in place to address these issues.
- Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice including learning from complaints and significant events.
- Though there were some examples of clinical auditing and work to optimise patient care through virtual clinics, these did not demonstrate quality improvement or learning.
- There were appropriate arrangements for identifying, recording and managing risks associated with the premises and implementing mitigating actions.
- 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.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

Leadership and culture

Staff told us the partners were approachable and always took the time to listen to all members of staff though problems associated with governance indicated insufficiently clear leadership.

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

Are services well-led?

Inadequate

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

culture of openness and honesty. From the 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 though lack of clear and effective systems and processes indicated weakness in practice leadership.

- We found 80 unactioned letters spanning a operiod of almost one month. In some instances we found that there had been a failure to update medicines or refer patients to other services in line with requests from other health and social care organisations. Lack of clear systems and processes, in this area particulalrly, had the potential to put patients at risk of harm.
- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Minutes were comprehensive and were available for practice staff to view.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in 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 patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, on the basis of a PPG suggestion screens had been placed round the reception area to improve privacy and reduce the chances of confidential information being overheard by patients in the waiting area.
- The NHS Friends and Family test, complaints and compliments received.
- Staff through staff meetings and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management Staff told us they felt involved and engaged to improve how the practice was run. For example, one member of staff suggested sending patients text messages with test results. This suggestion was considered by the practice who decided to instead book patients follow up telephone consultations for results.

Continuous improvement

The practice team was part of local pilot schemes to improve outcomes for patients in the area. For example the practice had signed up with to Geriatrician project run by the local Federation.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of patients who use services. They had failed to identify the risks associated with the management of letters and correspondence and patients referred for urgent diagnosis. This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing **How the regulation was not being met:** The registered person was not compliant with this regulation as not all staff had received an appraisal and some staff had not completed information governance training within the last 12 months in accordance with current guidance and best practice. This was in breach of regulation 18 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Enforcement actions

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 Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met:** Governance systems and processes were not in place to assess, monitor and mitigate risks relating to the health, safety and welfare of service users and others who may be at risk including staff. Specifically in respect of the storage and monitoring of prescriptions, the management of clinical correspondence and urgent diagnostic referrals. There were also no systems in place to monitor the professional registrations of clinical staff and to ensure that all staff had valid medical indemnity in place. Systems also did not facilitate adequate assessment to improve the quality of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services) as there was little evidence of quality improvement work. This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.