New Road Medical Centre

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr's P L & S Kaul and Dr G K Gill also known as New Road Medical Centre on 22 November 2016. Overall the practice is rated as requires improvement.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording incidents and significant events. Patient safety and medicines alerts were effectively managed and where necessary appropriate actions were taken.
- Risks to patients were assessed and well managed; with the exception of those relating to the absence of some emergency medicines, the following up of children who failed to attend hospital appointments and assurance from the property owners that health and safety assessments had been carried out.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were low in some areas compared to the national average. Although some audits had been carried out, we saw no evidence that audits were driving improvements to patient outcomes and a formal plan to target these areas had not been established.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment and worked with other health care providers such as district nurses to respond to and meet the needs of the practice patient population groups.
- Although patients we spoke with said they were treated with compassion, dignity and respect and they felt involved in their care and decisions about their treatment, the July 2016 national GP patient survey showed patients rated the practice lower than others for some aspects of care. The practice developed an action plan to address identified issues.

Summary of findings

- Information about services and how to complain was available and easy to understand. The practice identified areas for further improvements to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day. National GP patient survey showed patient's satisfaction with how they could access care and treatment was above local and national averages.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The provider was aware of and complied with the requirements of the duty of candour.
- There was a leadership structure and staff felt supported by management.
- There were areas where the governance structure and systems was not effectively operated. For example, the practice did not develop a targeted formal plan to improve quality and performance. The practice had not implemented a structure of formal meetings or operated an effective system to manage pathology results or internal mail from other healthcare specialists.

The areas where the provider must make improvement are:

- Ensure the practice safeguarding procedures are followed to ensure where appropriate staff are following up children who had not attended hospital appointments.
- Ensure that in the absence of some emergency medicines risks are identified and assessments carried out to mitigate risks associated with anticipated emergency situations.
- Ensure that governance arrangements and systems are established and effectively implemented across the practice, including a programme of quality improvement including clinical audit

The areas where the provider should make improvement are:

- Continue to gain assurance from the property owners that they have carried out a fire and legionella risk assessment.
- Continue exploring and establishing effective methods to identify carers in order to provide further support where needed.
- Explore effective ways of encouraging the uptake of national screening programmes such as cervical, bowel and breast cancer.
- Continue exploring and establishing effective methods to improve patient satisfaction.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Requires improvement

- Although the practice had defined and embedded systems, processes and practices to keep patients safe and safeguarded from abuse; the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example, staff were not appropriately following up patients who missed hospital appointments.
- Most risks to patients were assessed and well managed; however there were areas where risks were not identified or well managed. For example, in the absence of some emergency medicines the practice did not carry out a risk assessment.
- The practice did not gain assurance from the property owners that fire and legionella (a term for a particular bacterium which can contaminate water systems in buildings) safety assessments had been carried out.
- There was an effective system in place for reporting and recording significant events, incidents and patient safety alerts.
- Safety information such as Medicines and Healthcare products Regulatory Agency (MHRA) alerts and lessons following incidents were shared to make sure appropriate action was taken to improve safety in the practice and changes were monitored.
- Openness and transparency were encouraged therefore when things went wrong patients 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.

Are services effective?

Requires improvement

- Staff assessed needs and delivered care in line with current evidence based guidance.
- 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.
- Data from the Quality and Outcomes Framework (QOF) showed outcomes were low in some areas compared to local and national averages. For example, performance for diabetes and Chronic Obstructive Pulmonary Disease (COPD) were below average.

Summary of findings

- Although the practice showed intention to improve quality, there was no evidence following the completion of audits that improvements in patient outcomes had been achieved.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs. For example, the practice held formal multi-disciplinary meetings such as palliative care meetings to review and plan patients care.

Are services caring?

Good

- Patients we spoke with during the inspection said they were treated with compassion, dignity and respect and felt involved in decisions about their care and treatment. The patient participation group views were also aligned to these comments.
- Data from the July 2016 national GP patient survey showed patients rated the practice lower than others for some aspects of care. For example, survey results showed patients did not feel listened too and patients felt GPs were not giving them enough time during consultations. Confidence and trust in GPs were below local and national averages.
- The practice carried out internal patient surveys and we saw that the practice develop a plan to address the national GP patient survey findings.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had processes in place to ensure families were aware of support services available to them during times of bereavement.

Are services responsive to people's needs?

Good

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day. Results from the July 2016 national GP patient survey showed that patient's satisfaction with how they could access care and treatment was above local and national averages.

Summary of findings

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice worked with other health care providers such as district nurses to respond to and meet the needs of the practice patient population groups.
- Information about how to complain was available and easy to understand; evidence showed the practice responded quickly to issues raised. The practice discussed complaints, provided patients with an apology, identified learning points and took actions to remedy the concerns.

Are services well-led?

Requires improvement

- There was a leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity; however, some processes were not always well established or operated effectively.
- There was an overarching governance framework which included arrangements to monitor and improve quality and identify risk. However, there were areas where structures were not effective in relation to safeguarding, risk assessments for emergency medicines and the location of equipment required to respond to a medical emergency.
- 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 notifiable safety incidents and ensured this information was shared with staff.
- The practice proactively sought feedback from staff and patients, which it mainly acted on. The patient participation group was active and the practice carried out a review of the national GP survey where patient satisfaction were lower than local and national averages.
- There was a focus on learning and improvement at all levels and the practice demonstrated where actions had been taken to remedy concerns.

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 provider was rated as requires improvement for safe, effective and for well-led. The issues identified as requiring improvement overall affected all patients including this population group.

- The practice offered proactive, personalised care to meet the needs of the older people in its population. All patients had a named GP.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice has access to an on-site community pharmacy who checked medication and arranged dossett box (a system for arranging weekly medicines) if required.
- The practice provided a variety of health promotion advice and literature which signposted patients to local community groups and charities such as Age UK. Data provided by the practice showed that 93% of patients aged over 75 received a health check in the last three years.
- The practice was accessible to those with mobility difficulties.

People with long term conditions

Requires improvement

The provider was rated as requires improvement for safe, effective and for well-led. The issues identified as requiring improvement overall affected all patients including this population group.

- Clinical staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for some diabetes related indicators was below the CCG and national average. For example, 78% of patients with diabetes, on the register, with a diagnosis of kidney disease or abnormal urine reading were treated with appropriate medicine compared to CCG average of 96% and national average of 93%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and 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

- The practice offered a range of services in-house to support the diagnosis and monitoring of patients with long term conditions including spirometry, phlebotomy and followed recognised asthma pathways.

Families, children and young people

Requires improvement

The provider was rated as requires improvement for safe, effective and for well-led. The issues identified as requiring improvement overall affected all patients including this population group.

- Although there were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances; these systems were not always followed adequately.
- Immunisation rates were relatively high for most standard childhood immunisations. Patients who missed immunisation or eight week baby check appointments were closely monitored and referred to the health visiting team following three missed appointments.
- The practice was accessible for pushchairs, had baby changing facilities and supported breast feeding. Appointments were available outside of school hours and the premises were suitable for children and babies.
- Staff we spoke with were able to demonstrate how they would ensure children and young people were treated in an age-appropriate way and that they would recognise them as individuals. The practice offered sexual health advice and emergency contraception.
- The practice's uptake for the cervical screening programme was 85%, which was above the CCG average of 81% and the national average of 82%.
- Staff we spoke with demonstrated positive examples of joint working with midwives and health visitors.

Working age people (including those recently retired and students)

Requires improvement

The provider was rated as requires improvement for safety and for well-led. The issues identified as requiring improvement overall affected all patients including this population group.

- 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

Summary of findings

and offered continuity of care. For example, extended evening surgery hours. Extra blood specimen collection from the pathology department was available to provide flexibility with appointments for blood tests.
- 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.
- For accessibility, telephone consultation appointments were available with GPs.
- The practice offered travel vaccinations available on the NHS and staff sign posted patients to other services for travel vaccinations only available privately such as yellow fever centre (able to provide vaccination for a tropical virus disease transmitted by mosquitoes which affects the liver and kidneys).
- The practice provided new patient health checks and routine NHS health checks for patients aged 40-74 years.
- Data from the national GP patient survey indicated that the practice was rated above local and national average regarding phone access and opening times.

People whose circumstances may make them vulnerable

Requires improvement

The provider was rated as requires improvement for safety and for well-led. The issues identified as requiring improvement overall affected all patients including this population group.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability. There were a designated lead for learning disabilities, data provided by the practice showed that 90% had a care plan in place, 50% received a medicine review and 80% had a face-to-face review in the last 12 months.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients. For example, they provided a shared care service in partnership with the local addiction service for patients with opiate dependency allowing them to obtain their medicine at the surgery.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations such as food banks and citizen advice.

Summary of findings

- Staff we spoke with 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.
- Carers of patients registered with the practice had access to a range of services, for example annual health checks, flu vaccinations and a review of their stress levels. Data provided by the practice showed that 0.82% of the practice list were carers.

People experiencing poor mental health (including people with dementia)

Requires improvement

The provider was rated as requires improvement for safety and for well-led. The issues identified as requiring improvement overall affected all patients including this population group.

- 88% of patients diagnosed with dementia had their care reviewed in a face-to-face meeting in the last 12 months, which is above the local and national average.
- QOF data showed that 71% had a comprehensive, agreed care plan documented in their record in the preceding 12 months, compared to the CCG average of 92% and national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. There were a designated lead for dementia who carried out nationally recognised memory tests, staff explained that if any concerns identified then patients were invited to attend further tests and referred to the memory clinic.
- The practice carried out advance care planning for patients with dementia. Data provided by the practice showed that 100% of patients diagnosed with dementia had a care plan in place.
- 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.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results showed the practice was performing above local and national averages in most areas. 326 survey forms were distributed and 98 were returned. This represented 30% completion rate.

- 96% of patients found it easy to get through to this practice by phone compared to the CCG average of 76% and national average of 73%.
- 88% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 82% and national average of 85%.
- 91% of patients described the overall experience of this GP practice as good compared to the CCG average of 86% and national average of 85%.
- 85% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 76% and national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 42 comment cards which were all positive about the standard of care received. Comments referred to staffs caring nature and patients felt at ease during consultations. There were several comments which described the practice as amazing; staff were helpful, always polite and respectful.

We spoke with five patients during the inspection including one member of the practice's patient participation group (PPG). Patients and PPG members said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Areas for improvement

Action the service MUST take to improve

- Ensure the practice safeguarding procedures are followed to ensure where appropriate staff are following up children who had not attended hospital appointments.
- Ensure that in the absence of some emergency medicines risks are identified and assessments carried out to mitigate risks associated with anticipated emergency situations.
- Ensure that governance arrangements and systems are established and effectively implemented across the practice, including a programme of quality improvement including clinical audit

Action the service SHOULD take to improve

- Continue to gain assurance from the property owners that they have carried out a fire and legionella risk assessment.
- Continue exploring and establishing effective methods to identify carers in order to provide further support where needed.
- Explore effective ways of encouraging the uptake of national screening programmes such as cervical, bowel and breast cancer.
- Continue exploring and establishing effective methods to improve patient satisfaction.

New Road Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector**.** The team included a GP specialist adviser and a practice manager specialist adviser.

Background to New Road Medical Centre

Dr's P L & S Kaul and Dr G K Gill also known as New Road Medical Centre is located in Walsall, West Midlands situated in a multipurpose modern built NHS building, providing NHS services to the local community. Dr's P L & S Kaul and Dr G K Gill consist of two sites both managed under separate General Medical Services (GMS) contracts with the Clinical Commissioning Group (CCG). GMS is a contract between general practices and the CCG for delivering primary care services to local communities.

Based on data available from Public Health England, the levels of deprivation in the area served by New Road Medical Centre are below the national average, ranked at four out of 10, with 10 being the least deprived. Deprivation covers a broad range of issues and refers to unmet needs caused by a lack of resources of all kinds, not just financial. The practice population group form birth to ages 85 and over were comparable to local and national averages for most age groups. For example, patients' aged from birth to four years old were comparable to local and national averages. Patients aged 60 to 69 were also comparable to local and national averages however, patients aged 70 to79 were above average.

The patient list is approximately 1,800 of various ages registered and cared for at the practice. Services to patients are provided under a General Medical Services (GMS) contract with the Clinical Commissioning Group (CCG).

The surgery has expanded its contracted obligations to provide enhanced services to patients. An enhanced service is above the contractual requirement of the practice and is commissioned to improve the range of services available to patients.

The surgery is situated on the ground floor of a multipurpose building shared with other health care providers. Parking is available for cyclists and patients who display a disabled blue badge. The surgery has automatic entrance doors and is accessible to patients using a wheelchair.

The practice staffing comprises of three GP partners (two male & one female), one salaried GP, one independent nurse prescriber, two practice nurses, one practice manager, and a team of secretaries and receptionists. The practice is a student nurse teaching practice offering placements and mentoring for students from the local university. Practice staff worked across both sites.

The practice is open between 8.30am and 6.30pm on Mondays, Wednesdays and Fridays. Tuesday opening times are between 8.30am and 7.30pm; Thursdays are from 8.30am to 1pm.

GP consulting hours are from 9.30am to 11.30am and 4pm to 6pm Mondays; 8.40am to 10.30am and 5pm to 7pm Tuesdays; 8.40am to 10.30am and 4pm to 6pm Wednesdays; 9.30am to 11.30am Thursdays; 9.30am to 11.30am and 3pm to 4pm Fridays. The practice has opted out of providing cover to patients in their out of hours period. During this time services are provided by NHS 111. During in service closure times services are provided by WALDOC (Walsall doctors on call).

Detailed findings

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 22 November 2016.

During our visit we:

- Spoke with a range of staff such as GPs, nurses; members of the administration team and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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.

Requires improvement

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff we spoke with demonstrated commitment to reporting incidents and told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system so support this process.
- 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).
- The quality of completed incident report forms and learning outcomes provided by the practice demonstrated a whole team approach to improving safety. We saw 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.
- There was a designated clinical lead responsible for reviewing and monitoring incidents and significant events to ensure they were acted on as appropriate. The practice operated an effective system for tracking, recording and monitoring actions required or taken as a result of incidents. Learning was based on a thorough analysis and investigation which were routinely shared internally through clinical meetings and where appropriate more widely with NHS England. Staff we spoke with were able to provide examples of incidents that had been discussed and acted on. For example, the practice implemented a process which required GPs to confirm patients' details before commencing consultations. The practice also obtained guidance from NHS England to ensure that communication with those involved in the incident were in line with the duty of candour.

The practice manager disseminated safety alerts, such as medical device alerts and alerts from the Medicines and Healthcare products Regulatory Agency (MHRA). These were discussed and we saw evidence that appropriate actions were taken to improve safety in the practice. For example, we saw that appropriate searches had been carried out to identify patients diagnosed with diabetes. As a result of the search, we saw that identified patients were contacted and advised to return medication kits either to the practice or pharmacy. We also saw that the practice appropriately responded to a medical device alert. For example, staff we spoke with explained that they had taken appropriate actions following an alert relating to defibrillators by contacting the manufacturer and carried out the required safety checks as directed.

Overview of safety systems and processes

Although the practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, there were areas where the process were not effectively operated. For example.

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. Although staff we spoke with were able to explain how they would follow practice processes when raising concerns we saw an example where the process had not been followed in line with practice policy and procedures. For example, the practice was unable to demonstrate where they had appropriately followed up children who failed to attend hospital appointments.
- There was a lead member of staff for safeguarding; staff we spoke with explained that they would inform the GP if they had any safeguarding concerns. The GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child safeguarding level three. Nurses had also received level three safeguarding training for children and vulnerable adults.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check.

(DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who 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 up to date training.
- Annual infection control audits were undertaken by an external infection control specialist. An audit carried out within the last 12 months showed that the practice had scored 87% and we saw evidence that action was taken to address any improvements identified as a result. For example, the practice scored 80% for environment; as a result we saw that the practice had a rolling contract for regular decontamination of clinical curtains and the practice had placed an order for disposable blinds.
- The recording and monitoring of vaccination fridge temperatures we viewed demonstrated regular monitoring was being completed and that the management of vaccination fridges was in line with Public Health England guidance.
- The arrangements for managing medicines including vaccines in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. For example, we saw that patients in receipt of ACE inhibitors (a medicine used to treat high blood pressure) were reviewed within recommended guidelines.
- Prescription stationery including blank prescription forms and pads were securely stored and there were well established and effective systems in place to monitor their use.
- The practice received eight hours per week of support from the local CCG medicines management team who carried out regular medicines audits to monitor efficiency and ensured prescribing was in line with best practice guidelines for safe prescribing. The practice participated in the CCG led prescribing improvement scheme for medicines optimisation (a scheme aimed at encourage and reward GP practices to improve prescribing to further enhance its quality, safety and effectiveness) there were evidence of where the practice achieved set prescribing targets. For example, staff explained that the practice worked collaboratively with the pharmacist to explore alternative and safer prescribing options. Patients in receipt of liquid specials (a medicine made to meet the needs of individual patients) were reviewed to check whether there were genuine needs to continue prescribing this type of medicine and alternative options were explored.
- One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. She received mentorship and support from the medical staff for this extended role. Patient Group Directions we viewed had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed three 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 checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed in most areas.

- 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. Although the practice were unable to provide a copy of an up to date fire risk assessments staff demonstrated where they had been requesting this from the property owners. The practice carried out regular fire equipment checks and twice yearly fire drills.
- Electrical equipment was checked by a professional contractor to ensure they were safe to use and clinical equipment was checked to ensure it was working properly. We saw that labels were attached to electrical equipment which evidenced that they had been checked within the last 12 months.
- Risk assessments in place to monitor safety of the premises such as control of substances hazardous to

health (COSHH) were not thoroughly completed. For example, COSHH data sheets did not demonstrate where risks had been identified to ensure those who used chemicals in the workplace did so safely with risk of harm to users or the environment.

- Infection control policies and risk assessments were in place, staff provided evidence of where they had carried out water temperature tests in line with legionella requirements (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). However, the practice was unable to provide a copy of their legionella risk assessment. Staff we spoke with explained that the risk assessment had been carried out and had been requesting copies from the property owners.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. The practice had systems in place to monitor staffing levels and holidays were coordinated to ensure sufficient cover were in place. Reception staff were multi skilled therefore able to cover a wide variety of administration duties.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in most places 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.
- Clinical staff received annual basic life support training and non-clinical staff received training on a three year cycle. There were emergency medicines available in the treatment room and staff we spoke with explained how they would respond to a medical emergency. However, in the absence of medicine used to treat types of infections caused by bacteria the practice did not carry out a risk assessment to mitigate potential risks.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. We saw that the defibrillator was kept in a clinical room and oxygen was stored in the practice managers' office. 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 in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

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 worked closely with the CCG pharmacist who supported the practice to deliver care within relevant guidelines through ongoing audits. The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- The practice had systems in place to keep all clinical staff up to date with evidence based and nationally recognised guidelines.
- Staff we spoke with explained that regular internal clinical meetings were held to enable the clinical staff to discuss and share best practice and some of the more complex cases they had seen. Although we did not find any gaps in clinical staff knowledge, when asked staff we spoke with were unable to provide evidence of these meetings as they were not documented.
- Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- Staff we spoke with demonstrated on-line access to the Green Book (a resource which has the latest information on vaccines and vaccination procedures) and accessed monthly publications produced by Public Health England regarding changes to immunisation programmes. Staff also explained that they engaged with the wider nursing network and attended updates such as dementia care and cervical screening.

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). During 2014/15 QOF year the practice achieved 90% of the total number of points available. The most recent published results showed a decline in achievement, for example during 2015/16 the practice had achieved 86% of the total number of points available; this was below the national average of 95%. Exception reporting for clinical domains (combined overall total) was below CCG and national 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). For example, the practice exception reporting rate was 4% compared to CCG average of 8% and national average of 10%.

This practice was an outlier for some QOF (or other national) clinical targets. Data from 2015/16 showed:

- Overall performance for diabetes related indicators was below the CCG and national average. For example, 85% compared to CCG average of 93% and national average of 90%.
- Overall performance for mental health related indicators was below the CCG and national average. For example, 66% compared to CCG average of 95% and national average of 93%.
- 71% of patients with a mental related disorder had a comprehensive, agreed care plan documented in their record in the preceding 12 months, compared to the CCG average of 92% and national average of 88%.
- The percentage of patients with Chronic Obstructive Pulmonary Disease (COPD) who had a review undertaken including an assessment of breathlessness using recognised methods was 77%, compared to CCG average of 92% and national average of 90%.
- Staff we spoke with explained that they were intending to address these areas by carrying out searches and inviting identified patients in for a review. We were told that the practice had close contact with COPD nurses and intended to utilise this to improve performance.
- 86% of patients with rheumatoid arthritis, on the register, who have had a face-to-face annual review in the preceding 12 months compared to CCG average of 93% and national average of 90%. With an exception reporting rate of 6% compared to CCG average of 2% and national average of 4%.
- The percentage of patients with atrial fibrillation (an irregular and sometimes fast pulse) treated using recommended therapy was 96%, compared to CCG average of 98% and national average of 97%.

Requires improvement

Are services effective?

(for example, treatment is effective)

- Data provided by the practice showed that 100% of patients diagnosed with dementia had a care plan in place, 90% had a medicine review and 100% had a face-to-face review in the past 12 months.

Although the practice were aware of areas where they were performing below local and national averages staff were unable to demonstrate that they had developed a plan to specifically target lower performing QOF domains. Staff we spoke with told us that clinical staff monitored QOF domains. Patients who were overdue QOF related reviews were contacted and those who failed to attend were appropriately followed up. The practice's approach was to send three letters of invitation for a review to patients and operated a call and recall system. Staff we spoke with explained that the main challenges were the high level of patients diagnosed with diabetes who were non-compliant. To address this we were told that the practice were supported by a diabetic nurse specialist who held fortnightly practice based clinics. We saw that 2014/15 QOF data showed 83% of patients on the diabetes register had a record of a foot examination and risk classification; 2015/16 data showed this had increased to 90%, compared to CCG and national average of 91%.

Clinical audits were in place but they did not demonstrate that they were being used to drive improvement in patient care.

- The practice carried out two audits in the last 12 months where one was a completed audit. For example, the practice carried out an audit to identify whether patients in receipt of medicine used to treat types of mental health problems were being managed appropriately. Following the audit findings the practice invited identified patients to attend for a medicines review. The practice carried out a second audit cycle to monitor quality improvementshowever, this did not demonstrate any further improvements. For example, the second audit cycle followed the same pattern of low attendance and just under half of patients identified were not contactable. The practice also identified that patients who missed allocated appointments were mainly patients who had a history of missing routine appointments. Although the practice showed intentions to make improvements by improving engagement with the community mental health team there we no plans to cleanse their patient list which in turn would address the issues of non-compliance. Following the inspection we were told that the practice implemented a policy to ensure all patients in receipt of medicines to treat types of mental health problems receive an annual electrocardiogram (ECG) tests, (a test which measures the electrical activity of the heart to show whether or not it is working normally).
- The practice attended Walsall CCG locality meetings and participated in local audits, benchmarking, accreditation, peer review and practice led research.

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. 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. Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence.
- 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 nursing forums.
- 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. All staff had received an appraisal within the last 12 months.
- 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.

Requires improvement

Are services effective?

(for example, treatment is effective)

- The practice is a registered training practice, offering placements and mentoring for student nurses. We were told that the practice nurse mentored medical students and received mentor of the year award in 2015.

Coordinating patient care and information sharing

Although information needed to plan and deliver care and treatment was available to relevant staff through the practice's patient record system and their intranet system there were areas where the practice did not effectively operate these systems.

- Risk assessments, care plans, medical records, investigation and test results were available.
- The practice did not establish a system to ensure the timely sharing of information required to deliver effective care. For example, members of the clinical team explained that the nursing team viewed all pathology results, normal results were filed away; abnormal results were flagged and a paper copy created for the GP. Staff we spoke with explained that they met with the GP fortnightly to individually go through pathology results. We saw that the practice followed the same process for managing all incoming letters from health care professionals.
- 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. Staff we spoke with told us that meetings took place with other health care professionals on a regular basis when care plans were routinely reviewed and updated for patients with complex needs. We saw comprehensive minutes of palliative care multi-disciplinary team meetings for patients with end of life care needs. Data provided by the practice showed that 100% of patients on the palliative care register received a review since diagnoses.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- 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. For example: Patients receiving end of life care, carers, those with long term conditions and those at risk of developing a long-term condition such as diabetes. However, the practice did not develop a plan to target specific areas such as patients diagnosed with COPD or those with rheumatoid arthritis to improve performance. For example:

- The practice provided access to services such as family planning, health promotion, healthy lifestyle and coronary heart disease clinics. They made use of health trainers, smoking cessation and weight management services.
- The practice worked with the local addiction service under a shared care agreement to manage the general health care of patients receiving interventions for substance and alcohol dependency. Data provided by the practice showed that 100% of patients receiving support for drug dependency had care plans in place, 55% received a medicine review and 75% had a face to face review in the past 12 months.
- The practice offered patients the option to access a 13 week fitness programme provided by an external fitness provider. Staff explained following completion patients were able to continue with the programme for a small fee.
- There was a range of health promotion information displayed in the practice to support patients. Information was also available on the practice website.

The practice's uptake for the cervical screening programme was 85%, which was above the CCG average of 81% and the national average of 82%. There was a policy to offer

Requires improvement

Are services effective?

(for example, treatment is effective)

telephone reminders for patients who did not attend for their cervical screening test. There were failsafe systems 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.

The practice demonstrated how they encouraged patients to attend national screening programmes for bowel and breast cancer screening by using information in different languages and for those with a learning disability. The practice ensured a female sample taker was available. Data showed variation in how the practice were performing compared to local and national average in some areas. For example:

- Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) was 70% compared to CCG and national average of 72%.
- Females, 50-70, screened for breast cancer in last 6 months of invitation was 67% compared to CCG average of 67% and national average of 73%.
- Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %) was 60%, compared to CCG average of 53% and national average of 58%.
- Persons, 60-69, screened for bowel cancer within 6 months of invitation (Uptake, %) was 59%, compared to CCG average of 73% and national average of 74%.

Childhood immunisation rates for the vaccinations given were above CCG and national averages in most areas. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 80% to 100%, compared to CCG average of between 74% to 99% and national averages of between 73% to 95%. Immunisation rates for vaccinations given to five year olds ranged from 79% to 100%, compared to CCG averages of between 75% to 99% and national averages of between 81% to 95%.

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

We observed 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.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 42 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Several comments related to staff being very approachable and friendly.

We spoke with five patients during the inspection including one member of the practice's patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 86% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and national average of 85%.
- 93% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and national average of 91%.
- 98% of patients said they found the receptionists at the practice helpful compared to the CCG and national average of 87%.
- 84% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 84% of patients said the GP gave them enough time compared to the CCG and the national average of 87%.
- 92% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.

The practice were aware of the GP survey data and there were arrangements in place to target areas which were below local and national averages. Staff we spoke with explained that the practice had carried out an internal survey in August 2016; this was targeted towards the practice extended opening hours and the practice were exploring ways of improving communication during consultations.

Care planning and involvement in decisions about care and treatment

Patients we spoke with on the day told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

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

- 84% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 72% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG and national average of 82%.

Good

Are services caring?

- 84% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and national average of 85%.

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. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format and various health information fact sheets were available via the practice web site.

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, for example counselling and wellbeing services and third sector support. The practice had a comprehensive display which contained information on support groups and health awareness for patients diagnosed with Dementia. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 15 patients as carers (0.82% of the practice list). Data provided by the practice showed that 95% received a health check and 90% had a flu vaccination in the past two years. Staff we spoke with told us that GP appointments were offered to carers on the register; carers had access to annual health checks, flu vaccinations and a stress levels review. Data also showed that 95% had their stress levels reviewed. Written information was available within the reception area to direct carers to the various avenues of support available to them, the new practice also used the new patient registration form to identify carers.

Staff told us that if families had suffered 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 where advice on how to find and access support services were discussed. The practice also sent letters of condolences which included useful contact numbers.

Good

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 its 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 offered extended opening for appointments Tuesdays from 6.30pm to 7pm; and extended access to nurses were from 6.30pm to 7pm Tuesdays and 6pm to 6.30pm Fridays for patients who could not attend during normal weekday opening hours.
- The practice made use of information technology to improve patient access. For example, there were online access to clinical records for patients who signed up to the service, online appointment bookings; prescription requests and electronic prescription services (enables prescribers to send prescriptions electronically to a pharmacy of the patient's choice). The practice also offered patients the option of opting into summary care records (a system which provides healthcare professionals treating patients in different care settings with faster access to key clinical information).
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS and staff sign posted patients to other services for travel vaccinations only available privately such as yellow fever centre (able to provide vaccination for a tropical virus disease transmitted by mosquitoes which affects the liver and kidneys).
- The practice had a hearing loop and made use of translation services when needed. Staff told us that if patients had any special needs this would be highlighted on the patient system.
- There were disabled facilities and the premises were accessible for pushchairs, baby changing facilities were available and a notice displayed offered patient privacy for breast feeding.
- Patients with no fixed abode were able to register at the practice and we saw practice policies and procedures to support this.
- A range of diagnostic and monitoring services including spirometry, electrocardiographs, phlebotomy and pre-diabetes checks.
- Staff we spoke with explained that they worked proactively with the district nurses who were based in the same building where they co-ordinated care provisions for patients with complex needs such as patients in residential homes, house bound and long term conditions.
- The dementia lead attended a dementia update which supported the practice to ensure appropriate care plans were in place and patients signposted to appropriate services. GPs referred patients to the practice nurse who carried out a memory tests. Staff explained that if there were any concerns then patients were invited to attend further tests and referred to the memory clinic. There was a comprehensive display in the reception area which signposted patients to local groups such as Dementia café.
- There were dedicated leads for diabetes, dementia, sexual health, Chronic Obstructive Pulmonary Disease (COPD), palliative care and patients with learning disability.

Access to the service

The practice is open between 8.30am and 6.30pm on Mondays, Thursdays and Fridays. Tuesday opening times are between 8.30am and 7.30pm; Wednesdays are from 8.30am to 1pm. Out of hours services are provided by NHS 111 and in service closure provision are provided by WALDOC (Walsall doctors on call). In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

During August 2016 the practice carried out an internal survey to determine the effect of the extended opening hours has had. 45 surveys were handed out and 43 were returned. Data provided by the practice showed that 86% were satisfied with the extended hours and 93% were satisfied with the ease of making these appointments'.

Good

Are services responsive to people's needs?

(for example, to feedback?)

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

- 82% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 78%.
- 96% of patients said they could get through easily to the practice by phone compared to the CCG average of 76% and national average of 73%.

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.

Staff we spoke with advised us that patients who requested a home visit would be triaged by a GP. Staff explained that GPs would call the patient or carer in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, staff explained that alternative emergency care arrangements were made by the GP. Clinical and non-clinical staff we spoke with were aware of their responsibilities when managing requests for home visits. The practice had a policy and associated flow chart to support staff.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system; for example, posters displayed and summary leaflet available.
- Although most patients we spoke with during the inspection were not confident in knowing what to do if they wished to make a complaint they explained that they felt comfortable speaking to staff members if and when required. None of the patients we spoke with had ever needed to make a complaint about the practice.

We looked at two complaints received in the last 12 months and found that these were satisfactorily handled, dealt with in a timely way, openness and transparency. We saw that responses included an invitation to the patient participation group. The practice discussed complaints and identified learning points from individual concerns and complaints. Documentations showed plans to improve the quality of care following concerns. For example, the two complaints we looked at related to attitude of GPs during consultation. We saw documentations which demonstrated that patients had received a verbal and written apology; and implementation plans to improve quality showed planned actions to reduce the risk of the same thing happening again.

Are services well-led?

Requires improvement

(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 vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- During our inspection, we saw that staff understood the needs of their population and strived to deliver services which reflected those needs.

Governance arrangements

There was a staffing structure and staff were spoke with were aware of their own roles and responsibilities; and in most areas the responsibilities of the wider team. Although there were some governance arrangements in place, we saw that in some areas systems and processes were not well established or operated effectively. For example:

- There was a staffing structure which identified lead roles; however, discussions with staff showed some confusion over who the designated safeguarding lead was.
- Areas of the practice governance arrangements such as systems and processes to enable the practice to identify risks to patients and respond appropriately when quality and safety were being compromised were not effectively operated. These included safeguarding procedures and health and safety risk assessments.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions in most areas. However, the practice did not assess the location and storage of emergency medicines and equipment; we also saw that risks associated with anticipated emergency situations in the absence of certain emergency medicines had not been explored.
- We also saw that the practice did not operate an effective system to ensure timely sharing of all necessary information needed to plan and deliver care and treatment such as pathology results and incoming mail with clinicians.
- Although staff we spoke with were aware of the practice Quality Outcomes Framework performance the management team were unable to demonstrate a comprehensive clinical oversight in relation to assessing and monitoring the services provided to identify where the practice might improve. For example, a targeted plan to address areas where performance were below average had not been developed or implemented.
- Although the practice operated a programme of continuous clinical and internal audits, we saw that audits did not show improvements. We saw that appropriate actions as a result of findings had not been effectively established. In addition the monitoring of patients with long term conditions and those experiencing poor mental health was not effective in relation to their care and treatment. Where there were areas of low performance there was no plan in place for improvement.

Leadership and culture

Staff told us the partners and management team were approachable and always took the time to listen to all members of staff.

- 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. Although staff had not followed the whistleblowing policy staff explained that they felt confident in following the process.
- The practice held a variety of regular meetings such as general practice and clinical meetings; however the meeting structure did not provide assurance that issues identified were regularly discussed with staff. For example, we saw that meetings were not always formal or minuted therefore evidence of actions taken was not clear as there was a lack of audit trail. Staff we spoke with explained that as it's a small team communication were generally informal on a day to day basis; however, they had recognised this and were planning on developing a formal internal meeting structure.

Are services well-led?

Requires improvement

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

- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, PPG members explained that they had discussed increasing the awareness of different focused groups such as Alzheimer's association and dementia café which the practice, we were told that the practice took appropriate actions to increase information available in the reception area. The practice also took action by discussing the possibilities of installing a radar key (a key which offers people with a disability independent access to locked public toilets) with the property owners.
- Staff explained that they had discussed the outcomes of the national GP patient survey and established a plan to address areas of lower than average patient satisfaction. PPG members we spoke with explained that the practice discussed the NHS Friends a Family test results with the group.
- The practice had gathered feedback from staff generally 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. For example, staff explained that they highlighted to management the large number of patients refusing flu vaccination and advised the practice to raise awareness by providing more information on the benefits of having the vaccination and also suggested that staff wear a badge to demonstrate that they had received the vaccination. Staff told us they felt involved and engaged to improve how the practice was run.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment. **How the regulation was not being met:** The registered person did not do all that is reasonably practicable to mitigate risks. For example, in the absence of medicines required to treat different types of infections caused by bacteria they did not carried out a risk assessment to mitigate risks relating to anticipated emergency situations. This was in breach of regulation 12(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safeguarding service users from abuse and improper treatment. **How the regulation was not being met:** The registered person did not operate an effective system to prevent abuse of service users. For example, staff were not always following the practice safeguarding and did not attend policies and process to ensure children who had not attended hospital appointments were appropriately followed up. This was in breach of regulation 13(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Requirement notices

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 This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. **How the regulation was not being met:** The registered person did not establish or operate effective audit systems or processes to improve the quality or effectively use information gathered to make improvements. For example, clinical audits did not show improvements and the practice did not develop a formal plan to remedy identified issues. The practice did not develop or implement a formal plan to target specific areas identified by performance indicators where the practice were under performing to drive improvements to the quality and safety of services. The practice did not operate an effective system for managing pathology results and incoming mail received from other health care professions. The practice did not establish or operate an effective communications system. For example, internal meetings were generally carried out informally; records of meeting discussions and outcomes were not being maintained. This was in breach of regulation 17(2)(a)(e)(f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.