

Loomer Road Surgery

Quality Report

Loomer Road
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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

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We previously carried out an announced comprehensive inspection at Loomer Road Surgery on 10 January 2017. The overall rating for the practice was requires improvement with inadequate for providing safe services and requires improvement for providing well led services. The full comprehensive report on the 10 January 2017 inspection can be found by selecting the 'all reports' link for Loomer Road Surgery on our website at www.cqc.org.uk.

This inspection was an announced comprehensive inspection on 19 July 2017. Overall the practice is now rated as good.

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, the provider was not always aware of incidents they needed to report to the Care Quality Commission.
- The practice used innovative and proactive methods to improve patient outcomes, working with other local

providers to share best practice. For example the practice had developed the role of the Elderly Care Facilitators to bridge the health and social support for older and frail patients.

- The practice had clearly defined and embedded systems to minimise risks to patient safety. The provider had reviewed the arrangements for medicines carried in GP bags for home visits. A risk assessment had been completed and a decision made not to carry any emergency medicines on GP home visits. However, the risk assessment did not consider all eventualities of how risk was mitigated for each individual emergency condition.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Results from the national GP patient survey published in July 2017 showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Some patients commented on the difficulty of accessing appointments especially at the branch practice. Results from the national GP patient survey supported these findings.

Summary of findings

- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff spoke very highly of the support from the management.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.
- The practice's vulnerable adults safeguarding policy and the cold chain policy did not always reflect up to date guidance.
- An active and effective patient participation group had not been established at the practice to support patient feedback.
- The provider had introduced a varied skills and workforce mix within the practice to help to meet the health and social needs of patients.

There were areas of practice where the provider needs to make improvements.

The provider should:

- Review the Care Quality Commission (Registration) Regulations 2009 to support their understanding of incidents that are notifiable to the Care Quality Commission.
- Update the vulnerable adults safeguarding policy to reflect updated categories or definitions of the types of abuse for example, modern slavery. Update their cold chain policy to provide clear guidance on the transport of flu immunisations when providing offsite immunisations.
- Continue to ensure that appropriate decisions are made when exception reporting patients from the Quality and Outcomes Framework calculations.
- Continue to monitor and review patient access to appointments.
- Explore and implement ways to establish an active and effective patient participation group.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events. Lessons were shared with all staff to make sure action was taken to improve safety in the practice. However, the provider was not always aware of incidents they needed to report to the Care Quality Commission.
- The practice had clearly defined and embedded systems, processes and practices to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. However, their vulnerable adults safeguarding policy did not fully reflect up to date guidance.
- Improvements had been made since our previous inspection. We found that medicines were managed appropriately, equipment in the anaphylactic shock box was in date, non-clinical staff no longer made changes to patient's repeat prescriptions and atropine (a medicine used to treat a slow heart rate) was stored with the emergency medicines.
- The practice's cold chain policy did not provide clear guidance on the transport of flu immunisations when providing offsite immunisations.
- The practice had adequate arrangements to respond to emergencies and major incidents. The provider had risk assessed the arrangements for medicines carried in GP bags for home visits. However, the risk assessment did not consider all eventualities of how risk was mitigated for each individual emergency condition.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average compared to the national average. The practice had reviewed the areas where there was high exception reporting.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.

Summary of findings

- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved and regular multi-disciplinary meetings were held at the practice to review the needs of these patients.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey published in July 2017 showed patients rated the practice slightly lower than others for several aspects of care.
- The GP patient survey showed that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect and maintained patient and information confidentiality.
- The practice had identified 219 patients as carers (3% of the practice list). The Elderly Care Facilitator provided help and support to carers and directed them to the various avenues of support available.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice understood its population profile and had used this understanding to meet the needs of its population.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with did not always find it easy to make an appointment with a named GP or at the practice of their choice. However, on the day of our inspection we saw that appointments on the day and pre-bookable appointments were readily available.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from the examples we reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Summary of findings

Are services well-led?

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

Good



- Since our previous inspection we found that improvements had been made. For example, systems and processes had been implemented to improve the quality and safety of the services provided and an effective system for monitoring staff training had been completed. Fire safety checks were carried out and actions identified in a fire risk assessment were appropriately addressed.
- The practice had a clear vision to deliver high quality care and promote good outcomes for patients. Most staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt highly supported by the management.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of the requirements of the duty of candour. However, the provider was not aware of all incidents they needed to report to the Care Quality Commission.
- The partners encouraged a culture of openness and honesty.
- An active and effective patient participation group had not been established at the practice to support patient feedback.
- There was a focus on continuous learning and improvement at all levels. There was a system of peer review for nurses and GPs. Staff training was a priority and was built into staff rotas.
- There was a varied skills and workforce mix within the practice to help to meet the health and social needs of patients.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice provided a step down service to facilitate earlier hospital discharge for older patients and patients with complex needs.
- The practice covered 140 nursing home beds and the GPs saw 30 of these patients on average each Tuesday.
- The practice had developed the role of Elderly Care Facilitators (ECFs) who carried out holistic domiciliary assessments for patients over 85 years of age. Assessment outcomes were shared with patients, carers or next of kin, and health and social care teams who needed to be involved.
- Patients who were housebound were identified in the practice's computer system. Domiciliary flu immunisations and annual reviews were offered to this group of patients.
- The practice attended two weekly multidisciplinary team meetings and provided twice weekly care rounds at several nursing homes where they provided care for patients.
- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice followed up older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.

People with long term conditions

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

Good



- Patients with long term conditions such as diabetes and asthma were offered an annual health review in their birth month. For those patients with the most complex needs, the GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Nursing staff had lead roles in long-term disease management.
- The percentage of patients with diabetes, on the register, who had their blood pressure reading measured in the preceding 12 months and it was within recognised limits was 70%. This was lower than the Clinical Commissioning Group (CCG) average of 77% and the national average of 76%.

Summary of findings

- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.

Families, children and young people

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

- The practice held regular meetings with the health visitor to discuss and share information relating to children of concern.
- Same day appointments were available for children.
- The practice provided a family planning service and post-natal checks for new mothers.
- There were systems in place to identify and follow up children who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.

Good



Working age people (including those recently retired and students)

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

- The practice offered extended hours on a Monday evening until 8.30pm and telephone consultations for working age patients who could not attend during normal opening hours.
- On line services were available to book appointments and request repeat prescriptions.
- The practice sent text message reminders of appointments and test results to patients whose mobile number had been verified.
- The practice offered well women/men checks.

Good



People whose circumstances may make them vulnerable

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

Good



Summary of findings

- Staff interviewed knew how to recognise signs of abuse in children, young people and vulnerable adults. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in and out of normal working hours.
- The practice held a register of patients with learning disabilities and offered annual reviews and longer appointments if needed.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- There were accessible facilities, which included a hearing loop, and interpretation services available.
- The GPs held regular multi-disciplinary meetings to support patients who were vulnerable. For example, meetings with the Integrated Local Care Teams (ILCT) and palliative care team.
- The practice had put in place a safeguarding team comprising of three lead clinicians to ensure the needs of vulnerable patients were reviewed and responded to.
- The practice provided a service for 'violent and aggressive' patients at Basford House in Hartshill, Stoke-on-Trent. This was a specialised service for patients with complex health and social care needs. The practice also provided a substance misuse service there.
- The practice had identified 219 patients as carers (3% of the practice list). The Elderly Care Facilitator provided help and support to carers and directed them to the various avenues of support available. Carers were also offered annual flu immunisations.

People experiencing poor mental health (including people with dementia)

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

- The practice carried out advance care planning for patients living with dementia.
- 87% of patients diagnosed with dementia had a care plan in place that had been reviewed in a face-to-face review in the preceding 12 months. This was comparable with the CCG average of 87% and national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.

Good



Summary of findings

- Patients at risk of dementia were identified and offered an assessment and an Elderly Care Facilitator, who was a dementia friend champion, helped to meet the needs of this group of patients.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- 89% of patients with a diagnosed mental health condition had a comprehensive, agreed care plan documented in their record, in the preceding 12 months. This was comparable with the CCG and national averages of 89%.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Summary of findings

What people who use the service say

The national GP patient survey results published in July 2017 showed the practice was performing slightly below national averages. Three hundred and ninety-three forms were distributed and 139 were returned. This represented a return rate of 35%:

- 81% of patients described their overall experience of this GP practice as good compared with the Clinical Commissioning Group (CCG) and the national averages of 85%.
- 64% of patients described their experience of making an appointment as good compared with the CCG average of 74% and the national average of 73%.
- 66% 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 79% and the national average of 77%.

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 30 comment cards most of which were positive about the standard of care received. Patients told us staff were caring, helpful, respectful and that they felt listened to. However, six patients commented on the difficulty of accessing appointments.

We spoke with seven patients during the inspection. Patients said they were satisfied with the care they received and thought staff were compassionate and gave them enough time. Two patients commented on the difficulty in accessing appointments at the practice's branch practice.

Areas for improvement

Action the service **SHOULD** take to improve

- Review the Care Quality Commission (Registration) Regulations 2009 to support their understanding of incidents that are notifiable to the Care Quality Commission.
- Update the vulnerable adults safeguarding policy to reflect updated categories or definitions of the types of abuse for example, modern slavery. Update their cold chain policy to provide clear guidance on the transport of flu immunisations when providing offsite immunisations.
- Continue to ensure that appropriate decisions are made when exception reporting patients from the Quality and Outcomes Framework calculations.
- Continue to monitor and review patient access to appointments.
- Explore and implement ways to establish an active and effective patient participation group.

Loomer Road Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

a Care Quality Commission (CQC) lead inspector. The team included a GP specialist advisor, a practice manager specialist advisor and an Expert by Experience.

Background to Loomer Road Surgery

Loomer Road Surgery is a suburban practice which provides care and treatment to 7,790 patients of all ages, based on a General Medical Services (GMS) contract. A GMS contract is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract. The practice delivers services from three locations to patients living in the Chesterton, Milehouse, Knutton, Silverdale and Bradwell areas.

The practice is part of the NHS North Staffordshire clinical commissioning group (CCG). We visited the following locations as part of our inspection:

- The Loomer Road Surgery, Loomer Road, Newcastle-Under-Lyme, Staffordshire, ST5 7JS.
- The Head Office, Unit 7, Brindley Court, Dalewood Road, Lymedale Business Park, Newcastle-under-Lyme, ST5 9QA.
- Basford House, 511 Etruria Road, Stoke-on-Trent, ST4 6HT.

At this inspection we did not visit the branch Lymebrook Surgery, located in the Milehouse Primary Care Centre in Newcastle-under-Lyme.

A new partnership and management structure supported the delivery of their new integrated, multi-site model of primary and social care. Recent changes directly affecting the practice included the introduction of new management positions to oversee the front line delivery of primary care services. A new telephone hub had also been introduced at the Loomer Road Surgery site. The practice is an approved training practice and is affiliated with local universities.

The area in which the practice is situated is in the third most deprived decile. Figures show that 62% of practice patients were in paid work or full-time education, compared with the national average of 63%. The percentage of patients with a long-standing health condition is 69% which is higher than the national average 53%.

The practice and its branch surgeries occupy purpose built premises where all treatment and consultation rooms are located on the ground floor. The practice has:

- Five GP partners (four male and one female)
- Four salaried GPs
- A business partner
- A professional lead nurse for nurse practitioners, two advanced nurse practitioners, two nurse practitioners, four practice nurses and a health care assistant (female)
- A pharmacist
- A team of managers supporting different areas of the service.
- A large team of administrative and reception staff.

The practice and its branch Lymebrook Surgery are open 8am to 8.30pm on Monday, 8am to 6.30pm Tuesday, Wednesday and Friday and 8am to 1pm on Thursday. GP appointment times are Monday, 9am to 11am, 11.30am to 2pm and 3pm to 8.30pm. Tuesday, Wednesday and Friday

Detailed findings

9am to 11am, 11.30am to 2pm and 3pm to 6pm and Thursday 9am to 11am and 11.30am to 1.30pm. The enhanced service provided for violent and aggressive patients at Basford House offers appointments on a Tuesday afternoon and as required. When the practice is closed patients can access out-of-hours care via Staffordshire Doctors Urgent Care and the NHS 111 service.

Why we carried out this inspection

We previously undertook a comprehensive inspection of Loomer Road Surgery on 10 January 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as inadequate for providing safe services and requires improvement for well led services.

We issued two requirement notices to the provider in respect of providing safe care and treatment and good governance. We undertook an announced follow up comprehensive inspection on 19 July 2017 to ensure that action had been taken to comply with legal requirements. The full comprehensive report on the 19 July 2017 inspection can be found by selecting the 'all reports' link for Loomer Road Surgery on our website at www.cqc.org.uk.

How we carried out this inspection

Before our inspection, we reviewed a range of information we held about the practice and asked other organisations to share what they knew. Prior to our inspection we also spoke with a member of the patient participation group. We carried out an announced comprehensive inspection on 19 July 2017. During our inspection we:

- Spoke with a range of staff, patients who used the service and a care home where the practice provided care to patients.
- Observed how patients were cared for in the reception area.
- 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. Looked at information the practice used to deliver care and treatment plans.
- Visited three of the four practice locations:
 - Loomer Road Surgery, Loomer Road, Newcastle-Under-Lyme, Staffordshire, ST5 7JS.
 - The Head Office, Unit 7, Brindley Court, Dalewood Road, Lymedale Business Park, Newcastle-under-Lyme, ST5 9QA.
 - Basford House, 511 Etruria Road, Stoke-on-Trent, ST4 6HT.

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

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

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

- older people
- people with long-term conditions
- families, children and young people
- working age people (including those recently retired and students)
- people whose circumstances may make them vulnerable
- people experiencing poor mental health (including people with dementia).

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

Are services safe?

Our findings

At our previous inspection on 10 January 2017, we rated the practice as inadequate for providing safe services. This was because:

- Medicines were not properly and safely managed.
- Some of the equipment kept in the anaphylactic box was out-of-date.
- Non-clinical staff were making changes to patients' prescriptions, including adding additional medicines, before sending them to the relevant GP for authorisation. The provider was not able to demonstrate they had carried out an assessment, to identify potential risks associated with this process and how they would be mitigated. Also, there was no protocol in place to underpin this process, and there was no documented evidence that staff making these changes had received relevant training. In addition, the process had not been audited to ensure it was being carried out consistently.
- The provider did not stock atropine (a medicine used to treat a slow heart rate) for use in an emergency, for example this may be required when fitting or removing contraceptive coils (intrauterine devices). A risk assessment had not been completed to demonstrate how patients would be protected from potential harm.

We issued a requirement notice in respect of these issues and found arrangements had significantly improved when we undertook a follow up inspection of the service on 19 July 2017. The practice is now rated as good for providing safe services.

Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they informed the patient communications manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- The practice had recorded 14 significant events in the previous 12 months. We saw that significant events had

been thoroughly investigated. When required, action had been taken to minimise reoccurrence and learning had been shared with staff at monthly clinical and staff meetings to improve safety in the practice.

- The practice carried out a six monthly review to identify any patterns or trends in significant events and evaluated any action taken. We saw that significant events had been categorized and where trends had been identified changes had been made to prevent them from occurring again.

When required, significant events had been shared with some external stakeholders. However, we saw that an incident had occurred which required the practice to submit a statutory notification to the Care Quality Commission (CQC) informing us about the incident but this had not been done. The day after our inspection the practice submitted the statutory notification to the CQC.

There were systems in place to act on alerts that may affect patient safety, for example from the Medicines and Healthcare products Regulatory Agency (MHRA). Following an alert being received the practice checked to ensure that patients were not affected by the medicines or equipment involved and took appropriate ongoing action where required.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard vulnerable adults from the risk of abuse however the vulnerable adults safeguarding policy did not fully reflect updated categories or definitions of the types of abuse for example, modern slavery. Arrangements were in place to safeguard children from the risk of abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. A bespoke template had been designed to help staff capture appropriate safeguarding information. This included a prompt to share relevant information with other health and social care agencies. Multi-disciplinary meetings were held to help ensure that information about children at risk was shared and discussed. In addition, safeguarding was a standard agenda item for clinical meetings to help staff manage risk in relation to vulnerable patients. A safeguarding group had been established to monitor the care provided to children

Are services safe?

and vulnerable adults. The group reviewed the A&E attendance of these patients, failure to attend for hospital appointments and other correspondence received relating to their care.

- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained in child safeguarding to level three. Security staff who worked at the service provided for violent and aggressive patients had received training in Management of Actual or Potential Aggression (MAPA) and safeguarding vulnerable adults.
- Notices on consultation and clinical rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- A practice nurse was the infection prevention and control (IPC) clinical lead and had received appropriate training to support her in this role. There was an IPC protocol and staff had received up to date training. An IPC audit had been undertaken in December 2016. An action plan had been developed and we saw evidence that action was taken to address any improvements identified.
- Systems were in place to protect patients from potential health care associated infections including provision of immunisations for staff, risk assessments and appropriate screening.
- At our previous inspection we saw that systems were not in place for auditing minor surgery activity carried out at the practice. At this inspection we were informed that minor surgery had not been carried out since our previous inspection.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- At our previous inspection we saw that non-clinical staff made changes to patients' prescriptions, including adding additional medicines, before sending them to the relevant GP for authorisation. At this inspection we saw that this system was no longer in process and amendments were made instead by a GP. A GP partner told us that non-clinical staff were being provided with accredited training to support them in this role and following assessment of their competency the system would be reviewed.
- There were processes for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicine audits, with the support of their practice pharmacist, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored. There was a system for tracking prescription forms throughout the practice but not the prescription pads. Before the end of the inspection we saw that an appropriate system for tracking prescription pads had been implemented.
- Some of the nurses had qualified as independent prescribers and could therefore prescribe medicines for clinical conditions within their expertise. They received mentorship and support from the medical staff for this extended role and we saw that a system of peer review for both nurse and GPs had been implemented. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- A suitable fridge was in use to store vaccines in the practice and an effective system was in place for monitoring the fridge temperature. There was a cold chain policy in place to ensure that vaccines were stored appropriately and we saw this had been implemented following a power cut at the practice. However, the cold chain policy did not provide guidance on the transport of flu immunisations when practice nurses provided flu immunisations in nursing homes and patients' homes.

We reviewed six personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence

Are services safe?

of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS. Appropriate indemnity cover was in place for all clinical staff.

Monitoring risks to patients

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

- The practice had an up to date fire risk assessment and carried out regular fire drills at Loomer Road Surgery. There was a designated fire marshal within the practice. However, a fire risk assessment had not been completed at Basford House where the practice provided a service for violent and aggressive patients. It was unclear who the owner of Basford House was to obtain the fire risk assessment from. The day after our inspection, the provider forwarded to us a fire risk assessment carried out by their building's maintenance team. They also forwarded an action plan to address any issues identified.
- All electrical and clinical equipment was checked and calibrated at each site to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). A legionella risk assessment had not been carried out at Basford House but there was a system in place for running the taps once a week. The day after our inspection, the provider forwarded to us a legionella risk assessment carried out by their building's maintenance team.
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was an effective rota system to ensure enough staff were on duty to meet the needs of patients.
- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the practice. We saw that they were all in date and equipment such as needles and syringes needed to administer the medicines were in date too.
- The practice had emergency equipment which included an automated external defibrillator (AED), (which provides an electric shock to stabilise a life threatening heart rhythm), oxygen with adult and children's masks and adult and children's pulse oximeters (to measure the level of oxygen in a patient's bloodstream).
- 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. Atropine had been added to the emergency medicines since our previous inspection. A substance misuse service was provided by a GP at Basford House. A risk assessment had been carried out to determine which emergency medicines should be held at the practice. It did not however, demonstrate how patients with an opioid overdose who accessed the substance misuse service would be protected from harm in the absence of the medicine naloxone (a medicine used to block or reverse the effects of opioid medication). The day after our inspection the practice forwarded an updated risk assessment and evidence that the medicine naloxone had been purchased and would be stored with the emergency medicines held at Basford House.
- The provider had reviewed the arrangements for medicines carried in GP bags for home visits. A risk assessment had been completed and a decision made not to carry any emergency medicines on GP home visits. However, the risk assessment did not consider all eventualities of how risk was mitigated for each individual emergency condition.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Arrangements to deal with emergencies and major incidents

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

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments and audits. For example, the practice had completed an audit on screening for alcohol misuse in patients diagnosed with depression. The audit showed that 47% of patients coded on the practice's computer system as depressed also had their weekly alcohol intake recorded in line with NICE guidelines. An action plan had been put in place to improve alcohol intake screening to enable appropriate support to be provided to patients and meet NICE guidelines.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results for 2015/16 showed the practice had achieved 98% of the total number of points available compared with the Clinical Commissioning Group (CCG) average of 96% and national average of 95%. Their overall exception reporting rate was 7% which was comparable with the CCG rate of 5% and the national rate of 6%. 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.

Data from 2015/16 showed:

- 89% of patients with a diagnosed mental health condition had a comprehensive, agreed care plan documented in their record, in the preceding 12 months. This was comparable with the CCG and

national averages of 89%. Their exception reporting rate of 4% was lower than the CCG average of 10% and national average of 13% meaning more patients had been included.

- 87% of patients diagnosed with dementia had a care plan in place that had been reviewed in a face-to-face review in the preceding 12 months. This was comparable with the CCG average of 87% and national average of 84%. Their exception reporting rate of 7% was comparable with the CCG average of 9% and national average of 7%.
- 71% of patients with asthma, on the register, had an asthma review in the preceding 12 months that included an assessment of asthma control. This was comparable with the CCG average of 77% and the national average of 76%.
- 85% of patients with chronic obstructive pulmonary disease (COPD) had had a review undertaken including an assessment of breathlessness using a recognised scale in the preceding 12 months. This was comparable with the CCG average of 89% and the national average of 90%.
- The percentage of patients with high blood pressure in whom the last blood pressure reading (measured in the preceding 12 months) was within recognised limits was 86%. This was comparable with the CCG and national averages of 83%.
- The percentage of patients with diabetes, on the register, who had their blood pressure reading measured in the preceding 12 months and it was within recognised limits was 70%. This was lower than the CCG average of 77% and the national average of 76%.
- The percentage of patients with atrial fibrillation (an irregular heart beat) identified as being at moderate to high risk of stroke and were receiving appropriate treatment was 90%. This was comparable to the CCG average of 85% and the national average of 87%. However, their exception reporting of 27% was significantly higher than the CCG average of 9% and the national average of 10%. We looked at an anonymised sample of records and saw that the patients had been exceptioned appropriately.

The practice participated in a number of schemes designed to improve care and outcomes for patients. For example, as

Are services effective?

(for example, treatment is effective)

part of their frailty strategy the practice used the STOPP START tool to support medication reviews for older patients to reduce the complications of adverse effects when prescribed four or more medicines.

There was evidence of quality improvement including clinical audit:

- The practice told us they had completed 16 clinical audits. The practice showed us three of these audits, two of which were completed audits where the improvements made were implemented and monitored. For example, following an alert received regarding the increased risk of lower limb amputation (primarily of the toe) when a medicine for the treatment of diabetes was used, the practice identified patients at potential risk. Patients identified received a medication, lifestyle and diabetic review and, retinopathy screening to identify potential problems. Through a system of searches and ongoing review no patients presented with the potential risks identified in the alert.
- Findings were used by the practice to improve services. For example, a system of regular batch searches had been implemented to ensure that when alerts from the Medicines and Healthcare products Regulatory Agency (MHRA) were issued, patients were routinely monitored to ensure any risks identified were managed.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and equality and diversity.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, a practice nurse told us how they were being supported to attend a nurse prescribing course to further her skills and support her professional development.
- 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, nurses who provided immunisations attended annual vaccination and immunisation training at a local university.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. This included ongoing support, peer review and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.
- Staff had access to appropriate training through an online training system to meet their learning needs and to cover the scope of their work. For example, training in safeguarding, fire safety awareness, basic life support and information governance. We saw that the service support manager managed a highly effective training monitoring system.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- We found that the practice shared relevant information with other services in a timely way. For example, care plans were shared with the out of hours service through the use of special notes for patients nearing the end of their life. They also used the Lion's Club 'message in a bottle' scheme to encourage people to keep their basic personal and medical details on a standard form in a bottle in their fridge.
- 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. There was a system of multi-disciplinary meetings in place with the palliative care team, Integrated Local Care Team (a team consisting of professionals such as community matrons and social workers) and local care homes. Patient care plans were routinely reviewed and updated at these meetings including when patients were referred, or after they were discharged from hospital.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs

Are services effective?

(for example, treatment is effective)

of different patients, including those who may be vulnerable because of their circumstances. On the day of our inspection 25 patients were being supported by this service.

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.
- 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. We saw that 72 patients had identified carers with lasting power of attorney identified in their records.
- Minor surgery had not been carried out at the practice since our previous inspection but we saw that there was a system in place to obtain written consent when needed. Practice nurses recorded verbal consent in children's records when parents brought them to attend for immunisations.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and frail older patients.
- The practice's uptake for the cervical screening programme was 88%, which was higher than the CCG average of 82% and the national average of 81%. However, their exception reporting rate of 20% was significantly higher than the CCG rate of 5% and the national average of 7% meaning fewer patients had been included. The practice told us they had coded

patients incorrectly on their computer system when exception reporting patients who failed to attend for cervical screening. They had reviewed their procedures and were monitoring the effectiveness of the changes.

- The practice encouraged eligible patients to attend national screening programmes for bowel and breast cancer however, screening uptake was below CCG and national averages. For example, 71% of eligible women aged 50-70 years had been screened for breast cancer in the last 36 months which was lower with the CCG average of 80% and the national average of 73%. Fifty per cent of eligible persons aged 60-69 years had been screened for bowel cancer in last 30 months which was lower than the CCG average of 62% and the national average of 58%. Since our previous inspection the practice had reviewed its procedures for following up patients who failed to attend for breast and bowel cancer screening. We saw that a standard follow up letter was sent to patients who failed to attend for screening which highlighted the benefits of the screening. Text message reminders were also sent to patients and alerts added to their records to prompt GPs and nurses to opportunistically discuss screening with patients.
- Childhood immunisations were carried out in line with the national childhood vaccination programme. Data from NHS England experimental statistics 2015/16 showed uptake rates for the vaccines given were comparable to CCG and national averages. For example, childhood immunisation rates for children two years and under was 98% and five year olds ranged from 97% to 98%.
- Patients had access to appropriate health assessments and checks. These included health checks for new patients and well women/men checks. A health care support worker provided 12 week weight management programmes for patients who needed to reduce their weight. However, no figures were available to review the effectiveness of this intervention.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations. Conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

Most of the 30 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients told us staff were caring, helpful, respectful and that they felt listened to. However, six patients commented on the difficulty of accessing appointments.

We spoke with seven patients on the day of the inspection and a member of the patient participation group (PPG) prior to our inspection. Patients told us they were satisfied with the care they received and thought staff were compassionate and gave them enough time. Two patients commented on the difficulty in accessing appointments at the practice's branch practice, Lyme Valley Surgery.

Results from the national GP patient survey published in July 2017 showed patients felt they were treated with compassion, dignity and respect. The practice was slightly below the local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 86% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) of 90% and the national average of 89%.
- 84% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 86%.

- 94% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%
- 84% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and the national average of 86%.
- 88% of patients said the nurse was good at listening to them compared with the CCG average of 92% and the national average of 91%.
- 89% of patients said the nurse gave them enough time compared with the CCG average of 93% and the national average of 92%.
- 93% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 98% and the national average of 97%.
- 87% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 91%.
- 68% of patients said they found the receptionists at the practice helpful compared with the CCG and national averages of 87%.

The views of external stakeholders were positive and in line with our findings. For example, the manager of a local care home where some of the practice's patients lived were positive about the care provided by the practice. The practice carried out twice weekly care rounds at the home to review patients' care and treatment however emergencies were usually dealt with by the out of hours service.

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey published in July 2017 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

Are services caring?

- 84% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 87% and the national average of 86%.
- 81% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and the national average of 82%.
- 86% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG and national averages of 90%.
- 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 86% and the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care. Staff told us that interpretation services were available for patients who did not have English as a first language and they had access to a sign language service for patients who were deaf.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 219 patients as carers (3% of the practice list). The Elderly Care Facilitator provided help and support to carers and directed them to the various avenues of support available. Carers were also offered annual flu immunisations.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice provided a step down service to facilitate earlier hospital discharge for older patients and patients with complex needs.
- The practice covered 140 nursing home beds and the GPs saw 30 patients on average each Tuesday.
- The practice had developed the role of Elderly Care Facilitators (ECFs) who carried out holistic domiciliary assessments for patients over 85 years of age and patients identified as frail. Assessment outcomes were shared with patients, carers or next of kin and health and social care teams who needed to be involved. The practice had identified 306 patients eligible for this service and the ECF we spoke with was a dementia friend champion to help to meet the needs of this group of patients.
- Patients who were housebound were identified in the practice's computer system. Domiciliary flu immunisations and annual reviews were offered to this group of patients.
- Patients with long term conditions such as diabetes and asthma were offered an annual health review in their birth month.
- The practice provided two weekly multidisciplinary team meetings and provided twice weekly care rounds at a nursing home where they cared for patients.
- The practice held regular meetings with the health visitor to discuss and share information relating to children of concern.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice provided a family planning service and post-natal checks for new mothers.
- The practice offered extended hours on a Monday evening until 8.30pm and telephone consultations for working patients who could not attend during normal opening hours.
- On line services were available to book appointments and request repeat prescriptions.
- The practice sent text message reminders of appointments and test results to patients whose mobile number had been verified.
- The practice held a register of patients with learning disabilities and offered annual reviews and longer appointments if needed.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- There were accessible facilities, which included a hearing loop, and interpretation services available.
- The GPs held regular multi-disciplinary meetings in the practice to support patients who were vulnerable. For example, meetings with the Integrated Local Care Teams (ILCT) and palliative care team.
- The practice provided an enhanced service for violent and aggressive patients at Basford House in Hartshill, Stoke-on-Trent. This was a specialised service for patients with complex health and social care needs. A substance misuse service was also provided at this practice.

Access to the service

The practice and its branch Lymebrook Surgery were open 8am to 6:30pm Monday to Friday except for Thursday when they closed at 1pm. Extended hours were available on Monday until 8.30pm. GP appointment times were Monday, 9am to 11am, 11.30am to 2pm and 3pm to 8.30pm. Tuesday, Wednesday and Friday 9am to 11am, 11.30am to 2pm and 3pm to 6pm and Thursday 9am to 11am and 11.30am to 1pm. The enhanced service provided at Basford House offered appointments on a Tuesday afternoon and when required. When the practice was closed patients could access out-of-hours care via Staffordshire Doctors Urgent Care and the NHS 111 service.

Results from the national GP patient survey published in July 2017 showed that patient's satisfaction with how they could access care and treatment was lower than local and national averages.

Are services responsive to people's needs?

(for example, to feedback?)

- 69% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 77% and the national average of 76%.
- 66% of patients said they could get through easily to the practice by phone compared to the CCG average of 69% and the national average of 71%.
- 79% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 86% and the national average of 84%.
- 71% of patients said their last appointment was convenient compared with the CCG average of 84% and the national average of 81%.
- 64% of patients described their experience of making an appointment as good compared with the CCG average of 74% and the national average of 73%.
- 54% of patients said they do not normally have to wait too long to be seen compared with the CCG average of 64% and the national average of 58%.

Most patients told us on the day of the inspection that they were able to get appointments when they needed them. However, several patients commented on the difficulty in getting an appointment with a GP of their choice or at the practice of their choice. We looked at the appointment system on the practice's computer and saw on the day and pre-bookable appointments were readily available. Patient demand for a preferred GP or particular practice were high in some areas however alternatives were offered if the preferred GP or practice were not available.

The practice had a system to assess if a home visit was clinically necessary and the urgency of the need for medical attention. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. There were protocols in place to support non-clinical staff when patients requested appointments for life threatening emergencies such as chest pain.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system in the reception area and on the practice's website.

We saw that the practice had received 10 complaints in the last 12 months. We looked at a sample of these complaints and found they were satisfactorily handled, dealt with in a timely way with openness and transparency. Lessons were learnt from individual concerns and we saw that complaints were a standard agenda item at the monthly clinical meetings to support sharing of learning with staff. An analysis on trends in complaints was carried out on a six monthly basis.

Are services well-led?

Good 

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

Our findings

At our previous inspection on 10 January 2017, we rated the practice as requires improvement for providing well-led services. This was because:

- There was a lack of systems and processes in place to assess, monitor and improve the quality and safety of some of the services provided.
- The provider did not have an effective system for monitoring that staff had completed all of the training required to carry out their roles safely.
- The provider did not have an effective system for recording and reviewing the minor surgery activities carried out by clinicians.
- The provider did not have an effective system for ensuring that fire safety checks were consistently carried out, or for ensuring that actions identified in a fire risk assessment were appropriately addressed.

We issued a requirement notice in respect of these issues and found arrangements had significantly improved when we undertook a follow up inspection of the service on 19 July 2017. The practice is now rated as good for being well-led.

Vision and strategy

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

- The practice's aim was 'To improve the health, well-being and lives of those we care for. To work in partnership with our patients and staff to provide the best Primary Care services possible working within local and national governance, guidance and regulations.' Most staff we spoke with knew and understood the values.
- The practice had a clear strategy which reflected their vision and values and this was monitored through regular clinical and governance meetings. There were overarching business plans to cover the organisational aims as a whole but this did not include the specific challenges and needs of patients registered with Loomer Road Surgery.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs, nurses and administrative managers had lead roles in key areas. For example, there was a safeguarding team comprising of a GP, a professional nurse lead and a patient communications manager. Since our previous inspection an effective system for monitoring that staff had completed all of the training required to carry out their roles safely had been implemented.
- Practice specific policies were implemented and were available to all staff on the practice's intranet. These were updated and reviewed regularly and the provider was in the process of aligning the policies across the whole of their organisation to ensure a corporate approach. We saw that the policies for safeguarding vulnerable adults and maintenance of the cold chain for vaccines needed to be updated to reflect up to date guidance.
- A comprehensive understanding of the performance of the practice was maintained. Monthly clinical and educational meetings were held which provided an opportunity for staff to learn about the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- We saw evidence from minutes of meetings that lessons learnt were shared with staff following significant events, complaints and safeguarding concerns.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. Since our previous inspection the provider had ceased to provide minor surgery activities. Fire safety checks had been carried out and actions identified in a fire risk assessment were appropriately addressed.

Leadership and culture

On the day of our inspection the partners in the practice demonstrated they had the experience, capacity and

Are services well-led?

Good 

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

capability to run the practice and ensure high quality care. They told us they aimed to improve the health, well-being and lives of those they cared for. Staff spoke very highly of the management support within the practice and told us the partners were approachable and always took the time to listen to all members of staff. They told us they were supported to attend development training and to develop their roles for the benefit of patients.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The partners encouraged a culture of openness and honesty. From the documents we reviewed we found that the practice had systems to ensure that when things went wrong with care and treatment:

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

However, we saw that an incident had occurred which required the practice to submit a statutory notification to the Care Quality Commission (CQC) informing us about the incident but this had not been done. The day after our inspection the practice submitted the statutory notification to the CQC.

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

- The practice held and minuted a range of multi-disciplinary meetings including meetings with the Health Visitor, Integrated Local Care Team (ILCT) and palliative care team to monitor vulnerable patients.
- Staff told us the practice held regular clinical and educational meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were

involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and the management. Staff told us they felt very involved and engaged to improve how the practice was run.

The practice had reviewed the data from the national GP patient survey and compared progress year on year. They had identified there had been a fall of 2% in patient satisfaction in relation to patients being able to get an appointment to speak to or see someone last time they tried. In response to this the practice had added a staffed phone hub and staff had received in house training to signpost patients to the most appropriate clinician.

However, opportunities to gain patient feedback were missed. Prior to the inspection we spoke with a member of the patient participation group (PPG). They told us that the practice had not fully engaged with the PPG. They also told us the PPG had only met on three occasions during the previous two years with minimal contact with the PPG in the last 12 months. Minutes from the PPG meetings demonstrated the PPG had not met since November 2016. The practice told us that there had been little response by patients to engage with the PPG and only two patients had responded to the 16 invites sent out to patients.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. A system of peer review of patient consultations and prescribing had been introduced for both nurses and GPs throughout the practice. The management team was forward thinking and had explored and implemented new ways of delivering care and treatment across health and social care particularly for the older and vulnerable population groups. For example, they had introduced a varied skills and workforce mix within the practice including Elderly Care Facilitators (ECF) to meet and bridge the medical and social needs of these groups of patients.

Are services well-led?

Good 

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

The practice were exploring alternative ways in which to engage with patients. For example through social media, working closer with the voluntary sector and meeting with local schools to provide health promotion advice.