Malling Health @ Wrekin

Quality Report

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

Ratings

Overall rating for this service	Requires improvement
Are services safe?	Requires improvement
Are services effective?	Requires improvement
Are services caring?	Requires improvement
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 of Malling Health Wrekin Surgery on 9 November 2016. Overall the practice is rated as requires improvement.

Our key findings were as follows:

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events. However, this did not include the monitoring of outcomes and we saw examples of when agreed actions did not happen.
- Staff assessed patients' needs but the care delivered was not always 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.
- Patients generally 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. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients' comments on the appointment system were mixed. The negative comments in relation to the appointment system generally came from registered patients wanting a non-urgent appointment with a GP.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and most staff felt supported by the area 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.

However, there were also areas of practice where the provider must make improvements:

- Review the significant event process to ensure that information is shared by all relevant staff and to check that agreed actions have taken place.

Summary of findings

- Implement a systematic approach to alerts to ensure that relevant alerts have been actioned.
- Ensure that patient group directions are completed and authorised for the nursing staff in advance of medicines being delivered to patients.

There were also areas of practice where the provider should make improvements:

- Ensure that the physical and mental health of all newly appointed staff is considered to ensure they are suitable to carry out the requirements of the role.
- Review the clinical capacity to ensure that planned work can be accommodated.
- Formulate an action plan to address the below average feedback in the GP national patient survey.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Requires improvement

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

- There was a system in place for reporting and recording significant events, and in learning from events. Lessons were shared to make sure action was taken to improve safety in the practice. However, not all staff we spoke with were aware of the reporting form and there was no follow up to ensure actions agreed had been implemented.
- When things went wrong patients received reasonable support, information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safeguarded from the risk of abuse.
- Risk assessments such as fire and legionella records were completed.
- The practice had not adopted a systematic approach for clinical alerts such as those from the Medicines and Healthcare products Regulatory Agency (MHRA). Alerts were archived but we found gaps where recent alerts had not been acted on.
- The patient group directions (PGDS) for nurses had not always been completed and signed in advance of medicines being administered.
- Regular checks had been completed on patients prescribed a particular high risk medicine.
- Policies and procedures to support staff with current best practice had been reviewed on a regular basis.
- The provider carried out the appropriate recruitment checks, with the exception of health screening to assess the physical and mental health of all newly appointed staff to ensure they were able to carry out the requirements of the role.
- The staff told us that clinical capacity was a restrictor for reviewing some patients with long-term conditions.

Are services effective?

Requires improvement

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

Summary of findings

- Data from the Quality and Outcomes Framework (QOF) showed the overall clinical performance was similar to the national average. However, the practice performance was below average for indicators in asthma, diabetes and dementia.
- Clinical care of patients was not always delivered care in line with current evidence based guidance. For example, the treatment of hypertension for patients with diabetes did not follow guidelines for the treatment of raised blood pressure.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- Clinical audits had been completed and findings used as an opportunity to drive improvement. However, the practice had not always followed best practice clinical guidance when they implemented changes as a result of their findings.
- Healthy living advice was provided and the practice was proactive in using their website to promote this.

Are services caring?

Requires improvement

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

- Patients said they were generally treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The results from the July 2016 GP national patient survey demonstrated below average feedback in relation to patients' experiences with GPs at the practice. There was no evidence of any action plan to address this.
- The practice offered additional services for carers and readily available information in the patient waiting area.
- The provider had a comprehensive and effective system to care for families who had suffered a bereavement.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- 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.

Summary of findings

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised.
- The practice was open from 8am to 10pm seven days a week. However, we found a trend of negative feedback from registered patients on the availability of non-urgent GP appointments.

Are services well-led?

Requires improvement

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and most staff we spoke with felt supported by the practice manager and the area management. The practice had a number of policies and procedures to govern activity and held regular meetings.
- There was an overarching corporate governance framework which supported the delivery of the strategy and patient care. However, there were some gaps in the local implementation to ensure that activities were governed by this group framework. These gaps in governance included;
- There was no systematic approach for responding to clinical and non-clinical alerts,
- The delegation of authority to prescribe medication was not always governed by timely completion of patient group directions for the nursing staff.
- Clinical care was not always seen to be carried out in accordance with nationally recognised clinical guidelines.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

Summary of findings

The six population groups and what we found

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

Older people

Requires improvement

The practice is rated as requires improvement for the care of older people. The provider was rated as requires improvement in providing a safe, effective and well-led service and good for providing a caring and responsive service. 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. They were responsive to the needs of older people, home visits and telephone consultations were offered to elderly patients who found attending the surgery difficult. This included regular visits to a care home for elderly patients.
- The practice provided patients with non-clinical support coordinating with other organisations such as district nurses, physiotherapists and charity and other voluntary organisations.
- All eligible patients aged between 70 and 80 were offered annual vaccination for influenza, pneumococcal and shingles.
- Patients aged over 75 had been advised on their named, accountable GP. Patients had been written to and advised that they could speak with their allocated GP within 24 hours.
- The practice engaged with community teams involved in care of the elderly population.
- Older patients at increased risk of hospital admission had a written care plan and contact details for their support workers, carers and next of kin were recorded on the patient's record.

People with long term conditions

Requires improvement

The practice is rated as requires improvement for the care of people with long-term conditions. The provider was rated as requires improvement for safe, effective and well-led and good for caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group.

- Patients at the highest risk of unplanned hospital admissions were identified and care plans had been implemented to meet their health and care needs.
- Longer appointments and home visits were available when needed.

Summary of findings

- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. For people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice involved the patients carer where consented to do so in their medicines management reviews.
- Nursing staff had lead roles in chronic disease management and had undertaken additional training. For example, a practice nurse with specialist diabetic nurse training supported diabetes patients with dietary advice and nurses had been trained to offer advice on healthy living.
- The practice Quality and Outcomes Framework (QOF) for the care of patients with long-term conditions was worse than the local and national average. The most recent published data was for 2015/16 showed us that the overall QOF performance was just below the local and the national averages. However, the practice performed below national averages for the management of asthma and diabetes. The provider was aware of their performance and had taken action. For example, they had recently trained a nurse in improving care for those patients with diabetes.
- The GPs and nursing team worked with relevant healthcare professionals to deliver a multidisciplinary package of care to patients with complex needs. However, the care given was not always in accordance with nationally recognised guidelines. For example, the treatment of hypertension for patients with diabetes did not follow guidelines for the treatment of raised blood pressure.

Families, children and young people

Requires improvement

The practice is rated as requires improvement for the care of families, children and young people. The provider was rated as requires improvement for safe, effective and well-led and good for caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group.

- 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.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.

Summary of findings

- The practice's uptake for the cervical screening programme was 81% which was comparable with the local CCG average of 81% and national average of 82%.
- Extended opening hours provided early morning and late evening appointments seven days a week. Children under five were prioritised for emergency appointments.
- Immunisation uptake rates for standard childhood immunisations were all in with the CCG and the national averages. For example, childhood immunisation rates for the vaccination of children under two years of age ranged from 97% to 98%, children aged two to five 98% to 99% and five year olds from 93% to 96%.

Working age people (including those recently retired and students)

Requires improvement

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students). The provider was rated as requires improvement for safe, effective and well-led and good for caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group.

- The practice offered telephone appointments and these were also bookable for working patients unable to attend the practice.
- The practice provided online services that enabled registered patients to use the service to book appointments, order repeat medicines and access some parts of their health records online. Prescriptions could be requested by email.
- The practice provided appointment reminder text messages.
- Health promotion and screening services reflected the health needs of this group. This included signposting patients to a 'Healthy Lifestyle Hub' run by the local authority.
- The provider offered NHS Health Checks to eligible patients. Sixty-five invites had been sent out in the last quarter and 50 patients had attended for a health check.

People whose circumstances may make them vulnerable

Requires improvement

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The provider was rated as requires improvement for safe and well-led and good for effective, caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group.

Summary of findings

- The practice held a register of patients living in vulnerable circumstances including known vulnerable adults, those who were housebound and patients with a learning disability. There was a register of 11 patients with a learning disability. Since April 2016 five had received an annual review and four had been sent an invite. The practice planned to complete reviews on all 11 patients by March 2017.
- Practice reception staff told us that they supported those patients unable to read and write.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- The practice held a register of the practices' frail and vulnerable patients and had identified patients who may be at risk of unplanned hospital admissions.
- The building and areas for patients and staff included disabled access, hearing loop, automatic doors, disabled toilets and a low level counter at reception for wheelchair users.

People experiencing poor mental health (including people with dementia)

Requires improvement

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia).The provider was rated as requires improvement for safe, effective and well-led and good for caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group.

- 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.
- Performance for poor mental health indicators was slightly higher than the national averages. For example, 92% of patients with enduring mental health had a recent comprehensive care plan in place compared with the CCG average of 91% and national average of 89%.
- Staff had a good understanding of how to support patients with mental health needs and dementia. However, the number of reviews undertaken for patients with mental health needs was below the national average.

Summary of findings

What people who use the service say

We reviewed the most recent data available for the practice on patient satisfaction. This included comments made to us from patients and information from:

The national GP patient survey results published in July 2016 showed the practice was generally performing below local and national averages. For example:

- 67% of the patients who responded said they were able to get an appointment to see or speak to someone the last time they tried (CCG average 80%, national average 85%).
- 79% of the patients who responded described the overall experience of their GP surgery as fairly good or very good (CCG average 82%, national average 85%).
- 63% of the patients who responded said they would definitely or probably recommend their GP surgery to someone who had just moved to the local area (CCG average 75%, national average 78%).
- 81% of the patients who responded said they found the receptionists at this practice helpful (CCG average 82%, national average 87%)

However, the patient responses on telephone access were above the local and national average:

- 88% of the patients who responded said they found it easy to get through to this surgery by phone compared to a Clinical Commissioning Group (CCG) average of 70% and national average of 73%.

The national GP patient survey invited 261 patients to submit their views on the practice, a total of 113 forms were returned. This gave a return rate of 43%.

As part of our inspection we also asked for Care Quality Commission (CQC) comment cards to be completed by patients prior to our inspection. We received 16 completed Care Quality Commission comment cards. Thirteen of the comment cards were from patients registered with the practice.

- Eight were positive about the caring and compassionate nature of staff. Patients told us they were treated with care, dignity, respect and understanding.
- Five of the comments were negative. Patients told us that appointments were difficult to obtain.
- Three of the comment cards came from patients not registered with the practice that had used the walk in service. All three said that they had to wait a long time but two complimented the service provided when seen. One said that they felt more could be done to prioritise patients.

There had been 17 patient reviews posted on the NHS choices website in the preceding 12 months. Sixteen of the views were from registered patients. Three were positive and included complimentary comments on the service provided. Thirteen of the comments were negative and 12 expressed discontent with the availability of appointments. One patient who was not registered but had used the walk in service posted negative comments about the attitude shown to them by a member of the reception staff. The practice manager responded to all comments and provided contact details and invited patients to contact them for further discussion.

The provider had a patient participation group (PPG). PPGs are a way for patients to work in partnership with a GP practice to encourage the continuous improvement of services. The group had been in existence for five years and consisted of approximately 10 members. Meetings were scheduled to take place quarterly and the most recent meeting in June 2016 resulted in three action points which were published in the waiting area. The actions were to overhaul the appointment system, reduce the number of appointments lost when patients did not attend and to promote health and wellbeing through fundraising.

The practice monitored the results of the friends and family test monthly. The results over a three month period (July 2016 to September 2016) showed that of the 78 responses received, 53 were extremely likely to recommend the practice to friends and family if they needed similar care or treatment and 11 patients were likely to recommend the practice. The remaining results showed that two patients were neither likely nor unlikely to recommend the practice, two patients were unlikely and five patients extremely unlikely to recommend the practice to family and friends. Data from the previous two quarters showed similar results.

Summary of findings

Areas for improvement

Action the service MUST take to improve

- Review the significant event process to ensure that information is shared by all relevant staff and to check that agreed actions have taken place.
- Implement a systematic approach to alerts to ensure that relevant alerts have been actioned.
- Ensure that patient group directions are completed and authorised for the nursing staff in advance of medicines being delivered to patients.

Action the service SHOULD take to improve

- Ensure that the physical and mental health of all newly appointed staff is considered to ensure they are suitable to carry out the requirements of the role.
- Review the clinical capacity to ensure that planned work can be accommodated.
- Formulate an action plan to address the below average feedback in the GP national patient survey.

Malling Health @ Wrekin

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a Care Quality Commission (CQC) lead inspector. The team also included a GP specialist advisor, a nurse specialist advisor.

Background to Malling Health @ Wrekin

Malling Health Wrekin Surgery provider organisation is Malling Health who joined with IMH Group during 2015 and is registered with the Care Quality Commission (CQC).

Malling Health Wrekin Surgery is located in Telford, on the same site as The Princess Royal Hospital and is run under an Alternative Medical Provider Services (APMS) contract. The practice provides a dual service to its patients; a traditional GP service for registered patients with a walk in element for unregistered patients. In February 2016, a contract variation took place that increased the capacity of walk in patients to unlimited and daily opening times from 8am to 10pm. The contract for providing this service is under review and due for renewal in 2017. The walk in service is provided by a GP and advanced nurse practitioner. In the past 12 months, the walk in service has provided 17,967 consultations (an average of 3.8 appointments per hour that the practice is open).

The practice is open every from 8am to 10pm Monday to Sunday including bank holidays.

The Malling Health Wrekin Surgery staffing consists of:

- One lead GP (female) giving 0.8 whole time equivalent (WTE) hours, one salaried GP (female) giving (0.8 WTE). The provider used regular locum GPS (male and female). The GPs were supported by a clinical team that consists of two Advanced Nurse Practitioners (ANP) providing two WTE, two practice nurses (1.7 WTE), one female Healthcare Assistants (full time) and two practice pharmacists working a combined number of hours equal to one WTE.
- The administration team is led by a full time Practice Manager, a full time Assistant Practice Manager, a full time senior receptionist. There are four administration staff (3.8 WTE) and six reception staff (5 WTE).
- The management structure within the Malling Health organisation supports the practice through an area manager and clinical director who visit the practice at least fortnightly.

At the time of the inspection the practice has 8,037 registered patients. The list size is growing and the past 12 months saw an increase of 556 patients. The practice age profile was broadly in line with national averages with a lower percentage of older patients. For example, the percentage of patients aged 65 and above is 12% compared to the local CCG practice average of 16% and the national practice average of 17%. The percentage of registered patients from ethnic minorities is 3.5% which includes Polish, Asian and African patients.

The practice has seven treatment/consulting rooms, all located on the ground floor. As well as providing the contracted range of primary medical services, the practice provides additional services that included minor surgery.

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

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 are provided for specific groups of people and what good care looks 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)

Before our inspection we reviewed the information we held about the practice. We also reviewed intelligence including nationally published data from sources including Public Health England and the national GP Patient Survey.

During the inspection we spoke with members of staff including the Clinical Director, GPs, advanced nurse practitioner, practice nurses, area manager, healthcare assistant, practice manager, pharmacist, reception and administrative staff. We also spoke with two members of the patient participation group (PPG). (PPGs are a way for patients to work in partnership with a GP practice to encourage the continuous improvement of services).

- We observed how patients were being cared for.
- We reviewed an anonymised sample of the personal care or treatment records of patients.
- We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

There was a system in place for reporting and recording significant events. However, there was no follow up system such as audit to monitor if resultant actions from events had been taken.

- Staff knew their individual responsibility, and the process, for reporting significant events. However not all staff knew where to access the significant event form.
- There had been five significant events recorded since January 2016.
- Significant events had been thoroughly investigated. When required action had been taken to minimise reoccurrence and learning had been shared within the practice team.
- Significant events were discussed at practice meetings. Most but not all the staff we spoke with could recall the meetings they had attended to discuss these events.

We reviewed records, meeting minutes and spoke with staff about the measures in place to promote safety. We saw recent examples that had been shared with the wider practice team to promote learning from incidents. For example, a locum GP had prescribed 40 week's supply of an increased strength high risk medicine. The prescription was found to have been dispensed by a local pharmacy. A GP ensured that monitoring through blood tests was carried out for the time period. Not all staff knew about recent significant events and not all learning was seen to have been shared. The provider explained that they found it difficult to facilitate staff attendance at the bi-monthly clinical meetings in which significant events were reviewed and was in the process of implementing an electronic system to improve the sharing of information with all staff including locum nurses and GPs.

The practice had a process in place to receive alerts that may affect patient safety, for example from the Medicines and Healthcare products Regulatory Agency (MHRA). The lead nurse was responsible for cascading alerts to colleagues. However, the practice did not have a systematic approach to actioning MHRA alert findings. This would include the completion of electronic searches on all patients on particular medicines to ensure that any potential risks were mitigated. Hard copies of alerts were filed in a dedicated folder and we found that the most recent alert was dated 28 June 2016. Alerts had been issued since that date but no evidence was found that they had been received, disseminated or acted on. We also found that an alert for home visiting issued by NHS England in March 2016 had not been acted on.

A culture to encourage duty of candour was evident through the significant event reporting process. Duty of Candour is a legislative requirement for providers of health and social care services to set out some specific requirements that must be followed when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong.

Overview of safety systems and processes

The practice had a number of systems in place to minimise risks to patient safety.

- The practice had policies in place for safeguarding both children and vulnerable adults that were available to all staff. Staff, including locum GPs, had received role appropriate training to nationally recognised standards. The advanced nurse practitioner was identified as the safeguarding lead within the practice and the Medical Director as the overall lead for clinical responsibilities. The staff we spoke with knew their individual responsibility to raise any concerns they had and were aware of the appropriate process to do this. Staff were made aware of both children and vulnerable adults with safeguarding concerns by computerised alerts on their records.
- Chaperones were available when needed. All staff who acted as chaperones had received appropriate training, had a disclosure and barring services (DBS) check and knew their responsibilities when performing chaperone duties. A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure. The availability of chaperones was displayed in the practice waiting room and the treatment rooms.
- The practice was visibly clean and tidy and clinical areas had appropriate facilities to promote the implementation of current Infection Prevention and Control (IPC) guidance. IPC audits of the whole service had been undertaken, this included staff immunity to healthcare associated infections, premises suitability and staff training/knowledge.
- The practice followed their own procedures, which reflected nationally recognised guidance and legislative

requirements for the storage of medicines. This included a number of regular checks to ensure medicines were fit for use. The practice nurses used patient group directions (PGDs) to allow them to administer medicines in line with legislation. However, a small number of the PGDs we viewed had not been completed properly; we found one example of a PGD that had not been signed by the manager and one where the signature dates evidenced that nurses had been working for a period of time without approved PGDs. The healthcare assistant worked under patient specific directions when administering vaccinations.

- Blank prescriptions were securely stored and there were systems in place to monitor their use. The GPs did not routinely hold medicines in their bags.
- Processes were in place for handling repeat prescriptions. The practice carried out regular medicines' audits, with the support of the local CCG medicine management teams. The practice prescribing data remained linked with the walk in centre and the overall antibiotic prescribing data was above average for the locality. The practice worked with the local CCG medicine management teams to ensure prescribing was in line with best practice guidelines for safe prescribing.
- We reviewed data in relation to a particular high risk medicine prescribed to patients. We found that out of the three patients prescribed this medicine, two patients had received regular monitoring and one patient was still on a repeat prescription but had stopped taking the medicine. We fed this back during the inspection and the Medical Director confirmed that actions had been immediately taken to remedy this. This was that the patient's prescription would be stopped and they would be removed from the patient recall list.
- We reviewed four 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. The practice had medical indemnity insurance arrangements in place for relevant staff. In a locum record reviewed we found that that all appropriate checks had been completed. These included checks to ensure that mandatory training had been completed. When employing a new locum GP, the lead GP reviewed and documented consultations as an extra check. The practice did not carry out any health checks on staff to identify and underlying physical or mental conditions that may affect their capacity to fulfil their role.

Monitoring risks to patients

Risks to patients were in general well 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 which identified local health and safety representatives.
- The practice had a copy of the NHS Property Services fire risk assessment and this was within the review date. A fire evacuation procedure was posted in each room used together with a floor plan of the premises on the corridors. Regular fire evacuation drills were carried out, there were appointed fire marshals and a pack to be used in the event of a fire that included high visibility jackets.
- 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 and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). This risk assessment was completed by the landlord and a copy of was held at the practice.
- All electrical equipment was checked to ensure the equipment 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. The senior receptionist produced four weekly rotas that took account of the busy periods of the year. However, this was limited by the limited availability of consulting rooms, which were fully occupied every day but Wednesday. Staff told us they felt able to provide feedback and discuss any issues in relation to the practice although not all felt listened to, particularly when saying that more staff were required.
- Regular infection control audits were carried out and we saw evidence that clinical staff were immunised against appropriate preventable illnesses.

Arrangements to deal with emergencies and major incidents

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

Requires improvement

Are services safe?

- All staff had received recent update training in basic life support and this was refreshed every 18 months for all staff.
- The practice had emergency equipment accessible within the building. This included an automated external defibrillator (AED), (which provides an electric shock to stabilise a life threatening heart rhythm), oxygen and pulse oximeters (to measure the level of oxygen in a patient's bloodstream).
- Emergency medicines were held to treat a range of sudden illness that may occur within a general practice. All medicines were in date. Medicines were stored securely and staff knew their location. The practice emergency medicines checks completed by staff included expiry date monitoring.
- Staff had personal panic alarms in addition the panic alarms that were part of the telephone and computer systems.
- An up to date business continuity plan detailed the practice response to unplanned events such as loss of power or water system failure.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs but we found that care was not always delivered 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 for information on how to deliver care and treatment that met patients' needs.
- Changes to guidelines were shared and discussed at practice learning and training events/ meetings, clinical meetings as well as frail and vulnerable and palliative care multi-disciplinary team meetings. However the practice had not monitored that these guidelines were followed through for example checks of patient records. We found that raised blood pressures for diabetic patients had been recorded but not always been acted on. Out of the three patients we checked, guidelines had not been followed in each case. We relayed our detailed findings to the clinical director on the day of the inspection and arrangements were made for those patients to be reviewed.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). QOF results from 2015/16 showed that within the practice:

- The practice achieved 94% of the total number of points available; this was comparable with the national average of 95% and clinical commissioning group (CCG) average of 97%.

This practice was an outlier for QOF clinical targets relating to asthma, diabetes and dementia. Data from 2015/16 showed:

- Performance for asthma related indicators was lower than local and national averages. For example, 57% of patients on the asthma register had been reviewed in the preceding 12 months compared with the CCG average of 77% and national average of 76%. Clinical exception reporting was higher at 9.7%, when compared with the CCG average of 6.6% and national average of 7.9%. Clinical exception rates allow practices not to be penalised, where, for example, patients do not attend for a review, or where a medicine cannot be prescribed due to side effects.
- Performance for diabetes related indicators was lower than local and national averages. For example, 78% of patients with diabetes had received a recent blood test to indicate their longer term diabetic control was below the highest accepted level, compared with the CCG average of 86% and national average of 88%. The exception reporting rate was 7.9% compared to the CCG rate of 13.7% and national rate of 9.3%.
- Forty-six per cent of patients with diabetes had received a foot check and risk classification in the preceding 12 months, compared with the CCG average of 84% and national average of 89%. The exception reporting rate was 20.6% compared to the CCG rate of 18% and national rate of 8%. The provider told us that the high level of exception reporting was due to foot assessments not being an in house service.
- Patients diagnosed with dementia who received a face-to-face review in the preceding 12 months was 75%, which was lower than the local CCG average and national average, 84%. The exception rate of 20% was higher than the CCG average of 11.8% and CCG average of 6.8%. The register consisted of 23 patients. Data received during the inspection evidenced that 71% of patients on the dementia register had received a face-to-face review since April 2016.

The practice said that the patient call and recall system was effective but staff told us that there was a lack of available appointments to book, particularly for reviews on patients with diabetes. We saw evidence to support this in the form of computerised searches that provided visibility on the registers of patients with long term conditions. The management team told us that appointment capacity had been increased with the inclusion of the pharmacists in the review of patients with asthma and diabetes and one of the practice nurses had recently completed their training on diabetes. The management team planned to work with the analyst to calculate capacity required to complete the patient reviews. Computer searches run on the day of the inspection evidenced that some improvements had been

Requires improvement

Are services effective?

(for example, treatment is effective)

made. For example, 41% of patients on the asthma register had received a review since April 2016 compared with 57% for the whole of the 2015/16 QOF year (April 2015 to March 2016).

QOF performance in other areas were the same or better than local and national averages. For example:

- Performance for poor mental health indicators was higher than the national averages. For example, 92% of patients with severe poor mental health had a recent comprehensive care plan in place compared with the CCG average of 91% and national average of 89%. Clinical exception reporting was higher at 18.8%, when compared with the CCG average of 15% and national average of 12.7%.

The practice participated in a number of schemes designed to improve care and outcomes for patients:

- The practice pharmacists performed asthma, hypertension and medication reviews.
- The practice participated in the avoiding unplanned admission enhanced service. Two per cent of patients, many with complex health or social needs, had individualised care plans in place to assess their health, care and social needs. Patients were discussed with other professionals when required and if a patient was admitted to hospital their care needs were reassessed on discharge.
- The GPs and Advanced Nurse Practitioners provided telephone advice and support to patients.

The practice was working with the primary support medicines management team on the practice performance on prescribing medicines. The antibiotic prescribing levels within the practice were higher than the CCG and national averages (0.4 items per 1000 patients compared to the CCG average of 0.29 and a national average of 0.27). The practice prescribing was tied in with their walk in centre patients and this reflected the national trend of higher averages of antibiotics prescribed to patients in walk in centres.

There had been number of clinical audits. These were two cycle audits where data collection was repeated against a benchmark to monitor any improvements undertaken. We reviewed two audits. For example, in 2016, there had been a review of patients on a disease modifying medicine used to treat rheumatoid arthritis. The audit set out to review the safe prescribing of the medication and ensure that ongoing patient monitoring was being completed. The results of the audit demonstrated safe prescribing and 96% of patients had blood test results that had completed within the review date compared to 92% in 2015. A second audit we looked at was for prescribing of a medicine for patients with a history of gastric ulcer. Patients had been identified and letters sent but there was no systematic follow up to evidence that the letters had been responded to. We found the recommendations from the audit were not in line with national guidelines for patients with hypertension (the audit stated that patients with hypertension should be on aspirin, contrary to the NICE guidelines).

There had been audits of the outcomes of minor surgical procedures undertaken. We saw recording of when appropriate histology samples were sent where / when appropriate to do so and results were received back into the practice. Non-clinical audits carried out included annual reviews of health and safety and a review of the premises suitability for those patients with a disability.

There were a number of key performance indicators that related to the walk in service. The provider's own annual data showed that:

- Between November 2015 and November 2016, the total number of consultations provided by the walk in service was 17,967. Based on the opening times, this equated to 3.8 appointments per hour.
- A total of 9,725 patients were seen (3,945 by a GP, 5,780 by a nurse).
- A total of 1,258 patients had attended the walk in service on two or more occasions, and 270 patients had attended the walk in service on three or more occasions
- All walk in patients assessed as priorities on arrival were fast-tracked by informing a clinician immediately. Data provided by the practice from the last three months showed that all 26 patients who presented with 'red flag' symptoms had been seen within 45 minutes of presenting. The expectation in the service level agreement was 95%
- All walk in patients assessed as routine were seen within four hours in line with the service level agreement.
- Subject to consent from non-registered patients who used the walk in service, a discharge summary was sent to the patient's GP practice within 24 hours of being seen.

Requires improvement

Are services effective?

(for example, treatment is effective)

Effective staffing

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

- The lead GP and the salaried GPs at the practice could access support from the organisation's Medical Director.
- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. The locum GP induction pack provided clear and relevant information.
- The learning needs of staff were identified through appraisals, and staff told us they felt supported and provided with personal development plans to detail any objectives or training identified.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training. Some of the staff we spoke with told us that they had completed training at home due to a lack of protected learning time.
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- A new compliance software system was in the process of implementation to allow staff to store their certificates electronically and receive electronic alerts when training was due to expire.

Working with colleagues and other services

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. When patients required referrals for urgent tests or consultations at hospitals, the practice monitored the referral to ensure the patient was offered a timely appointment.
- The practice team met with other professionals to discuss the care of patients that involved other allied health and social care professionals. This included patients approaching the end of their lives and those at increased risk of unplanned admission to hospital. Minuted meetings took place on a monthly basis.
- The practice had adopted the gold standards framework for the provision of palliative care.

Coordinating patient care and information sharing

The information needed to deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. Referral pathways and protocols were also in printed format on site in the clinical rooms for staff to refer to. These included relevant contact numbers.

- The service shared relevant information with the patients GP and made calls to the GP when they found a patient required an urgent referral to other services, or referred them back to A&E where appropriate to do so.
- The provider had identified 2% of its patients at greater risk of hospital admission. Each of these patients had a written care plan and this was reviewed at least annually with other healthcare professionals. All hospital discharge letters for these patients were reviewed to determine if attendance was avoidable.

Staff ensured information was forwarded by clinical letter or shared electronic systems, which included when patients needed to be referred, or following discharge.

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.
- Staff were aware of the importance of involving patients and those close to them in important decisions about when and when not to receive treatment.
- We found that verbal consent was gained when clinical staff completed minor surgical procedures. The use of a standard pro-forma was utilised.

Health promotion and prevention

The practice offered a range of services in house to promote health and provided regular reviews for patients with long-term conditions:

Requires improvement

Are services effective?

(for example, treatment is effective)

- NHS Health Checks were offered to patients between 40 and 74 years of age to detect emerging health conditions such as high blood pressure/cholesterol, diabetes and lifestyle health concerns.
- Immunisations for seasonal flu and other conditions were provided to those in certain age groups and patients at increased risk due to medical conditions.
- New patients were offered a health assessment with a member of the nursing team, with follow up by a GP when required.
- The practice's uptake for the cervical screening programme was 81% which was comparable with the local CCG average of 81% and national average of 82%.
- Clinicians could refer patients to locally commissioned health trainers and a smoking cessation service.

Data from 2014, published by Public Health England, National Cancer Intelligence Network Data showed that the number of patients who engaged with national screening programmes when compared with local and national averages:

- 76% of eligible females aged 50-70 had attended screening to detect breast cancer in the last three years. This was slightly higher than the CCG average of 75% and the national average of 72%.
- 56% of eligible patients aged 60-69 were screened for symptoms that could be suggestive of bowel cancer which was slightly lower than the national average of 58%.

Requires improvement

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed members of staff were courteous and helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

We received 16 completed Care Quality Commission comment cards. Thirteen of the comment cards were from patients registered with the practice. Eight were positive about the caring and compassionate nature of staff. Patients told us they were treated with care, dignity, respect and understanding. Five of the comments were negative. Patients told us that appointments were difficult to obtain. Three of the comment cards came from walk in service patients not registered with the practice. All three said they had to wait but two complimented the service provided when seen. One said that they felt more could be done to prioritise patients.

We reviewed the most recent data available for the practice on patient satisfaction. This included comments made to us from patients and information from the national GP patient survey published in July 2016. The July 2016 survey invited 261 patients to submit their views on the practice, a total of 113 forms were returned. This gave a return rate of 43%.

The results from the GP national patient survey demonstrated the practice was lower than other practices in the local Clinical Commissioning Group (CCG) in relation to the experience of their last GP appointment. For example:

- 82% said that the GP was good at giving them enough time compared to CCG average of 85%, and national averages of 87%.
- 86% had confidence in the last GP they saw or spoke with compared to the CCG average of 94% and national averages of 95%.
- 79% said that the last GP they saw was good at listening to them compared with the CCG average of 87% and national average of 89%.

The practice discussed findings from the National GP surveys with their Patient Participation Group (PPG). However, there was no action plan to make improvements.

The results in the national patient survey regarding nurses showed similar to average satisfaction when compared locally and nationally:

- 89% said that the nurse was good at giving them enough time compared to the CCG average of 94% and national average of 92%.
- 93% said the nurse was good at listening to them with compared to the CCG average of 92% and national average of 91%.

Care planning and involvement in decisions about care and treatment

Individual patient feedback about involvement in their own care and treatment was positive. Patients felt involved in their own care and treatment.

The GP patient survey information we reviewed showed patient responses to questions about their involvement in planning and making decisions about their care and treatment with GPs in comparison to national and local CCG averages. The GP patient survey published in July 2016 showed;

- 74% said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 82% said the last GP they saw was good at explaining tests and treatments which was lower when compared with the CCG average of 85% and national averages of 86%.
- 83% said the last nurse they saw was good at involving them about decisions about their care compared to the national average of 85%.
- 89% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 91% and national average of 90%.

Requires improvement

Are services caring?

Patient/carer support to cope emotionally with care and treatment

Patients gave mixed accounts of when they had received support to cope with care and treatment. A number of the comments we received complimented the practice staff on the care provided but an equal number felt that the service could be improved.

The practice's computer system alerted staff if a patient was also a carer. As of November 2016 there were 115 carers (1.4% of the registered practice population) on the practice carers' register. Known carers were offered an annual health check and seasonal flu vaccination. There was a dedicated notice board for carers in the patient waiting area.

If a patient experienced bereavement, the practice had a protocol that doubled up as a template to be completed and signed by each member of staff involved. The protocol included informing any external healthcare professional involved in the care of the patient and a check to see if the patient had a carer. Staff told us that families who had experienced bereavement were supported by one of the practices regular GPs. Immediate family members were contacted individually and offered an appointment with the GP and were signposted to other services as necessary.

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 provided online services for ordering repeat prescriptions and booking of appointments as well as text message reminders for appointments.
- Same day appointments were available for children and those with serious medical conditions.
- Telephone consultations were provided by the GPs and Advanced Nurse Practitioners (ANPs).
- There were longer appointments available for patients with a learning disability.
- Emergency admissions to hospital were reviewed and patients were contacted to review their care needs if required.
- There were disabled facilities, a hearing loop and translation services available.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice provided a minor surgery clinic.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- They provided health promotion support such as NHS health checks. In addition the practice used their website to provide information on healthier lifestyles. For example, the website included a link to the 'Couch to 5K' running plan for beginners and a series of ten home workout programmes.
- The practice involved the patients carer where consented to do so in their medicines management reviews. Electronic system software updates were made to ensure that data could be extracted to verify that patient's carers or their next of kin contacts had been involved in medicine or annual health check reviews were indicated as appropriate.

Access to the service

The practice was open Monday to Sunday 8am to 10pm, 365 days of the year. During the practice opening times the telephone lines and the reception desk were staffed and remained open. The practice offered pre-bookable appointments and telephone access appointments. The practice did not provide an out-of-hours service to its own patients but had alternative arrangements for patients to be seen when the practice was closed through Shropdoc, the out-of-hours service provider. The practice telephones switched to the out-of-hours service each weekday evening at 10pm.

Patients could book appointments in person, by telephone and on line. The availability of appointments was a mix of book on the day or routine book ahead (four weeks in advance). However, we found a trend of negative feedback from registered patients on the availability of non-urgent GP appointments. We saw that the practice had availability of routine appointments with a GP within one month and nurses available the next day.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made by contacting the appropriate emergency service to meet their needs. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits. The reception team had received training to help recognise the signs of a stroke.

Results from the national GP patient survey published in July 2016 for patient satisfaction on questions in relation to access were mixed when compared to local and national averages:

- 88% of patients found it easy to contact the practice by telephone compared to the CCG average of 70% and national average of 73%.
- 81% of patients said the last appointment they made was convenient compared to the CCG average of 93% and national average of 92%.
- 63% of patients felt they did not have to wait too long to be seen compared to the CCG average and national average of 65%.
- 65% of patients described their experience of making an appointment as good compared to the CCG average of 70% and national average of 73%.

The walk in service operated on a first-come-first-served basis although staff told us that patients were prioritised when required. Patients could not book by telephone so presented at reception where a clinician was notified if the receptionist felt that the matter could be urgent. The service was led by an advanced nurse practitioner who

Good

Are services responsive to people's needs?

(for example, to feedback?)

could refer patients to a duty doctor who had protected appointment slots each day to accommodate walk in patients. On the day of the inspection, we saw that wait times for walk-in patients were approximately 20 minutes.

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.

Information was available to help patients understand the complaints system and the complaints process was displayed on notice boards, website and a practice leaflet.

The practice had received 10 complaints in the last 12 months. The complaints we reviewed had been acknowledged, investigated and responded to in line with the practice complaints policy. The practice followed a comprehensive complaints procedure that was documented electronically at each stage and provided an audit trail with copies of minutes from meeting in which the individual complaint was discussed. The practice analysed complaints for trends, to which they were none. Five of the complaints had been made by registered patients and included a breach of information governance by a locum GP when giving test results by telephone to the partner of a patient. There were five complaints from patients who had used the walk in service. One complaint we looked at in detail was from a patient unhappy with the availability of appointments for walk in patients. Since the complaint, the provider had increased the number of appointments available with an increase in the opening hours (two per day, extension from 8pm to 10pm) commissioned to them. It was clear that learning took place and when appropriate the practice issued an apology and explained how systems had been changed to limit the risk of reoccurrence.

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 written mission statement and set of values.

- Staff knew and understood the practice values.
- The practice's mission statement was 'to improve the health well-being and lives of those they cared for.
- The set of values included a focus on prevention of disease through the promotion of wellbeing.
- The practice had a strategy and supporting business plan but not all staff we spoke with were aware and felt engaged.
- The practice population was increasing and the practice had requested to temporarily stop more patients registering. This request had been refused by the commissioners. We were told that this was due to capacity being a more widespread problem among GP practices in the area. As a result the practice extended the walk in service to include registered patients.
- The practice was aware of the shortage of GPs and nurses and was exploring the possibility of employing or training existing staff to become physician's associates.
- The practice told us that the size of the premises limited capacity and any plans to expand were on hold pending the outcome of the contract review (due in July 2017).

Governance arrangements

The parent organisation (IMH Group) had an overarching corporate governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place but we saw that implementation had not always been localised to ensure that it was effective at the practice:

- Practice specific policies were implemented, monitored and reviewed and were available to all staff.
- There was a programme of governance meetings and a rolling action plan that was updated every six months.
- A comprehensive understanding of the performance of the practice was maintained.
- There was a need to focus on some areas, such as the application of clinical guidelines, to further promote a programme of continuous performance management and in the interrogation of their systems to internally audit and monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, there was a lack of a systematic approach in some areas of governance. For example, the system to act on clinical alerts appeared good but we found gaps where recent alerts had not been recorded as received and had not been acted on.
- The provider acknowledged the findings where clinical care was not being delivered in accordance with nationally recognised guidelines. This was acted on during the inspection but a systematic approach was required to ensure this would not be repeated.

Leadership and culture

The GPs, nurses and practice management and support staff generally felt that they worked well as a team. Staff found the practice manager to be approachable and nursing staff reported that all the GPs always took the time to listen to them and provide support and advice. Some staff however felt that the difficulty was in trying to hold regular meetings due to the opening hours and said a lack of protected learning time resulted in some training being completed at home.

Staff told us that they felt supported and able to make suggestions to how the practice provided services. The practice had identified staff for key leadership roles within 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). Staff 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, 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 had an active patient participation group (PPG) who worked with staff to improve services. (PPGs are a way for patients to work in partnership with a GP practice to encourage the continuous improvement of services). The PPG met with the practice quarterly and meetings were normally attended by the lead GP, deputy practice manager, a nurse and a member of the administration

Are services well-led?

Requires improvement

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

team. The PPG were pro-active in the community, for example they were involved with a poster campaign to raise awareness of meningitis. They had fund-raised for specific diseases, for example, a table-top sale held raised money for a charity that worked with patients who had Parkinson's disease. The main priorities for joint working between the practice and PPG had been:

- To assist the practice in raising awareness and reduction in the number of non-attenders at the practice.
- To be pro-active in the community raising awareness of health related matters and fund-raising to support selected charities.

The PPG told us that the practice made them aware of survey results such as the National GP Patient Survey and Friends and Family Test. They said that the practice acted on comments and ideas from the group. For example, the noticeboards for patients in the waiting area had been tidied up and a dedicated noticeboard introduced for carers.

The staff had a good insight into the broad feelings of patients about their experience of the practice. Staff told us they felt able to provide feedback and discuss any issues in relation to the practice although not all felt listened to, particularly when saying that more staff were required. Staff had received a recent appraisal and had a personal development plan. The senior receptionist had been invited to attend IMH Group area meetings.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice had completed reviews of significant events and complaints. The practice was aware of where patient satisfaction was below the local and national averages and was seen to have acted. We fed back the findings from our inspection during the day and found the practice responded positively, effectively and timely. For example, the practice started a review of clinical capacity to accommodate reviews of patients with long-term conditions.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met:** **The practice had not assessed, monitored and improved the quality and safety of the services provided in the carrying on of the regulated activity:** • Agreed actions from significant events had not always been implemented. • There was no effective system to check that clinical care was being delivered in accordance with NICE guidelines. • Nursing staff were not always working under patient group directions. • The provider did not have an effective system in place to ensure it complied with relevant Patient Safety Alerts, recalls and rapid response reports. • There was no action plan to address the below average feedback in the GP national patient survey.