

Dr Rex Obonna

Quality Report

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Date of inspection visit: 12 July 2016

Date of publication: 15/09/2016

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out a previous announced inspection of this practice on 29 September 2015. Breaches of legal requirements were found. Overall, we rated the practice as inadequate. After the comprehensive inspection, the practice wrote to us to say what they would do to address the identified breaches of regulation.

We undertook this comprehensive inspection on 12 July 2016 to check that the practice had followed their plan and to confirm that they now met legal requirements. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Dr Rex Obonna on our website at www.cqc.org.uk.

Overall, the practice is rated as good.

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

- The practice had received support from the local clinical commissioning group (CCG) and had taken steps to make improvements following the last inspection in September 2015; some of the new

arrangements were at an early stage and not fully embedded into the practice. They had developed a clear vision, strategy and plan to deliver high quality care and promote good outcomes for patients.

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. However, learning from significant events was not always effectively identified.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with the GP and there was continuity of care, with urgent appointments available the same day.

Summary of findings

- Extended hours appointments were available on a Wednesday between 6pm and 7:30pm.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clearer leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour regulation.

The areas where the provider should make improvements are:

- Continue with the improvements made with clinical audit to ensure that audits are clearly linked to improving patient outcomes.
- Review the arrangements in place to ensure that learning from significant events is always shared and implemented to support patient safety.
- Review the arrangements in place for those patients who wish to see a female GP.

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

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



The practice had taken action to address the concerns raised during our previous inspection in September 2015. They had started to implement systems that would support them to demonstrate a safe track record. This included improved arrangements for:

- Reporting and recording significant events. for keeping patients safe and safeguarded from abuse. For example, there was now effective safety alerts system.
- Recruiting locum GPs.

We also found:

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. However, learning from significant events was not always effectively identified. For example, the practice was aware of repeated external errors in sending confidential information to the practice by fax. However, they had not developed a procedure to ensure staff responded to these consistently. After the inspection, the practice told us they had taken action to improve this.
- Arrangements were in place to ensure that when there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes and prevent the same thing happening again.
- Good infection control arrangements were in place and the practice was clean and hygienic. Disclosure and Barring Service (DBS) checks had been completed for all staff that required them.
- Safeguarding leads were in place.

Are services effective?

The practice is rated as good for providing effective services.

Good



The practice had taken action to address the concerns raised during our previous inspection in September 2015. This included improved arrangements to:

- Monitor the effectiveness of the practice. Data showed patient outcomes were below average for the locality. The practice used the Quality and Outcomes Framework (QOF) as one method of monitoring its effectiveness and had achieved 90.2%

Summary of findings

of the points available in 2014/2015. This was 5.5% below the local CCG average and 4.5% below the national average. This was an improvement on the practice's performance for 2013/2014 when they had achieved 81.8% of the total number of QOF points available. The practice was able to show us that for 2015/2016 (which had not yet been verified or published) they had achieved 95% of the total number of QOF points available.

- Work with other health care professionals to understand and meet the range and complexity of people's needs. Regular meetings with other healthcare professionals were now taking place.

We also found:

- Quality improvement work was taking place. However, there was limited evidence that clinical audit was driving improvement in performance to improve patient outcomes.
- Systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff. However, some of the administrative staff had not undertaken any safeguarding training. The practice manager had become aware of this recently and planned to ensure staff completed this training online as soon as possible. The practice told us that this training had been completed shortly after the inspection.

Are services caring?

The practice is rated as good for providing caring services.

- Data showed that how patients rated the practice had improved for several aspects of care. For example, results from the National GP Patient Survey, published in July 2016 showed that 80% of respondents said their GP was good at treating them with care or concern (CCG average 86%, national average 85%). This showed an improvement of 11% since the last inspection.

We also found:

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care

Good



Summary of findings

and treatment. Information for patients about the services offered by the practice was available. For example, they provided this information on the practice's website, patient leaflet and in the waiting areas.

- The practice had links to local and national support organisations and referred patients when appropriate.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

The practice had taken action to address the concerns raised during our previous inspection in September 2015:

- There were improved arrangements for recording complaints received. The practice now recorded verbal and written complaints from patients. Information about how to complain was easily available, for example on the practice website and in the waiting area.

We also found:

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they met patients' needs.
- Patients said they found it easy to make an appointment with the GP and there was continuity of care, with urgent appointments available the same day.
- The most recent results of the National GP Patient Survey, published in July 2016, showed that 91% of respondents said the last appointment they got was convenient (CCG average 94% national compared to 92%).
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Good



Are services well-led?

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

The practice had taken action to address the concerns raised during our previous inspection in September 2015. They had started to implement systems that would support them to demonstrate that they were well-led. This included improved arrangements to:

- Monitor the performance of the practice.
- Proactively seek feedback from staff and patients. There was an active patient participation group (PPG) and the practice had acted on feedback from the group. The practice had carried out its own patient survey in 2016; the results were shared with patients.

Good



Summary of findings

- Support governance at the practice. There was now an overarching governance framework, which supported the delivery of the strategy and good quality care. The GP was more engaged with the management of the practice.
- Support business continuity. The business continuity plan had been updated.
- The practice had reviewed and improved their arrangements for recording complaints received.

The practice had been offered, and accepted, support from the clinical commissioning group. Temporary part-time management had supported the practice to develop more effective systems and processes. Formal support was no longer in place when we inspected the practice.

We could see that the practice had made many improvements. However, more time was required for the changes made to become fully embedded within the practice.

We also found:

- Quality improvement work was taking place. However, there was limited evidence that clinical audit was driving improvement in performance to improve patient outcomes.
- There was a clearer leadership structure and staff felt supported by management.
- The provider was aware of and complied with the requirements of the duty of candour regulation. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice had a number of policies and procedures, those we looked at had recently been reviewed.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in their population. As a single-handed GP all patients over the age of 75 had a named GP.
- Patients over the age of 75 were offered an annual health check. The practice worked to reduce the unplanned hospital admissions for patients over the age of 75 as part of a local initiative.
- The practice was responsive to the needs of older people; they offered home visits and urgent appointments for those with enhanced needs.
- Nationally reported data showed that outcomes for patients with conditions commonly found in older people were generally in line with local and national averages. For example, the practice had achieved 100% of the Quality and Outcomes Framework (QOF) points available for providing the recommended care and treatment for patients with heart failure. This was above the local average of 98.7% and the national average 97.9%.
- The practice maintained a palliative care register and offered immunisations for shingles and pneumonia to older people.

People with long term conditions

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

Good



- The nurse had a lead role in chronic disease management. Patients at risk of hospital admission were identified as a priority and support by the practice. Comprehensive care plans were in place and regularly reviewed.
- Nationally reported data showed that outcomes for patients with most conditions commonly found in this population group were generally in line with local and national averages. For example, the practice had achieved 100% of the QOF points available for providing the recommended care and treatment for patients with chronic obstructive pulmonary disease (COPD). This was above the local average of 96.1% and the national average 96%. However, the practice had only achieved

Summary of findings

71.8% of the QOF points available for providing the recommended care and treatment for patients with diabetes. This was below the local average of 93.5% and the national average 89.2%.

- Longer appointments and home visits were available when needed.
- All patients with a long-term condition were offered 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.

Families, children and young people

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

- There were processes in place for the regular assessment of children's development. This included the early identification of problems and the timely follow up of these. Systems were in place for identifying and following-up children who were considered to be at-risk of harm or neglect. For example, the needs of all at-risk children were regularly reviewed at practice multidisciplinary meetings involving child care professionals such as health visitors.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- There were arrangements for new babies to receive the immunisations they needed. Childhood immunisation rates for the vaccinations given to under two year olds were 100% (CCG average 96.2% to 98.9%) and for five year olds ranged from 91.9% to 100% (CCG average 31.6% to 98.9%).
- Urgent appointments for children were available on the same day.
- Pregnant women were able to access an antenatal clinic provided by healthcare staff attached to the practice.
- Nationally reported data showed that outcomes for patients with asthma were above average. The practice had achieved 100% of the QOF points available for providing the recommended care and treatment for patients with asthma. This was 2.9% above the local CCG average and 2.6% above the national average.
- The practice provided contraceptive advice.

Good



Summary of findings

Working age people (including those recently retired and students)

Good



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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Patients could order repeat prescriptions and routine healthcare appointments online.
- A text message reminder service was available.
- The practice offered a full range of health promotion and screening which reflected the needs for this age group.
- The practice's uptake for cervical screening was 81.6%, compared to the CCG average of 81.7% and the national average of 81.8%.
- Additional services such as new patient health checks, travel vaccinations and minor surgery were provided.
- The practice website provided a good range of health promotion advice and information.

People whose circumstances may make them vulnerable

Good



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

- The practice held a register of patients living in vulnerable circumstances.
- The practice held a register of patients with a learning disability; patients with learning disabilities had been invited to the practice for an annual health check. Seven patients were on this register, 43% had received an annual review.
- Nationally reported data showed that outcomes for patients with a learning disability were good. The practice had achieved 100% of the QOF points available for providing the recommended care and treatment for patients with a learning disability. This was the same as the local CCG average and 0.2% above the national average.
- The practice offered longer appointments for patients with a learning disability if required.
- The practice regularly worked with multi-disciplinary teams (MDT) in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- Good arrangements were in place to support patients who were carers.

People experiencing poor mental health (including people with dementia)

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

- The practice had identified 1% of their population with enduring mental health conditions on a patient register to enable them to plan and deliver relevant services. 75% of those had received an annual review.
- Nationally reported data showed that outcomes for patients with mental health conditions were below average. The practice had achieved 79.9% of the QOF points available for providing the recommended care and treatment for patients with mental health conditions. This was 11.9% below the local CCG average and 12.9% below the national average.
- Nationally reported data showed that outcomes for patients with dementia were above average. The practice had achieved 100% of the QOF points available for providing the recommended care and treatment for patients with dementia. This was 4.5% above the local CCG average and 5.5% above the national average. 88.9% of patients diagnosed with dementia had their care reviewed in a face-to-face meeting in the last 12 months, which was above as the national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

- Most staff had undertaken dementia friends training and the signs in the practice were 'dementia friendly' to support accessibility for people with dementia as part of a local initiative.

Summary of findings

What people who use the service say

The National GP Patient Survey results published in July 2016 showed the practice was performing in line with local and national averages in many areas. There were 332 forms sent out and 100 were returned. This is a response rate of 30% and represented 5% of the practice's patient list.

- 93% found it easy to get through to this surgery by phone (clinical commissioning group (CCG) average 79%, national average of 73%). This showed an improvement of 3% since the last inspection.
- 85% were able to get an appointment to see or speak to someone the last time they tried (CCG average 82%, national average 85%). This showed an improvement of 11% since the last inspection.
- 89% described the overall experience of their GP surgery as good (CCG average 86%, national average 85%). This showed an improvement of 12% since the last inspection.
- 71% said they would recommend their GP surgery to someone who has just moved to the local area (CCG average 77%, national average 78%). This showed an improvement of 11% since the last inspection.
- 97% found the receptionists at this surgery helpful (CCG average 90%, national average of 87%). This showed an improvement of 12% since the last inspection.

- 93% described their experience of making an appointment as good (CCG average 75%, national average of 73%). This showed an improvement of 14% since the last inspection.
- 87% usually waited 15 minutes or less after their appointment time to be seen (CCG average 69%, national average 65%). This showed an improvement of 1% since the last inspection.

We reviewed 25 CQC comment cards that patients had completed. Twenty-one of these were positive about the standard of care received; patients described the practice as good, said the staff were helpful and courteous and that they were treated with respect. Patients also thought that the practice was clean. Four cards included positive comments but also referred to some areas where the patient thought the practice could improve.

We spoke with six patients during the inspection, including members of the patient participation group. Patients said they were happy with the care they received. They said they thought the staff involved them in their care, explained tests and treatment to them. They thought the practice was clean and they said that appointments were always available.

Areas for improvement

Action the service **SHOULD** take to improve

- Continue with the improvements made with clinical audit to ensure that audits are clearly linked to improving patient outcomes.
- Review the arrangements in place to ensure that learning from significant events is always shared and implemented to support patient safety.
- Review the arrangements in place for those patients who wish to see a female GP.

Dr Rex Obonna

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Inspector and included a GP specialist advisor and a second QCQ inspector.

Background to Dr Rex Obonna

Dr Rex Obonna is registered with the Care Quality Commission to provide primary care services.

The practice provides services to around 2,000 patients from one location:

- Southwick Health Centre, The Green, Southwick, Tyne and Wear, SR5 2LT.

We visited this address as part of the inspection.

Dr Rex Obonna is based in purposed built premises in Sunderland that are shared with two other GP practices and external health-care services. All reception and consultation rooms are fully accessible. There is on-site parking and disabled parking. Disabled WCs are available.

The practice has one GP (male). There were no arrangements in place for patients to be able to see a female GP if they wanted to. The practice employs a practice manager and a nurse and four staff who undertake reception and administrative duties. The practice provides services based on a Personal Medical Services (PMS) contract agreement for general practice.

Dr Rex Obonna is open at the following times:

- Monday, Tuesday, Thursday and Friday 8:30am to 6pm.
- Wednesday 8:30am to 7:30pm.

The telephones are answered by the practice during opening times. When the practice is closed patients are directed to the NHS 111 service. This information is also available on the practices' website and in the practice leaflet.

Appointments are available at Dr Rex Obonna at the following times:

- Monday 9am to 12pm and 12:30pm to 3pm
- Tuesday 9am to 12pm and 12:30pm to 3pm
- Wednesday 9am to 11:30am and 1pm to 5pm
- Thursday 9am to 12pm and 12:30pm to 3pm
- Friday 9:30am to 11:30am and 3pm to 5pm

Extended hours appointments are available from 6pm to 7:30pm on a Wednesday.

The practice is part of NHS Sunderland clinical commissioning group (CCG). Information from Public Health England placed the area in which the practice is located in the first most deprived decile. The income deprivation score for the practice is 43.1 compared to the CCG average of 29.7 and the national average of 21.8. In general, people living in more deprived areas tend to have greater need for health services

Average male life expectancy at the practice is 75 years compared to the national average of 79 years. Average female life expectancy at the practice is 80 years compared to the national average of 83 years.

The proportion of patients with a long-standing health condition is above average (67.6% compared to the national average of 54%). The proportion of patients who are in paid work or full-time employment or education is below average (55.5% compared to the national average of 61.5%). The proportion of patients who are unemployed above average (8.4% compared to the national average of 5.4%).

Detailed findings

The service for patients requiring urgent medical care out of hours is provided by the NHS 111 service and Vocare, known locally as Northern Doctors Urgent Care Limited.

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme. A previous comprehensive inspection had taken place in September 2015 after which the practice was rated as inadequate. We rated the practice as inadequate for providing safe, effective, caring and responsive services and for being well led. The purpose of this inspection was to check that all required improvements had been made.

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 registered 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 to share what they knew. We carried out an announced visit on 12 July 2016.

During our visit we:

- Reviewed information available to us from other organisations, such as NHS England.
- Reviewed information from the CQC intelligent monitoring systems.

- Spoke to staff and patients. This included the GP, the practice manager, the nurse and members of the reception team. We spoke with six patients who used the service.
- Looked at documents and information about how the practice was managed and operated. We spoke with two members of the extended community healthcare team who were not employed by, but worked closely with the practice.
- Reviewed patient survey information, including the National GP Patient Survey of the practice.
- Reviewed a sample of the practice's policies and procedures.
- Reviewed the action plan put in place by the practice, following the earlier inspection which took place in September 2015.

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

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

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

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

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

Are services safe?

Our findings

Safe track record and learning

When we inspected the practice in September 2015, we found that the practice was not able to demonstrate a safe track record over time or demonstrate that learning from significant events was effective.

During the inspection in July 2016, we found that the systems in place had been reviewed and demonstrated improvement. The practice had addressed many of the concerns identified at the previous inspection.

- The practice had improved their approach to significant events. We saw that significant events were now actively recorded and documented and that staff were encouraged to report any significant events they identified. The number of recorded significant events had increased and we saw that these were discussed at monthly staff meetings that all available staff attended.
- We reviewed a sample of safety records, including incident reports and minutes of meetings where these were discussed. We saw that the practice was not always fully implementing lessons learned. For example, the practice was aware of repeated external errors in sending confidential information to the practice by fax. However, they had not developed a procedure to ensure staff responded to these consistently. Following the inspection the practice told us they had now drafted a procedure for staff to follow.
- 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).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, 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 the forms and log used to record significant events. These recorded the event and any

actions taken by the practice to reduce the risk of the event reoccurring. The practice shared details and learning from significant events with the patient participation group (PPG) when appropriate.

- Incidents were also reported on the local cross primary and secondary care Safeguard Incident and Risk Management System (SIRMS).
- The practice had improved their approach to the management of safety alerts from the Medical and Healthcare products Regulatory Authority (MHRA). The practice ensured that all alerts received were reviewed. A process was in place to ensure these alerts were acted on. The practice kept a record of the alerts received and the action taken.

Overview of safety systems and processes

When we inspected the practice in September 2015, we identified concerns relating to safety systems and processes. Concerns included:

- Not all serious case reviews were reported as significant events and limited records of safeguarding meetings were maintained.
- Regular fire drills were not carried out and that the thermometer on the refrigerator used to store immunisations and vaccinations had not been calibrated for two years.
- Arrangements for carrying out pre-employment checks on temporary staff were not effective.

During the inspection in July 2016, we found that improvements had been made. The practice had addressed the concerns identified at the previous inspection. We found that:

- Staff were aware of and fulfilled their responsibilities in relation to serious case reviews. Staff told us that safeguarding issues were regularly discussed and we saw minutes of meeting that confirmed this. We spoke with attached staff and they also told us that they thought safeguarding issues were well managed at the practice.
- We found the practice had improved its processes for monitoring and managing risks to patient and staff safety. We saw the practice had undertaken a fire drill in the last year and the arrangements for ensuring that medicines were always stored at the correct temperature were embedded and effective.

Are services safe?

- The practice had improved their processes for recruiting locum GP staff. Since the last inspection the practice had contacted the agency used to recruit most locum staff and been assured by them that appropriate checks had been undertaken prior to employment. We also saw that appropriate checks had been undertaken for the last locum GP recruited directly by the practice. The practice planned to use a locum GP in the near future and we saw they had already carried out effective pre-employment checks.

We also found that:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies 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 adult and child safeguarding. The GPs attended safeguarding meetings and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to level three in children's safeguarding.
- Notices in the waiting room and clinical rooms advised patients that staff would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We saw that the premises were clean and tidy. The nurse was the infection control lead; they liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received training appropriate to their role. Infection control and hand washing audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal).
- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.

Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.

- We reviewed two personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate DBS checks.
- The practice had a system in place 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.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health (COSHH) and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- All electrical equipment was checked to ensure it was safe to use and clinical equipment was checked to ensure it was working properly.
- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. The practice regularly reviewed the staffing needs of the practice.

Arrangements to deal with emergencies and major incidents

Are services safe?

When we inspected the practice in September 2015, we identified a concern in relation to arrangements to deal with emergencies and major incidents.

- The practice had a business continuity plan in place for major incidents such as power failure or building damage. However, the plan had not worked effectively when the practice had been faced with a recent sustained loss of power and absence of key staff. We found that no steps had been taken to update the business continuity plan at the time of the inspection to take account of the lessons that had been learned from this event.

During the inspection in July 2016, we found that the practice had addressed this area of concern.

- The practice had reviewed their business continuity plan and it had been updated. For example, arrangements had been made for alternative accommodation in the event of loss of power that ensured care could still be provided for patients.

We also found that:

- There was an instant messaging system on the computers in all the consultation and treatment rooms that alerted staff to any emergency. Panic buttons were fitted in each of the clinical rooms.
- All staff received annual basic life support training and there were emergency medicines available.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks were available in a treatment room. A first aid kit and accident book was available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. The practice had a system in place to ensure these were in date.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place 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. Clinicians discussed guidelines at regular clinical meetings.

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 for 2014/15 showed the practice had achieved 90.2% of the total number of QOF points available compared to the local clinical commissioning group (CCG) average of 95.7% and the national average of 94.8%. This was an improvement on the practice performance for 2013/2014 when they had achieved 81.8% of the total number of QOF points available.

Data from 2014/2015 showed:

- Performance for the diabetes related indicators was below average (71.8% compared to the national average of 89.2%). However, this was an improvement of 5.4% since the inspection in September 2015.
- Performance for the hypertension related indicators was above average (100% compared to the national average of 97.8%). This was an improvement of 45% since the inspection in September 2015.
- Performance for the secondary prevention of coronary heart disease related indicators was above average (97.5% compared to the national average of 95%). This was an improvement of 27.3% since the inspection in September 2015.
- Performance for the dementia related indicators was above average (100% compared to the national average of 94.5%). This was the same as the inspection in September 2015.

- Performance for the mental health related indicators was below average (79.9% compared to the national average of 92.8%). This was an improvement of 22.8% since the inspection in September 2015.
- The practice performed well in other areas. For example, the practice had achieved 100% of the points available for 14 of the 19 clinical domains, including the learning disability, depression and rheumatoid arthritis domains.

Following the last inspection that practice had worked to improve the number of patients with long-term conditions who attended for review and monitoring appointments. A system to invite patients on the month of their birthday had been fully implemented.

During the inspection, staff were able to show us evidence that they had made improvements to patient outcomes since the last inspection: For example, for 2015/2016 (which had not yet been verified or published) they had achieved 95% of the total number of QOF points available. This included improvements in the performance for:

- diabetes related indicators, the practice had achieved 81%
- mental health related indicators, the practice had achieved 88.5%

When we inspected the practice in September 2015, we found that little evidence that the clinical audits the practice had participated in had resulted in improvements to patient outcomes. During our discussions with the single handed GP the rationale behind the decisions to undertake these audits was not clear.

At this inspection, we found there was evidence of some quality improvement work.

- The practice had completed a two-cycle clinical audit since the last inspection. The audit was in relation to the management of patients with stable angina. They carried out an initial audit in January 2016 and looked at several measures of how angina should be managed. For example, smoking status should be recorded each year. Initially 18.7% of patients on the angina register had not their smoking status recorded. Patients on the register were invited for an appointment to review the management of their angina. A second audit was completed in May 2016; the practice found that 6.7% of patients on the angina register now had not had their smoking status recorded.

Are services effective?

(for example, treatment is effective)

- However, the rest of the audits completed by the practice since the last inspection were very limited in scope and were not effectively linked to improved outcomes for patients at the practice. We discussed this with the practice and we were told a more formal structured approach to clinical audit was planned.
- The practice provided a minor surgery service and monitored the quality of this service.
- The practice participated in a clinical commissioning group (CCG) medicines optimisation work that was monitored by the practice based pharmacist.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff, including locum GPs. 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 updates for relevant staff. For example, for those reviewing patients with long-term conditions. Staff who took samples for the cervical screening programme had received specific training which included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example, by having access to on line resources and discussion at practice meetings.
- Staff received training which included: safeguarding, basic life support and information governance. Staff had access to and made use of e-learning training modules, in-house training and external training.
- 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, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.
- The GP had been revalidated in 2013. The practice nurse had access to external clinical peer support. When we reviewed staff training records we found that staff had undertaken information governance training and

infection control training since the last inspection. However, some of the administrative staff had not undertaken any safeguarding training. The practice manager had become aware of this recently and planned to ensure staff completed this training online as soon as possible. The practice told us that this training had been completed shortly after the inspection.

Coordinating patient care and information sharing

When we inspected the practice in September 2015, we found that multi-disciplinary team (MDT) meetings had not taken place since May 2015. We also found that clinical meetings had not been held regularly.

During the inspection in July 2016, we found that:

- Multi-disciplinary team (MDT) meetings took place each month. We looked at the minutes of the last three meetings held. We saw, for example, that these meetings discussed vulnerable patients and focused on providing effective support. The practice manager, GP and nurse attended these meetings; these meetings were also attended by the health visitor and a member of the palliative care team.
- Clinical meeting were held each month. We looked at the minutes of the last three meetings held and saw that these discussed, for example, practice performance, medicines optimisation work and patient care.

We also found that:

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 and intranet systems.

- This included risk assessments, care plans, medical records and investigation and test results. The practice shared relevant information with other services in a timely way, for example, when referring patients to other services.
- Staff worked together with other health and social care services 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, when they were referred or, after they were discharged from hospital.

Consent to care and treatment

Are services effective?

(for example, treatment is effective)

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- 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.

- This included patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. The practice provided in house smoking cessation and weigh.

- Information such as NHS patient information leaflets was also available.

The practice's uptake for the cervical screening programme was 81.6%, which was similar to the local average of 81.7% and national average of 81.8%. There was a policy to offer reminders for patients who did not attend for their cervical screening test. The practice also encouraged their patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were above CCG averages. For example, childhood immunisation rates for the vaccinations given to under two years old were 100% (CCG average 96.2% to 98.9%). For five year olds rates ranged from 91.9% to 100% (CCG average 31.6% to 98.9%). The practice worked to encourage uptake of screening and immunisation programmes with the patients at the practice.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We saw 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.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard. The practice provided background music in the reception area to ensure this.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. Patients we spoke with confirmed that they were treated with respect and dignity.

We reviewed 25 CQC comment cards that patients had completed. Twenty-one of these were positive about the standard of care received; they described the practice as good, said the staff were helpful and courteous and said they were treated with respect. Patients also thought that the practice was clean. Four cards, while including positive comments, also included some areas where the patient thought the practice could improve. On the day of the inspection, we saw staff responding well to the needs of patients.

Results from the National GP Patient Survey, published in July 2016, showed patients were generally satisfied with how they were treated and that this was with compassion, dignity and respect. Of those who responded:

- 91% said they had confidence and trust in the last GP they saw or spoke to (clinical commissioning group (CCG) average 96%, national average 95%). This showed an improvement of 6% since the last inspection.
- 84% said the GP they saw or spoke to was good at listening to them (clinical commissioning group (CCG) average 89%, national average 89%). This showed an improvement of 15% since the last inspection.
- 82% said the GP they saw or spoke to gave them enough time (CCG average 87%, national average 87%). This showed an improvement of 7% since the last inspection.

- 80% said the last GP they saw or spoke to was good at treating them with care and concern (CCG average 86%, national average 85%). This showed an improvement of 11% since the last inspection.
- 96% had confidence or trust in the last nurse they saw or spoke to (CCG average 98%, national average 97%). This showed an improvement of 4% since the last inspection.
- 97% said the last nurse they saw or spoke to was good at listening to them (CCG average 94%, national average 91%). This showed an improvement of 9% since the last inspection.
- 96% said the last nurse they saw or spoke to was good involving them in decisions about their care (CCG average 88%, national average 85%). This showed an improvement of 14% since the last inspection.

The practice gathered patients' views on the service through the national friends and family test (FFT). (The FFT is a tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience that can be used to improve services. It is a continuous feedback loop between patients and practices). Data from the most recent Friends and Family Survey carried out by the practice, from April 2015 to March 2016, showed that 83% of patients said they would be extremely likely or likely to recommend the service to family and friends. 17% of patients would be unlikely to recommend the service to family and friends.

The most recent survey data (from April 2016 to June 2016), showed improvement. We saw that 90% of patients said they would be extremely likely or likely to recommend the service to family and friends. 3% of patients would be unlikely to recommend the service to family and friends.

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.

Results from the National GP Patient Survey, published in July 2016, showed patients responded generally positively to questions about their involvement in planning and making decisions about their care and treatment.

For example, of those who responded:

Are services caring?

- 83% said the last GP they saw was good at explaining tests and treatments (CCG average of 86%, national average of 86%). This showed an improvement of 11% since the last inspection.
- 80% said the last GP they saw was good at involving them in decisions about their care (CCG average 82%, national average 82%). This showed an improvement of 16% since the last inspection.
- 95% said the last nurse they saw was good at explaining tests and treatments (CCG average 92%, national average 90%). This showed an improvement of 9% since the last inspection.
- 96% said the last nurse they saw was good at involving them in decisions about their care (CCG average 88%, national average 85%). This showed an improvement of 14% since the last inspection.

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

- Staff told us that translation services were available for patients who did not have English as a first language.
- A hearing loop was available on reception for patients who were hard of hearing.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations. The practice website also provided a range of health advice and information.

The practice's computer system alerted GPs if a patient was also a carer. Information was available to direct carers to the various avenues of support available to them. The practice had links to support organisations and referred patients when appropriate. The practice had identified 36 of their patients as being a carer (2% of the practice patient population). 86% of carers on this register had received an influenza immunisation and 28% had had a carers health check completed in the last year. The practice told us that they planned work to identify more carers during the flu campaign in 2016.

Staff told us that if families had suffered bereavement, the practice sent them a sympathy card and offered support in line with the patient's wishes.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of their local population and engaged with the NHS England Area Team and clinical commissioning group (CCG) to secure improvements to services where these were identified.

The practice was aware of the needs of their practice population and provided services that reflected their needs. We found that:

- The practice held regular clinics to provide childhood immunisations and minor surgery.
- When a patient had more than one health condition that required regular reviews, they were able to have all the healthcare checks they needed completed at one appointment if they wanted to.
- There were longer appointments available for patients with a learning disability, patients with long term conditions and those requiring the use of an interpreter.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Extended hours appointments were available on a Wednesday evening from 6pm to 7:30pm.
- Patients were able to receive travel vaccinations that were available on the NHS.
- Smoking cessation support was provided by the practice.
- There was a practice based anti-coagulation clinic.
- There were disabled facilities and translation services available. A hearing loop was available to support patients with hearing difficulties.
- Patients could order repeat prescriptions and book GP appointments on-line.

However, we did not see any evidence of any arrangements for patients to be able to see a female GP if they wanted to.

Access to the service

The practice was open at the following times:

- Monday, Tuesday, Thursday and Friday 8:30am to 6pm.
- Wednesday 8:30am to 7:30pm.

Appointments were available at the following times:

- Monday 9am-12pm 12:30pm-3pm

- Tuesday 9am-12pm 12:30pm-3pm
- Wednesday 9am-11:30am 1pm-5pm
- Thursday 9am-12pm 12:30pm-3pm
- Friday 9:30am-11:30am 3pm-5pm

The telephones are answered by the practice during opening times. When the practice is closed patients are directed to the NHS 111 service. This information is also available on the practices' website and in the practice leaflet.

Extended hours appointments were available from 6pm to 7:30pm on a Wednesday.

Results from the National GP Patient Survey, published in July 2016, showed that patients' satisfaction with how they could access care and treatment was generally above local and national averages. Of those who responded:

- 86% of patients were satisfied with the practice's opening hours (CCG average 79%, national average of 76%).
- 93% patients said they could get through easily to the surgery by phone (CCG average 79%, national average 73%).
- 95% patients said they able to get an appointment or speak to someone last time they tried (CCG average 82%, national average 85%).
- 86% feel they normally don't have to wait too long to be seen (CCG average 62%, national average 58%).

Patients told us they were able to get appointments when they needed them. The practice had a system in place to assess:

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

We also spoke with six patients during the inspection. Patients told us that routine and urgent appointments were always available when required. On the day of the inspection, there was a routine appointment with a nurse available on the same day; a routine appointment was available with a GP the following day.

Listening and learning from concerns and complaints

When we inspected the practice in September 2015, we found that that practice was not recording all complaints received.

Are services responsive to people's needs?

(for example, to feedback?)

During the inspection in July 2016, we found that the practice had implemented a more effective system for handling complaints and concerns.

- The complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated responsible person who handled all complaints in the practice; the GP provided clinical oversight when required.
- We saw that information was available to help patients understand the complaints system. Information was on display in the reception area and in the practice leaflet and on the practices' website.
- The practice kept a record of compliments from patients.

We discussed the 17 verbal complaints received in the last 12 months with the practice manager. The practice had not received any written complaints. Only one complaint had received a written response from the practice, the rest of the complaints had been responded to verbally when the complaint had been made. We saw that the letter sent to the patient did not include information on actions the patient could take if they were unhappy with the practices' response to their complaint. The practice told us that they would include this information in any future written responses to complaints.

We found that complaints were dealt with in a timely way and with openness and transparency. Action had been taken as a result of complaints. The practice shared details and learning from complaints with the patient participation group (PPG) when appropriate.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a healthcare charter that was available on their website. The charter detailed the standards they aimed to provide for patients and the responsibilities of patients. The aims included 'the right to healthcare which is right for you when you require it'.
- The practice mission statement to provide 'family healthcare for all'. The staff we spoke with were aware of this; and wore name badges that included the statement.
- A business plan had been developed that covered 2015 to 2018. The practice updated this plan following the inspection in September 2015. We saw that this update was focused on short term objectives to address the issues identified at the inspection. Many of the objectives had been completed, for example, regular meetings were now held. Longer-term objectives were still to be set but had been discussed.

Governance arrangements

When we inspected the practice in September 2015, we found that the practice had a weak overarching governance framework which did not support the delivery of the good quality care. Concerns identified included:

- The GP was not seen to be active in the management of the practice.
- The systems and processes in place at the practice were not sufficiently robust or embedded to ensure the ongoing effective management of the practice.
- The practice had a business continuity plan, however, this required updating.
- Arrangements for monitoring the performance of the practice were not effective, for example, the practice's performance against QOF targets was no longer being monitored.
- The practice did not have a structured clinical audit programme and the GP found it difficult to tell us how clinical audit was linked to improvements to patients' clinical care.
- There were poor arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

- Information from incidents and significant events was not used to identify areas where improvements could be made.

During the inspection in July 2016, we found many that improvements had been made. The practice had addressed most of the concerns identified at the previous inspection. We found that:

The practice had a more effective governance framework, which supported the delivery of their strategy and good quality care.

- The GP was more involved in the management of the practice. For example, the practice now held monthly management meetings. We saw that these meetings discussed key areas in relation to the management of the practice such as the business continuity plan, HR support and policies and procedures.
- The systems and processes in place at the practice were more effective and helped to ensure the ongoing effective management of the practice. However, the systems and processes in place required time to become fully embedded into practice.
- Arrangements for monitoring the performance of the practice showed improvement, for example, the practice's performance against QOF targets was now regularly monitored.
- The practice had made some improvements to the clinical audit programme in place. However, there was limited evidence that clinical audit was driving improvement in performance to improve patient outcomes.
- Arrangements for identifying, recording and managing risks, issues and implementing mitigating actions had improved. For example the business continuity plan had been updated and the process in place for managing safety alerts was now in place.
- Information from incidents and significant events was now used to identify areas where improvements could be made.

We also found that:

- Practice specific policies were implemented and were available to all staff.

Leadership and culture

Are services well-led?

Good 

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

When we inspected the practice in September 2015, we found that the staff were committed to achieving high quality and compassionate care. However, ineffective systems and processes had affected their capacity to deliver them. For example, staff said that regular team meetings were not held.

At this inspection we found that:

- Regular meetings were held. For example, the practice now held monthly clinical, staff and management meetings. We looked at the minutes of the last three meetings held of each of these meetings. We saw that the regular staff meeting were well attended and that they discussed a wide range of issues that supported the effective management of the practice and information sharing, for example, staff appraisals, training, complaints and significant events.
- The practice had been offered, and accepted, support from the CCG. Temporary part-time management had supported the practice to develop more effective systems and processes. Formal support was no longer in place when we inspected the practice. The practice therefore would need to ensure plans were in place to continue to build on and fully embed the improvements already made.

We found the practice had made progress in addressing the concerns identified during the September 2015 inspection.

We found that the GP and practice manager prioritised safe, high quality and compassionate care. The GP was more visible in the practice and the staff told us that responding to the last inspection had strengthened the whole team.

The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents. (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).

We also found that there was a clear leadership structure in place and staff felt supported by management.

- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues and felt confident in doing so and were supported if they did.

- Staff said they felt respected, valued and supported. During the inspection we saw that staff and the management of the practice had strong working relationships.
- There were more effective arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

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

At the inspection in September 2015, we found that the practice did not sufficiently encourage feedback from patients. Concerns raised included:

- There was no patient participation group (PPG) in place at the practice.
- No complaints had been recorded during the last year despite informal complaints being received.

We found the practice had made progress in addressing the concerns identified. The practice encouraged and valued feedback from patients, the public and staff. They proactively sought patients' feedback and engaged patients in the delivery of the service.

The practice now gathered feedback from patients through their patient participation group (PPG), surveys and complaints received.

- Following the previous inspection, several patients had contacted the practice to offer their support; this led to the formation of PPG. The group met regularly and the practice manager attended these meetings. The PPG was consulted on possible changes at the practice and asked to provide suggestions about future improvements. Information on the PPG was displayed in the waiting area. The PPG was currently completing a patient survey that focused on patient's experience of the practice. The PPG had also set up a virtual PPG group for patients who could not attend meetings but wished to be involved in the group.
- The practice kept a record of compliments from patients.
- The practice had completed a patient survey using a Department of Health initiative that used feedback to support service improvements. The reports produced included suggested recommendations; the practice had

Are services well-led?

Good 

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

addressed these. For example, a patient participation group had now been established. The PPG had produced a brief 'you said we did' report, this was available on the practices' website.

We also found that:

- The practice had reviewed the results of the National GP Survey published in January 2016. The practice had identified two areas of concern (helpfulness of the receptionists and GP interactions with patients) but had not yet agreed on what actions could be taken to address these areas. They had not yet reviewed the most recent results, which were published in early July 2016.

The practice had gathered feedback from 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.

Continuous improvement

There was now an increased focus on continuous learning and improvement at all levels within the practice. The practice team was more forward thinking and was planning effectively for changes at the practice.

For example:

- The practice had improved their processes for learning from significant events.
- The practice had updated their business continuity plan. The practice's business plan and meetings addressed the need for forward planning to meet the need of their patients.
- The practice had worked hard to improve their performance against the Quality and Outcomes Framework (QOF).
- They also showed a commitment to improvement in the way they had worked to address concerns raised at the inspection, which took place in September 2015.