Rooksdown Practice

Quality Report

Park Prewett Medical Centre
Park Prewett Road
Basingstoke
Hampshire
RG24 9RG
Tel: 01256 399710
Website: www.therooksdownpractice.co.ukwww

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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?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Requires improvement
Are services well-led?	Requires improvement

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Rooksdown Practice on 21 July 2016. The overall rating for the practice was requires improvement. The full comprehensive report on the July 2016 inspection can be found by selecting the 'all reports' link for Rooksdown Practice on our website at www.cqc.org.uk.

This inspection was an announced comprehensive inspection carried out on 30 June 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 21 July 2016. We carried out a comprehensive inspection because the practice was rated inadequate for provision of well led services at the previous inspection. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Whilst the practice demonstrated improvement in provision of safe and effective services we identified further breaches of regulation resulting in ratings of requires improvement for provision of responsive and well-led services. Overall the practice remains rated as requires improvement.

Our key findings were as follows:

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. The documentation of significant events was comprehensive. However, the learning from incidents was not always detailed in minutes of meetings where the events were reviewed. Staff who were unable to attend meetings would not always receive the learning from and how to avoid recurrence of significant events.
- The practice had an audit plan and there was some evidence that audits were driving improvements to patient outcomes. However, the audit plan was not always followed as some audits identified for a second cycle were overdue.
- The majority of patients said they were treated with compassion, dignity and respect.
- Information about services was available and the practice was active in obtaining information in Polish for the 13% of patients registered of this nationality.

Summary of findings

- The practice had a number of policies and procedures to govern activity. However, it was not always clear when these were due for review.
- Risks to patients were assessed and mostly well managed.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- 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. A patient participation group had formed in the last year and met regularly.
- 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 improvements are:

- Establish and maintain effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Establish and maintain systems and processes that seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services.

In addition the provider should:

- Ensure arrangements are in place to undertake appropriate follow up of patients diagnosed with depression.
- Review and update procedures and guidance.
- Review the feedback from patients in regard to the customer care offered by some reception staff.
- Review and act upon feedback from patients in regard to specific aspects of the care provided.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

Our last inspection in July 2016 identified concerns relating to how the practice managed medicines, reduced risks from cross infection, ensured vaccines were administered following legal processes and recorded learning from incidents and events. The practice was at that time rated requires improvement.

The practice had taken appropriate action and is now rated as good for the provision of safe services:

- 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 to patient safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. Up to date information about the local safeguarding authority was readily available to all clinicians and staff.
- The practice had appropriate arrangements in place to respond to emergencies and major incidents.
- Medicines were well managed.
- There were systems in place to ensure patients who required urgent advice and treatment received prompt follow up.

We identified one area where further improvement was required:

- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events. Reports were completed in a comprehensive manner. However, when learning was shared at staff meetings the minutes did not contain details of the events. Staff who missed the meetings may not gain the learning shared with others.

Are services effective?

Good

Our last inspection in July 2016 identified concerns relating to how the practice ensured patients diagnosed with specific long term conditions received appropriate follow up, ensuring all staff received annual appraisals and how audit processes identified improved outcomes for patients. The practice was at that time rated requires improvement.

Summary of findings

The practice had taken appropriate action and is now rated as good for the provision of effective services:

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average compared to the national average. The number of patients removed from these outcomes had reduced in both diabetes and cancer indicators. The exception rate overall was the same as the local average. However, the practice continued to exempt an above average number of patients diagnosed with depression from follow up reviews
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement and two had been repeated to confirm that outcomes had improved.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- 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 lower than others for some aspects of care. However, the survey had been undertaken during a period of staff instability. Since March 2017 the practice had increased clinical staffing by adding further advanced nurse practitioner clinics.
- The majority of patients, who we spoke with and completed CQC comment cards (48 patients) said they were treated with compassion, dignity and respect.
- Information for patients about the services available was accessible. The practice was working with the local CCG to obtain information in languages other than English.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Requires improvement

Our last inspection in July 2016 identified concerns relating to how the practice responded to patient feedback in regard to accessing pre bookable appointments and continuity of care. The practice was at that time rated requires improvement for provision of responsive services.

Summary of findings

Whilst improvements had been made there remained concerns in regard to access to appointments and the practice is still rated as requires improvement for providing responsive services.

- Feedback from patients reported that access to a named GP and continuity of care was not always available quickly, although urgent appointments were usually available the same day.
- Results of the recently published national patient survey were below average in regard to questions about accessing services.

However, we found examples of good practice including:

- The practice understood its population profile and had used this understanding to meet the needs of its population. The practice had moved into new premises in May 2017 and the new premises offered appropriate access for patients with a disability.
- 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.
- 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 16 examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Are services well-led?

Requires improvement

Our last inspection in July 2016 identified concerns relating to how the practice ensured consistency of clinical governance. The practice was at that time rated requires improvement.

The practice remains rated as requires improvement for being well-led.

- The practice had a number of policies and procedures to govern activity, but not all policies identified a date for review. There was a risk that these may not remain relevant to the processes in day to day operation.
- The practice was in the process of stabilising the clinical workforce. It was too early to evaluate whether this would improve patient feedback in relation to access to appointments and continuity of care.
- Monitoring processes had failed to identify that some patients diagnosed with depression were not receiving appropriate follow up of their condition.

Summary of findings

- Minutes of meetings at which learning from complaints and events was shared did not record the learning in detail.

However, there were some examples of good practice including;

- The practice had a vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice held regular governance meetings.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour. In three examples we reviewed we saw evidence the practice complied with these requirements.
- The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- There was a focus on continuous learning and improvement at all levels. Staff training was a priority and was built into staff rotas.

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 was rated as requires improvement for provision of responsive and well-led services. The issues identified as requiring improvement overall affected all patients including this population group.

However, we found some examples of good practice including;

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered personalised care to meet the needs of the older patients in its population.
- 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.

People with long term conditions

Requires improvement

The practice is rated as requires improvement for provision of responsive and well led services. This affects all patient groups.

- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- Performance for patients diagnosed with diabetes achieving the target cholesterol level was 81% this was similar to the CCG average of 81% and national averages of 80%
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- 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.

Summary of findings

Families, children and young people

Requires improvement

The practice was rated as requires improvement for provision of responsive and well-led services. The issues identified as requiring improvement overall affected all patients including this population group.

However, we found some examples of good practice including;

- 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 all standard childhood immunisations. For example, rates for the vaccines given to under two year olds averaged 96% which was above the national 90% target
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.
- The practice had emergency processes for acutely ill children and young people.

Working age people (including those recently retired and students)

Requires improvement

The practice was rated as requires improvement for provision of responsive and well-led services. The issues identified as requiring improvement overall affected all patients including this population group.

However, we found some examples of good practice including;

- The needs of these populations had been identified but were not always met. There were a range of appointment types available including telephone consultations and on the day urgent appointments. However, there was limited access to pre booked appointments and the staffing structure provided did not always ensure continuity of care.
- Local planning restrictions prevented the practice from offering extended hours clinics.
- 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.

Summary of findings

People whose circumstances may make them vulnerable

Requires improvement

The practice was rated as requires improvement for provision of responsive and well-led services. The issues identified as requiring improvement overall affected all patients including this population group.

However, we found some examples of good practice including;

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and 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.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff 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 was rated as requires improvement for provision of responsive and well-led services. The issues identified as requiring improvement overall affected all patients including this population group.

However, we found some examples of good practice including;

- 90% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months. This was better than the national average of 84%.
- The practice specifically considered the physical health needs of patients with poor mental health and dementia. A range of health checks and tests were carried out for patients diagnosed with long term mental health problems.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.

Summary of findings

- 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.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.

However,

- Data showed that the practice removed a higher than average number of patients diagnosed with depression from receiving a review of their condition. These patients were not receiving care and treatment that followed national guidelines.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2017 and covered the period from January to March 2017. The results showed the practice was performing below local and national averages. A total of 321 survey forms were distributed and 116 were returned. This represented approximately 2% of the practice's patient list and a response rate of 36%.

- 53% of patients described the overall experience of this GP practice as good compared with the CCG average of 84% and the national average of 85%.
- 43% 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 would recommend this GP practice to someone who has just moved to the local area compared to 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 41 comment cards. Of these 27 were wholly positive about the standard of care received. However, seven patients gave mixed comments which highlighted clinical staff delivering kind and compassionate care whilst raising concerns about the length of wait for a booked appointment and poor attitude of some reception staff. We also received seven negative responses where patients raised concerns about access to booked appointments and poor attitude of some reception staff.

We spoke with seven patients during the inspection. Most patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. However, two patients commented on long waits for booked appointments and that some reception staff were not as helpful as others.

Most recent data from the national friends and family test that asks people if the would recommend the practice was 53%.

Rooksdown Practice

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC lead inspector and a GP advisor.

Background to Rooksdown Practice

Rooksdown Practice is part of Cedar Medical Group Limited. Rooksdown Practice is located in new premises at Park Prewett Medical Centre, Park Prewett Road, Basingstoke, RG24 9RG.

The practice is located in the Rooksdown area of Basingstoke which has recently undergone redevelopment. The Rooksdown estate continues to be developed and there are plans to build a further 750 dwellings in the area. Basingstoke is a large town and hosts national headquarters of several large companies. Rooksdown Practice occupies a purpose built medical centre that opened in May 2017. The premises are owned by NHS England via their estates division.

The practice provides services under a Personal Medical Services contract and is part of the NHS North Hampshire Clinical Commissioning Group (CCG). The practice has approximately 6,600 registered patients. The practice has an above average working age population particularly for

those between 25 and 45 years old. The practice has 81% of registered patients in paid employment in comparison to the national average of 61%. The practice has a lower than average elderly population, 6% in comparison to the national average of 17%. This percentage drops to 2% for the over 75 age group in comparison to a national average of 8%. The patient population is predominantly White British but there are some patients from other nationalities including, Polish, Hungarian and Asian origins. The practice has identified that 13% of the patient population is Polish.

On the day of inspection there were two salaried GPs (both female) working at the practice. A third salaried GP was due to commence work on the Monday after the inspection which would offer a total of 18 GP sessions per week (2.25 whole time GPs). The practice also uses locum GPs and a lead GP from the neighbouring practice owned by Cedar Medical Group visits every Friday. In addition the practice employs advanced nurse practitioners (ANPs) who are qualified to prescribe a range of medicines and offer care to patients with a range of minor illnesses. On the day of inspection the ANPs were both locums or agency staff but the practice had employed permanent staff who were due to take up their jobs in August and September. There are two part time practice nurses and a part time health care assistant. Clinical staff are supported by a manager who works across two practices in the Basingstoke area. They coordinate the running of the practice and manage the team of administration and reception staff.

The practice reception is open form 8.30am to 6pm every weekday. The phone lines are open from 8am to 6.30pm every weekday and a GP is on duty until 6.30pm. The practice offers

appointments from 8.30am to 1pm and 3pm to 5pm daily with the duty doctor seeing patients until 6pm. Home visits and telephone consultations are offered in the break between clinics. The practice does not offer extended hours appointments because of local planning restrictions upon opening times. The practice also offers telephone consultations with the GPs and ANPs to establish whether advice and treatment can be given, an urgent appointment is needed or if the patient can be seen at a pre-booked appointment. Appointments can be accessed via the

telephone, online or in person. The practice had revised their appointment system in the autumn of 2016 to include the role of advanced nurse practitioners and widen the opportunity for patients with minor illnesses to receive an on the day service. The practice offers online facilities for booking and cancellation of appointments and for requesting repeat prescriptions.

The Rooksdown Practice has opted out of providing out-of-hours services to their own patients and refers patients to the out of hours service via the NHS 111 service.

At the time of inspection the practice was not complying with the conditions of its registration. A registered manager is required to be in post and the practice was not meeting this condition. (A registered manager carries legal responsibility for ensuring the practice complies with regulations). However, we saw that an application had been completed for a registered manager.

Why we carried out this inspection

We undertook a comprehensive inspection of Rooksdown Practice on 21 July 2016 Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement. The full comprehensive report following the inspection on Month Year can be found by selecting the 'all reports' link for Rooksdown Practice on our website at www.cqc.org.uk.

This comprehensive inspection of the service under Section 60 of the Health and Social Care Act 2008 was carried out to check whether the provider had made the improvements they told us they would make to meet 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 an updated 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. We carried out an announced visit on 30 June 2017. During our visit we:

- Spoke with three GPs, a practice nurse and two members of the reception and administration team. We met with the practice manager.
- Also spoke with seven patients including three members of the PPG.
- Observed how patients were being cared for in the reception area.
- The GP advisor reviewed a sample of the personal care or treatment records of patients to corroborate what we were told about how care was delivered.
- Reviewed comment cards where patients 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.

Good

Are services safe?

Our findings

At our previous inspection on 21 July 2016, we rated the practice as requires improvement for providing safe services as the arrangements in respect of effective and consistent implementation of safety systems required improvement. Specifically:

- The processes to reduce the risk of cross infection were not always operated consistently.
- The management of medicines was not always undertaken effectively.
- Recording of learning from significant events in minutes of staff meetings was not always in sufficient detail to ensure staff avoided similar incidents occurring in the future.

At this inspection we found the practice had made improvements. The practice is now rated as good for providing safe services.

Safe track record and learning

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 sample of six 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 minutes we saw confirmed that incidents and events were discussed following analysis by the clinical team.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a child received an immunisation that was administered ahead of schedule. The incident was written up in detail and the parents received an honest account of the error. Systems of checking dates for immunisations were improved to avoid a recurrence.
- 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 we reviewed detailed the processes in place at the practice but did not contain a review date. We also saw that the policies were supported by up to date information about the local safeguarding contacts and who to contact for further guidance if staff had concerns about a patient's welfare. This local information was displayed in consulting and treatment rooms and in the main administration office. There was a lead member of staff for safeguarding. 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 ANPs were trained to child protection or child safeguarding level three.
- A notice in the waiting room and in consulting and treatment rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The practice maintained appropriate standards of cleanliness and hygiene.

Good

Are services safe?

- We observed the premises to be very clean and tidy. There were cleaning schedules and monitoring systems in place. The recently occupied new premises had been designed and built to minimise environmental risks of cross infection.
- One of the practice nurses 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 either received or were scheduled to receive training relevant to their role. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The practice had appropriate arrangements in place to manage clinical and hazardous waste.

The 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).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems to monitor their use. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for clinical conditions within their expertise. They received mentorship and support from the medical staff for this extended role.
- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. We reviewed sixteen PGDs for a range of vaccines and medicines. We found all were in date and appropriately authorised to enable nurses to administer the medicines in accordance with their professional code of practice. Health care assistants were trained to administer vaccines and medicines and patient specific prescriptions or directions from a prescriber were produced appropriately.
- There was system in place to monitor the use of vaccines. This ensured vaccines were used in rotation to ensure they did not go out of date. Stock checks were undertaken to ensure sufficient vaccines were held to meet demand.
- We checked vaccines held in medicine fridges and a range of medicines held safely in locked cupboards the fifteen medicines we checked were all within their expiry dates.

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

Monitoring risks to patients

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

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment that was included in the commissioning of the new building. Two fire drills had been carried out in the two months since the building was occupied. 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). The environmental risk assessments had been undertaken as part of the commissioning process for the new premises.
- 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 meet the needs of patients.

Good

Are services safe?

Arrangements to deal with emergencies and major incidents

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

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

Good

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 21 July 2016, the arrangements in respect of:

- Using audit to improve outcomes for patients
- Operating a consistent staff appraisal system and
- Following best practice guidance in following up all patients diagnosed with long term conditions

All required improvement. Consequently the practice was rated requires improvement for provision of effective services.

At this inspection we found the practice had made improvements. The practice is now rated as good for providing effective services.

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). The most recent published results were from the year ended March 2016. At that time 97% of the total number of points available was achieved. This matched the clinical commissioning group (CCG) average and was slightly better than the national average of 95%. We looked at unvalidated data from the year 2016/17 and noted that the practice achieved 95% of the total points available.

The practice overall exception rate from QOF indicators was 12% which matched the CCG average and was above the national average of 10%. In the majority of QOF indicators exception reporting was similar to local and national averages. However, for patients diagnosed with depression the practice exception rate was 48% (down 3% from the previous year) which was 24% higher than the local average. (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 2015/16 showed:

- Performance for patients diagnosed with diabetes achieving the target cholesterol level was 81% this was similar to the CCG average of 81% and national averages of 80%
- Performance for reviewing the care plan of patients diagnosed with a severe and enduring mental health problem was 90% which matched the CCG average and was similar to the national average of 89%. However, this was achieved without removing any of this group of patients from the standard. The CCG average exception reporting was 20%.
- Performance for assessing the breathlessness of patients diagnosed with COPD (a type of lung disease) in the last year was 93% which was the same as the CCG average. It was better than the national average of 90% but the exception rate was lower at 10% compared to the CCG average of 15%. More patients were receiving this intervention because they were not removed from the indicator.
- However, the practice removed a higher than average number of patients (48% compared to CCG average of 23% and national average of 22%) diagnosed with depression from receiving a review of their condition.

The practice was aware of the clinical area where exception rates were much higher than average. Clinicians had discussed this at clinical meetings. We noted the practice operated a recall programme for this group of patients. However, the practice did not identify an action plan to reduce the exceptions.

There was evidence of clinical audit and the audits identified improvement in patient outcomes:

- There had been eight clinical audits commenced in the last two years, two of these were completed audits where the improvements made were implemented and monitored.

Good

Are services effective?

(for example, treatment is effective)

- Findings were used by the practice to improve services. For example, an audit of patients diagnosed with Atrial Fibrillation (AF) had been through two audit cycles. The first audit showed that 90% of patients had received an appropriate review and assessment. Clinical staff were reminded to conduct the appropriate review and score the outcome. The second cycle of the audit showed that all patients (100%) had received the appropriate review. (AF is when the heart does not always beat in a regular rhythm).

Information about patients' outcomes was used to make improvements such as: ensuring all patients taking blood thinning medicines had their blood test results reviewed and their medicine prescribed based on the blood test results.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. 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. Practice nurses attended update seminars to support patients diagnosed with long term conditions such as diabetes and COPD (a type of lung disease).
- 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 meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. Most staff who had been in post for over a year had received an appraisal within the last 12 months. The two staff who had not received an appraisal had theirs scheduled within the next month and had previously received appraisals.
- 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. There was a monitoring system in place to ensure staff kept up to date with their training. We reviewed the training timetable and found training needs were clearly identified with completion dates set for staff who needed to undertake a second cycle of training to remain up to date.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- From the sample of four documented examples we reviewed we found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services.

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

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

Good

Are services effective?

(for example, treatment is effective)

- 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.
- The process for seeking consent was monitored through patient records audits.

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 or smoking and alcohol cessation.
- Patients were able to monitor their blood pressure from a machine located in the waiting room. They were able to submit the blood pressure readings to the practice nurses. If action was needed based on the result of the test the practice nurses contacted the patient to offer advice or call them in for an appointment.
- Smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 78%, which was comparable with the CCG and national average of 81%. We noted that fewer patients were excluded from the programme as the practice exception rate was 3% compared to the CCG and national average of 7%.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were comparable to national targets. For example, rates for the vaccines given to under two year olds averaged 96% which was above the national 90% target.

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

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. The last published data showed that 73% of eligible patients had attended for breast cancer screening in the last three years compared to the national average of 72%. Of the practice patients eligible for the national bowel cancer screening programme 58% had undertaken the test which matched the national average.

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

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard. The design of the new premises meant consulting and treatment rooms were located away from the patient waiting room.
- 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.

We received 41 patient Care Quality Commission comment cards. Of these 27 were wholly positive about the service experienced. Patients said they felt the practice offered an appropriate service and staff were helpful, caring and treated them with dignity and respect. There were seven comment cards completed with positive comments about the standards of care provided but concerns about waiting times for routine appointments. We received seven comment cards which were negative about access to routine appointments and the poor attitude of some reception staff.

We spoke with seven patients including three members of the patient participation group (PPG). We found five patients told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. There were two patients we spoke who also commented about the poor attitude of some members of the reception staff. Other comments highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 81% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 90% and the national average of 81%.
- 75% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 86%.
- 87% of patients said they had confidence and trust in the last GP they saw compared to the CCG and national average of 95%.
- 76% 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 national average of 86%.

- 86% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 92% and the national average of 91%.
- 89% of patients said the nurse gave them enough time compared with the CCG average of 93% and the national average of 92%.
- 96% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 98% and the national average of 97%.
- 84% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG and national average of 91%.
- 70% of patients said they found the receptionists at the practice helpful compared with the CCG average of 85% and the national average of 87%.

These results were published after the inspection. The practice had not had the opportunity to review and act upon the feedback from the survey at the time of inspection. We noted that the survey period coincided with a period when the practice was running below clinical establishment after one of the GPs left. It was also during the period of preparation for the move to the new practice premises. Subsequent to publishing of the new survey results the practice sent us a summary of the action taken since the survey period and an action plan of further improvements scheduled.

The summary and plan identified:

- An increase in clinical staffing since the survey period.
- Recruitment of new permanent staff (a GP and two Advanced Nurse Practitioners) due to commence in July and August 2017.
- Additional training on the topic of customer care for reception staff.

Good

Are services caring?

- Completion of the move to new premises that were specifically designed for delivery of healthcare.

This showed the practice had been aware that improvement in the delivery of services was required prior to the publication of the most recent survey results.

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 responses to questions about their involvement in planning and making decisions about their care and treatment were below average. For example:

- 71% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 87% and the national average of 86%.
- 71% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and national average of 82%.
- 89% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 89% and the national average of 90%.
- 86% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and 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. We saw notices in the reception areas informing patients this service was available. The interpreter services available also included access to British Sign Language interpreters to assist patients who were deaf.
- The practice was working with the local CCG to obtain Information leaflets in languages other than English. There was a recognition that 13% of registered patients were of Polish origin.
- 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 222 patients as carers (3.3% of the practice list). Carers were offered advice about local services available to assist them and an annual health check. The practice was in the process of checking their carers register to ensure it was accurate and only included patients with formal carer responsibilities. Written information was available to direct carers to the various avenues of support available to them. Older carers were able to request a home visit if they were unable to leave the person they cared for to attend the practice.

Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 21 July 2016, the arrangements in respect of:

- Access to appointments
- Sharing learning from complaints

Both required improvement. Consequently the practice was rated requires improvement for provision of responsive services.

At this inspection we found the practice had made some improvements. However, insufficient progress had been made and the practice remains rated as requires improvement 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:

- There were longer appointments available for patients with a learning disability.
- Double appointments were available for patients identified with complex needs.
- Home visits and telephone consultations 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. Their needs were also discussed with other professionals at monthly multidisciplinary meetings.
- Same day appointments were available for children and those patients with medical problems that require same day consultation. The practice operated a triage system to call patients back who requested an urgent appointment. This enabled an assessment to be undertaken which enabled the GP or ANP to offer immediate advice and treatment or arrange for the patient to attend for an appointment later in the day. Patients we spoke with who had used this service told us they always got a call back and that they obtained an urgent on the day appointment if that was required.
- The practice sent text message reminders of appointments.
- Patients were able to receive travel vaccines available on the NHS. For immunisations that were only available privately patients were referred to other clinics.
- There were accessible facilities, which included a hearing loop. An interpretation service was available and guidance on how to use this service was available to staff.
- All treatment and consulting rooms were on the ground floor with wide corridor and wide door access to assist patients who used wheelchairs or mobility scooters.
- There was a programme in place to offer assessment for patients who were at risk of developing dementia.
- 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 between 8.30am and 6pm Monday to Friday (telephone access was available from 8am to 6.30pm and clinical staff were on duty during this time). Appointments were from 8.30am to 1pm and 3pm to 5pm daily with the duty doctor seeing patients until 6pm. The practice did not offer extended hours appointments due to local planning restrictions on the opening times of the premises. 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 patient's satisfaction with how they could access care and treatment was below local and national averages.

- 56% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 72% and the national average of 76%. (The practice was unable to offer extended hours clinics due to local planning restrictions)
- 70% of patients said they could get through easily to the practice by phone compared to the CCG average of 73 % and national average of 71%.
- 57% 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 84% and the national average of 84%.
- 46% of patients said their last appointment was convenient compared with the CCG average of 79% and the national average of 81%.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

- 43% of patients described their experience of making an appointment as good compared with the CCG average of 69% and the national average of 73%.
- 36% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 56% and the national average of 58%.

The results were published after the inspection was carried out. We received a report and action plan from the practice following publication this demonstrated:

- The practice had increased clinical staffing levels since the patient survey was undertaken.
- Appointment systems had been reviewed and more appointments were available.
- The practice had undertaken a recruitment drive resulting in appointment of a new salaried GP and permanent advanced nurse practitioners.

Patients told us on the day of the inspection that they were able to get urgent appointments when they needed them. Some patients told us they found it difficult to get a pre-booked appointment for a day and time that suited their commitments. We noted that there was three week wait for a pre-booked routine appointment.

The practice had a system to assess:

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

All requests for home visits were logged by administration staff and the duty GP undertook assessment of the requests and called the patient back to discuss their needs. In the rare 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. The complaints procedure was available on the practice website and in the patient leaflet.

We looked at the 16 complaints received in the last 12 months and found that the practice had conducted investigation into each complaint. Responses to complainants were detailed and sent in a timely manner. Lessons were learned from individual concerns when these were reviewed at practice meetings. However, the minutes of these meetings did not detail the learning to assist those staff who were unable to attend the meeting. The practice undertook analysis of trends at six monthly review meetings and action was taken to as a result to improve the quality of care. For example, when a last minute replacement of a GP resulted in a complaint about continuity of care. The complainant received a full explanation of why their preferred GP was not available and an apology. The practice reviewed the outcome and patients in these situations were offered the choice to either see the GP on duty or re-book their appointment.

Are services well-led?

Requires improvement

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

Our findings

At our previous inspection on 21 July 2016, the arrangements in respect of:

- Operating consistent systems of governance.
- Operating processes to maintain the safety and welfare of patients.

Were both inadequate. Consequently the practice was rated inadequate for provision of well led services.

At this inspection we found the practice had made some improvements. The practice is now rated as requires improvement for providing well led services.

Vision and strategy

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

- The practice had a mission statement which staff knew and understood.
- The practice had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. These governance systems were not always operated consistently. The governance structures and procedures ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas. For example, one of the GPs took a lead in monitoring QOF outcomes. Nurses were trained to lead in delivering care to patients diagnosed with specific long term conditions.
- Practice management and the salaried GPs had an understanding of the performance of the practice. Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice
- There were some arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example, risk assessments relevant to the use of the premises and for reducing the risk of cross infection were in place and actions identified to reduce risk had been implemented.

However.

- The recording of discussions about learning from significant events and complaints was not undertaken in sufficient detail to enable staff who missed the meetings to obtain a clear understanding of the learning. There was a risk that staff who did not attend meetings would not know the actions required to avoid similar events occurring in the future. However, staff we spoke with were able to recognise significant events and told us where they would find the full reports if they needed them.
- We saw evidence from minutes of a meetings structure that lessons to be learned were not always written up in sufficient detail to ensure all staff received relevant learning from significant events and complaints.
- The policies held to manage the processes and systems in the practice did not always identify when they had last been reviewed or when they were next due to be reviewed. The practice could not be reassured that these policies remained relevant to the day-to-day operation of the service.
- The practice did not identify an action plan to reduce the higher than average exception rate of 48%, of patients diagnosed with depression, from follow up after initial diagnosis.
- Monitoring of patient feedback had not resulted in a plan to address negative feedback about access to pre booked appointments or lack of continuity of care.

Leadership and culture

On the day of inspection the salaried GPs and practice management did not consistently demonstrate they had the experience, capacity and capability to run the practice and mostly ensure high quality care.

They told us they prioritised safe, high quality and compassionate care. Staff told us the manager and salaried GPs were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The management and salaried GPs encouraged a culture of openness and

Are services well-led?

Requires improvement

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

honesty. From the sample of three documented examples we reviewed we found that the practice had systems to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a written apology. Managers and GPs visited patients at home to apologise when things went wrong if the patient was unable to attend the practice.
- The practice kept written records of verbal interactions as well as written correspondence.

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

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, when required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings and minutes of meetings confirmed this.
- 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 by both the salaried GPs and their manager 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 complaints received. The PPG met regularly and submitted proposals for improvements to the practice management team. For example, the PPG had requested the practice introduce text reminders of booked appointments. The practice introduced this system in early 2017.
- the NHS Friends and Family test, complaints and compliments received
- staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff were involved in setting up the new premises and ensuring it was functional. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example:

- Work with the CCG was at an advance stage to merge with another local practice to provide opportunities for shared management functions and shared learning.
- New premises had been occupied that provided a more appropriate environment within which to deliver health care.
- The practice had a plan for extending the premises, if required, to accommodate the growing population in the locality.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met:** Systems and processes in place at the practice were not operated consistently to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular: • Recording of learning from complaints and significant events was not in sufficient detail to ensure all staff received such learning. • Policies relating to the operation of the services were not always subject to review and assurance that they represented current working practices. • Monitoring systems had not identified follow up of patients diagnosed with depression was not meeting clinical guidelines. • The less positive feedback from patients in regard to access to pre-booked appointments had not been identified by monitoring of patient feedback. There was no evidence of a plan to address this feedback. This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.