

Family Healthcare Centre

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?

Good



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at the Family Healthcare Centre on 14 September 2015. This followed an inspection in October 2014 that placed the practice into special measures due to its rating of inadequate. The outcome of this inspection has identified that the practice is now rated as requires improvement.

Specifically, we found the practice to require improvement for providing safe, effective, responsive and well led services. It also requires improvement for providing services for older people, people with long-term conditions, families children and young people, working age people (including those recently retired) and people experiencing poor mental health (including people with dementia). It was good for providing a caring service to patients.

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

- Most areas of risk associated with the safe running of the service were managed safely although some areas still required improvement such as legionella management and complaints.
- Patients said they were treated with dignity, kindness and respect and they were involved in their care and decisions about their treatment.
- Patients told us they sometimes had difficulty arranging an appointment although urgent appointments were usually available on the day they were requested.
- The practice was visibly clean and they had improved systems to ensure that safe infection prevention and control procedures were being followed.
- Staff told us that communication within the practice had improved and they valued being part of a team.

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.

Summary of findings

However, there were also areas of practice where the provider needs to make improvements.

Importantly, the provider must:

- Ensure that systems are in place to manage and monitor risks to the quality and safety of the service in relation to legionella management and risks to the continuity of the service.
- Ensure that the incident reporting procedure is followed by staff at all times.
- Non-clinical staff who act as a chaperone must receive appropriate training and a risk assessment so that an appropriate level of criminal records check is completed before they undertake the role
- Ensure that patient information received from specialist services are accurately recorded in the electronic records so that medicines are safely and accurately prescribed.
- Ensure that records are maintained to demonstrate that appropriate staff are employed by the practice.

- Improve the complaints process so that all complaints are managed in a timely way and in accordance with the policy so that learning is shared and actioned.

In addition the provider should:

- Make information available to patients about chaperones on the practice's website.
- Include guidelines in the recruitment policy on which staff roles require a check with the Disclosure and Barring Service.
- Develop care plans for all patients at high risk of unplanned admissions to hospital.
- Ensure audits of the completeness of clinical records are in place

On the basis of the ratings given to this practice at this inspection, we are removing this provider from special measures. We will inspect the practice again to ensure that it continues to make improvements.

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 requires improvement for providing safe services as there are areas where it should make improvements. Staff understood their responsibilities to raise concerns and to report incidents and near misses but did not always follow the significant event reporting procedure. When things went wrong, reviews and investigations were completed and shared beyond the practice if relevant although records of learning and actions could be further improved. Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. Although staff we spoke with were knowledgeable about safeguarding procedures they had not all completed relevant safeguarding training. Systems to check patients taking high risk medicines were not established. There was no system to check that recorded changes made to patients' medicines following discharge from hospital, were accurate. The recruitment process had been improved but it had not been used for the only member of staff appointed since the last inspection. Legionella risks had not been adequately managed.

Requires improvement



Are services effective?

The practice is rated as requires improvement for providing effective services, as there were areas where improvements should be made. Data showed that patient outcomes were similar to or below average for the locality although the practice were working hard to improve this. Staff were able to refer to guidance from the National Institute for Health and Care Excellence although the process for disseminating new guidelines was not consistent. There was evidence that clinical audits were beginning to drive improvement in performance to improve patient outcomes. Patients' needs were assessed and care was planned and delivered in line with current legislation and in partnership with other members of the multidisciplinary team. This included assessing mental capacity and promoting good health. Training plans were in place and staff had completed some of the training appropriate to their roles although this was an on-going process to ensure that gaps in essential training were being addressed. The practice had introduced an appraisal system for staff and good progress had been made to achieve completion.

Requires improvement



Summary of findings

Are services caring?

The practice is rated as good for providing caring services. Data showed that patients rated the practice similar to or higher than others for aspects of care and support. Patients said they were treated with 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 also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as requires improvement for providing responsive services. It 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. Patients told us they were able to get an appointment with a GP on the same day they asked, although it may not be with their GP of choice. 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. However complaints were not always managed in a timely way and in line with the practice's policy. Learning from complaints was not always clear and detail of the actions taken were not always recorded.

Requires improvement



Are services well-led?

The practice is rated as requires improvement for being well-led. Although a long-term strategy for the future of the practice was not yet clear, the vision and values of the practice had been reviewed and staff supported this in their everyday practice. There was a documented leadership structure and staff felt supported by management and by their teams. The practice had reviewed and implemented a number of policies and procedures to govern activity and a meeting structure was in place that included discussion of quality issues. There were systems in place to monitor and improve quality and identify risk although some improvement was required. Further work was required to address and manage the risks of legionella and risks to the smooth operation of the service. Supervision of staff required improvement so that quality issues were improved. For example, staff did not always use the significant event reporting process effectively, the work of administration staff was not checked to ensure that changes to patient medication were accurately recorded. The practice proactively sought feedback from patients through an active patient participation group.

Requires improvement



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

Although the practice is rated as good for providing caring services it is rated as requires improvement for safe, effective, responsive and well-led services. The concerns which led to these ratings apply to everyone using this practice, including this population group.

22% of the practice population are aged over 65 years. The practice supported people to live healthy lives for longer and offered a range of health promotion materials and services including immunisation programs such as influenza, shingles and pneumococcal. When required, home visits were provided for the housebound patients and immunisations could also be provided. The practice also supported two local care homes and regular visits were provided by the lead GP or nurse practitioner to review patients and advise staff and patients about their health needs.

Practice staff liaised with community health teams to ensure that support for older people was being provided to meet their needs. Multidisciplinary team meetings were held each month and this included a review of the most frail and vulnerable patients to ensure that they were receiving care that met their needs.

Requires improvement



People with long term conditions

The provider was rated as requires improvement for safe, effective, responsive and well-led. They were rated as good for caring services. The concerns which led to these ratings apply to everyone using this practice, including this population group.

The practice offered a phlebotomy service and clinics for people with long term conditions such as asthma, diabetes and high blood pressure. The clinics focused on keeping people healthy and included the provision of relevant vaccination programs. A diabetes specialist nurse visited the practice to support patients with more complex needs and advise staff. Plans were in place to run a drop-in support clinic for patients with long term conditions to seek practical, non-medical advice. This was being arranged by the patient participation group.

Requires improvement



Families, children and young people

Although the practice is rated as good for providing caring services it is rated as requires improvement for safe, effective, responsive and well-led services. The concerns which led to these ratings apply to everyone using this practice, including this population group.

Requires improvement



Summary of findings

A midwife held a clinic at the practice every two weeks to monitor pregnant women. Alternatively women could access a clinic held on a different day at a nearby location.

Staff had access to a health visiting team who attended meetings at the practice when possible. Childhood immunisation programmes were available. The practice had a policy of seeing children under the age of five on the same day as the appointment request. This was to manage the risk of their condition changing quickly. In addition the local hospital had a system of direct access to the children's ward. This meant that when a sick child was seen by the practice if they did not require hospital admission at that time but might do so within 24 hours if they deteriorated, the child could be taken go straight to hospital.

Young people could access support and advice in health promotion and sexual health. There were links with the children's mental health team if referrals were required.

Working age people (including those recently retired and students)

Although the practice is rated as good for providing caring services it is rated as requires improvement for safe, effective, responsive and well-led services. The concerns which led to these ratings apply to everyone using this practice, including this population group.

The practice offered evening appointments twice a week and tried to accommodate the working patterns of patients as far as possible. If patients registered to do so, they could book or cancel appointments online and request repeat prescription.

Private medical examinations were available for patients who required them for occupational reasons e.g. HGV medicals.

Travel vaccinations and pre-travel assessment and advice were also available from the practice nurses.

Requires improvement



People whose circumstances may make them vulnerable

Although the practice is rated as good for providing caring services it is rated as requires improvement for safe, effective, responsive and well-led services. The concerns which led to these ratings apply to everyone using this practice, including this population group.

The practice did not have a population of vulnerable groups such as sex workers, homeless people or travellers. However, they had a policy to accommodate anyone who came to the surgery who required treatment.

Requires improvement



Summary of findings

There were two care homes for adults with a learning disability which were supported by the practice. Visits were provided to the care homes upon request or longer appointments could be arranged at the surgery. Annual health checks were completed by staff in the practice or home as appropriate.

The practice regularly worked with multi-disciplinary teams in the case management of their most vulnerable patients. This included for example working with the ambulance service in response to patients who were frequent callers. Information to signpost patients about how to access various support groups and voluntary organisations were readily available. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

The records for visually impaired patients were flagged so that clinicians and administration staff can take this into account. The practice website could be enlarged for people with some visual impairment and it could also be translated into other languages. A hearing loop was available for hearing impaired patients.

People experiencing poor mental health (including people with dementia)

Although the practice is rated as good for providing caring services it is rated as requires improvement for safe, effective, responsive and well-led services. The concerns which led to these ratings apply to everyone using this practice, including this population group.

The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. Regular health checks were provided to patients taking long term medication for their condition where there are risks to their physical health as a result of long term use.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. It had a system in place to follow up patients who had attended accident and emergency (A&E) where they might have been experiencing poor mental health.

Requires improvement



Summary of findings

What people who use the service say

GP patient survey data published in July 2015 showed that patients rated the practice similar to, or slightly higher, than national average scores for the caring and respectful treatment they received from staff. The survey showed that patients scored the practice below national averages in response to questions about access to appointments. For example for their experience of getting through on the telephone, making an appointment and appointments running to time.

We spoke with six patients during our inspection who described similar experiences to those in the patient survey. They told us staff had a welcoming attitude, were helpful and always gave them enough time to ask questions and provide them with a response. Some patients described difficulties getting through on the telephone but confirmed they could see a doctor if there was an urgent need to do so

Areas for improvement

Action the service **MUST** take to improve

- Ensure that systems are in place to manage and monitor risks to the quality and safety of the service in relation to legionella management and risks to the continuity of the service.
- Ensure that the incident reporting procedure is followed by staff at all times.
- Non-clinical staff who act as a chaperone must receive appropriate training and a risk assessment so that an appropriate level of criminal records check is completed before they undertake the role
- Ensure that patient information received from specialist services are accurately recorded in the electronic records so that medicines are safely and accurately prescribed.
- Ensure that records are maintained to demonstrate that appropriate staff are employed by the practice.

- Improve the complaints process so that all complaints are managed in a timely way and in accordance with the policy so that learning is shared and actioned.

Action the service **SHOULD** take to improve

- Make information available to patients about chaperones on the practice's website.
- Implement a robust system to ensure that fridges remain at the correct temperature at all times.
- The recruitment policy should include guidelines on which staff roles require a check with the Disclosure and Barring Service.
- Care plans should be in place for all patients at high risk of unplanned admissions to hospital.
- Ensure audits of the completeness of clinical records are in place.

Family Healthcare Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Family Healthcare Centre

The Family Healthcare Centre (formerly known as Dr Keivan Maleki) at 1 East Anglian Way, Gorleston-on-Sea provides primary health care to 5360 registered patients. Four regular locum GPs provide additional medical support between one and three days each week. Three of the employed doctors are females to ensure that patients have a choice about the gender of the GP they see. Additional support is available from a nurse practitioner, two part time practice nurses and a part time health care assistant. A practice manager and team of administrative and reception staff complete the overall team. Training is provided to first year medical students throughout the year.

The practice holds a General Medical Services (GMS) contract to provide services. It is open between 8.15 and 6.30pm Monday to Friday. Extended hours surgeries are offered from 6-8pm on Wednesdays and Thursdays. The practice is closed at weekends. An out of hours service is provided by IC24 and can be accessed by patients if they call 111. If patients call the practice when it is closed, an answerphone message advises patients of the correct telephone number to ring depending on the circumstances.

This inspection took place to follow up on our concerns identified at our previous inspection on 28 October 2014 when the practice was rated as inadequate and placed into special measures for six months. The previous report can be found at www.cqc.org.uk

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme following completion of a six months special measures period. We inspected the practice to consider whether sufficient improvements had been made.

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)

Detailed findings

- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

Before visiting, we reviewed a range of information that we hold about the practice and asked them to provide an updated version of their action plan following the last CQC inspection. We also spoke with the local team at NHS England and local commissioners. We carried out an

announced visit on 14 September 2015. During our visit we spoke with a range of staff including GPs, the practice manager, administrative staff, receptionists and nurses. We also spoke with patients who used the service and two members of the patient participation group. We observed how people were being cared for and talked with carers and/or family members and reviewed the personal care or treatment records of patients.

Are services safe?

Our findings

Safe track record

The practice had a system in place to record any significant events and complaints. Records demonstrated that they were discussed at the practice's clinical meetings held each month so that the safety incidents could be shared with staff. The minutes of the meetings confirmed this. Staff also informed us the minutes were shared by email with all non clinical staff so that the information was shared across the team.

Staff told us they would inform the practice manager of any incidents and were aware that a recording form was available on the practice's computer system. There were named staff with responsibility for safety issues such as health and safety and infection control.

There were other systems in place to ensure that equipment was regularly checked and fit for use. Appropriate policies were in place to support this for example a policy for the maintenance and calibration of equipment.

Learning and improvement from safety incidents

The practice had a system in place for reporting and recording significant events and this was supported by a policy. We noted that the policy did not include details of the lead member of staff with overall responsibility for managing significant events. Records of the clinical meetings showed that significant events and complaints were discussed at the meetings to promote staff awareness and learning.

All staff were aware of the reporting system, they told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system. However following discussion with staff and a review of 14 incident forms, we found that staff were not always completing all of the relevant details in the incident reporting forms. We also found that an incident had been reported verbally by a member of staff but had not been recorded on the significant event log.

The significant event log summarised the issues, identified whether a complaint had been raised and gave a brief summary of the outcome and actions. The actions included providing feedback to other professionals to promote opportunities for learning and arranging refresher

training for staff. The details of learning could be improved by considering opportunities to audit and review practice in more depth for example by checking records of patient allergies in relation to medication.

National patient safety alerts were received by the practice manager, a secretary and the healthcare assistant. The practice manager cascaded relevant alerts by email to practice staff and requested a read receipt to ensure they had read them. A copy was placed on the staff noticeboard. We were told that if the alerts were regarding medicines, the lead GP raised these for discussion at clinical meetings although we did not see evidence of this.

Reliable safety systems and processes including safeguarding

The lead GP had overall responsibility for safeguarding adults and children and they were supported in this by a locum GP who had worked at the practice long term. The lead GP had not completed a level three safeguarding course although this was due to take place in November 2015.

Staff we spoke to about safeguarding procedures were knowledgeable in adult and child safeguarding issues, although records showed that not all staff had received relevant training. Access to the training was available and progress with staff's completion of it was being monitored. Staff knew how to access the relevant policies and procedures and how to report any safeguarding concerns. The policies in place included the contact details of external agencies with key responsibility for safeguarding. All members of staff were issued with a safeguarding pack that had been developed locally as a reference point. Staff were mindful about safeguarding the needs of vulnerable patients. Reception staff described a situation where a patient had not attended to collect their weekly prescription. They reported this to the GP who was able to check on the welfare of the patient.

The health visiting team were invited to the practice's clinical meetings although they did not attend on a regular basis. If there were any safeguarding concerns about children registered at the practice the health visitors contacted the practice and specific meetings were arranged with the multidisciplinary team if required.

There was a whistleblowing policy in place at the practice that guided staff to report any concerns to the practice

Are services safe?

manager or lead GP. If this was not appropriate, they were advised to approach external support and details of how to do this were included. Staff we spoke with were aware of the policy.

There were signs displayed in the waiting room to inform patients they could request a chaperone during their consultation if they wished to do so. 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. Information about the chaperone service was not available on the practice website to ensure it was more accessible to patients. Staff told us that GPs approached the nurses to undertake this role. We spoke with reception staff who told us they had not acted as a chaperone for several months and had not had training for several years. The practice manager confirmed that training was being arranged for these staff before they continued to provide this service to patients. We found that chaperone staff had not been risk assessed to confirm the level of criminal records check necessary for them to perform their role. These checks are completed to 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 might be vulnerable.

Medicines management

The practice must improve the way it manages medicines.

Since the inspection in October 2014, the practice had made some improvements to the safe management and storage of vaccines. A policy was in place to guide staff in monitoring the fridge temperatures and rotating the stock and a named member of staff had responsibility for completing this. The policy included details on the action required if the fridge temperatures registered outside of the safe temperature range. Twice daily checks were completed by staff and a monthly graph was printed each month so that performance checks of the fridge temperatures could be completed. Staff we spoke with were knowledgeable about their responsibilities.

Medicines stocked for use during clinics held at the practice were locked in the treatment room. A member of the nursing team performed regular checks to ensure that items were in date and could be tracked. All staff were responsible for ordering items to replace used stock.

Emergency medicines were stored with relevant emergency equipment which could be easily accessed by staff.

Appropriate medicines were available for use in an emergency situation and this included a supply of oxygen. Improvements had been made to ensure that regular checks were completed to ensure that these items were in date and fit for use.

The lead GP had overall responsibility for medicines management and prescribing at the practice. He told us that patients who were prescribed high risk medicines were monitored by the healthcare assistant (HCA) to ensure they attended for regular medication reviews. We spoke with the HCA about the systems used to complete these checks. Information from the long-term conditions registers were checked and plans were in place to introduce a recall system. No formal checks or audits had been completed within the last year for patients on high risk medicines with the exception of patients taking amiodarone (a medicine used for the management of abnormal heart rhythms).

Incoming mail that included changes to patients medication following discharge from hospital or specialist care were reviewed by a member of the administrative team and changes were made to prescriptions based on the content of the letters. This work was not formally checked by the GP although every repeat prescription was checked and signed by the lead GP before it was issued to the patient. New patients who registered at the practice were first seen by the HCA, and if they were taking regular medication they were also seen by a GP who reviewed the medicines being taken and recorded the information in the electronic patient record.

Cleanliness and infection control

Since the inspection in October 2014, the practice had reviewed responsibility for infection control and designated leadership had been allocated to the lead nurse who was supported by the HCA. The infection control policy had been updated to reflect this. We spoke with the leads and found they had completed a review of the policies for minor surgical procedures in partnership with the lead GP. This included clearly defined minor surgical procedures offered at the practice, the patient consent process, follow up of any pathology results and an annual audit plan. Risks had been considered to ensure that adequate controls were in place to prevent cross contamination risks for example preparation of the treatment room and the management of clean and dirty surgical instruments.

Are services safe?

The practice was visibly clean and patients we spoke with did not have any concerns about the standard of cleanliness. Staff followed guidelines for the safe disposal of waste. The practice employed an external cleaning contractor who followed regular cleaning schedules. Checks of the standard of cleanliness were completed for each room by the practice staff and this was recorded on the cleaners logs. The practice manager and infection control leads had regular informal contact with the cleaner to feedback on relevant issues.

The responsibility for cleaning clinical areas and equipment was shared by the clinical staff and task sheets were in place to record when this had been completed. This included regular cleaning of equipment such as stethoscopes and spirometers. The infection control leads ensured these were being completed regularly.

The practice had sought an external advisor to complete an infection control audit in April 2015. This resulted in an overall score of 94%. Some issues were identified for example there was no comprehensive written cleaning standards for clinical areas and the environment required a declutter. The infection control lead told us most actions had been addressed but there was no action plan in place to demonstrate this or ensure that actions were completed.

We found that an assessment of Legionella risk had been completed in January 2013. Since the inspection in October 2014, the responsibility for checking water temperatures had been designated to the cleaner. However there was no further evidence to demonstrate that the recommendations in the risk assessment had been considered or that actions had been taken. The practice manager agreed that further management of these issues were required so that the practice could be assured that all Legionella risks were actioned.

The practice had reviewed the Hepatitis B immunisation status for staff and a record was in place. Some staff in non-clinical roles had not been immunised and a risk assessment had been completed by the practice manager demonstrating that they were in a low risk role. Most clinical staff had immunity but there was no recorded status for two of the locum GPs. The practice manager was in the process of seeking this information at the time of our inspection.

Equipment

The practice had a range of medical equipment that required regular calibration to ensure the items remained in good working order. We found that most of these items had been tested within the last year for example weighing scales and the spirometer.

We saw that staff completed regular checks of the equipment used in an emergency situation and other clinical equipment to ensure it was clean and in safe working order.

The practice had devised an asset register that included items of equipment, computer hardware, software and staff with passcodes so that all items could be tracked for maintenance and safe management.

Electrical safety tests of all the electrical items within the practice had been completed in September 2015. Records from the external assessor had not yet been received by the practice.

Fire fighting equipment had been regularly serviced to ensure it was fit for use in an emergency situation. Most staff had completed fire training and the rest were booked to attend this within the following few days of our inspection. The practice had designated two members of staff to be fire marshals and they were due to attend training about this role in October 2015.

Staffing and recruitment

The practice had recruited a locum GP since the previous inspection in October 2014. We reviewed the records and found they were registered on the local performers' list although there was no records of an interview process, their employment history and skills or a photograph to prove their identity. Staff turnover was very low and the practice manager told us that all existing staff had been in post for three years or more. The recruitment policy had been reviewed although we noted there was no date on the policy. The policy still did not include details of which staff required criminal records checks with the Disclosure and Barring Service (DBS) or refer to risk assessment of each staff role. However, the practice had introduced an annual declaration for staff to complete so that any convictions were shared before their DBS was renewed every three years. We found that progress had been made to ensure that staff had received a relevant DBS check and most of

Are services safe?

these were in place. However one locum GP required a renewed check and the practice were progressing this. Reception staff had received a standard check and required an enhanced check if they acted as a chaperone.

The practice employed three other long term locum GPs. We checked their personnel files and found they had all been employed by the practice for the last two years. There was limited evidence of the checks made at the time of their recruitment and this was in line with findings at the previous CQC inspection. Since then some checks had been progressed although there were still some gaps in key information that the practice should have monitored. The practice manager sent an updated checklist following the inspection to demonstrate that this was being progressed. The information demonstrated there was a record of all the GPs registration with the General Medical Council and their qualifications. They had all signed a contract with the practice and attended a one to one meeting with the lead GP in the last three months. However, other key information was not recorded. For example there was no record of the Hepatitis B immunity for two GPs and there were gaps in the records to indicate when they had last received an appraisal or revalidation. The practice manager sent an updated checklist following the inspection to demonstrate that this was being progressed.

Monitoring safety and responding to risk

We found the practice were developing systems, processes and policies to manage and monitor risks to patients, staff and visitors to the practice. They had improved systems for the safe management of equipment and medicines and had also assessed environmental risks around the building. Fire safety equipment was regularly inspected and most staff had received fire training or were due to complete this within the next month. Health and safety information was displayed for staff to see and there was an identified health and safety representative. However we found that Legionella risks required a review.

The practice had not developed a risk log to document and mitigate risks associated with the service and staffing changes such as unplanned illness. The practice manager informed us this work was on hold until the business development plan became clearer.

The lead GP reviewed all new patient records and completed face to face consultations with new patients who took multiple medications or those with more complex health needs. This ensured that any risks to the safe management of their on-going health needs were assessed and management plans identified.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to manage emergencies. Records showed that all staff had received training in basic life support. Emergency equipment was available including access to oxygen and an automated external defibrillator (used in cardiac emergencies). Staff were all aware of the location of this equipment and records confirmed that it was checked regularly.

Emergency medicines were accessible to staff in a secure area of the practice and all staff knew of their location. These included those for the treatment of cardiac arrest, anaphylaxis and hypoglycaemia. Processes were also in place to check whether emergency medicines were within their expiry date and suitable for use. All the medicines we checked were in date and fit for use.

Staff had received training in dealing with emergency situations. This included the reception staff who might receive emergency calls or be required to call for an ambulance, or know what action to take to address urgent requests for sick children. Staff we spoke with were able to confirm their knowledge of these arrangements.

A business continuity plan was in place that also covered any major events such as disruption to utilities, flooding and the incapacity of staff. This was widely available to all staff and the management team held copies of staff contact details.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The management team told us they had implemented a system to ensure that new national best practice guidelines were shared with staff by email and discussed at the monthly practice meetings. This included guidelines from the National Institute for Health and Care Excellence (NICE) and from local commissioners. However, when we spoke with clinicians this view was not consistent and we did not see evidence that the guidelines were discussed at clinical meetings.

All new patients had their health information reviewed by the lead GP to ensure that those with continuing health needs were identified and monitored. This included patients with long term health conditions who may require regular checks by the practice nursing team.

Hospital discharge letters were all reviewed by the lead GP so that information about their health needs were known and action by the practice team put into place.

The practice participated in a scheme to help prevent vulnerable patients having unplanned hospital admissions. Records showed that approximately 30% of these patients had a care plan in place to ensure that the multidisciplinary team were able to meet their needs and assist in reducing the need for them to go into hospital. The practice had not been able to progress this work in the last few months due to limited staff capacity.

Interviews with GPs showed that the culture in the practice was that patients were cared for and treated based on need and the practice took account of patient's age, gender, race and culture as appropriate.

Management, monitoring and improving outcomes for people

Since the last inspection in October 2014, the practice had implemented a clinical audit programme. We saw that the first cycle had been completed for five audits and one two cycle audit had been completed. Examples of clinical audits included monitoring patients taking amiodorone (high risk medication) and complications experienced by patients following joint injections. We found the results had been discussed at practice meetings and there was evidence of learning and change in practice.

Following the last inspection the practice suspended their minor surgery service because they did not have clear systems and processes in place to follow up the specimens sent for laboratory testing after their procedure so that patients received treatment in an appropriate and timely way. Although the service remained suspended at the time of this inspection, written guidelines had been developed to rectify the situation and were available to guide staff when the service is restarted.

The practice worked with the Clinical Commissioning Group (CCG) to monitor and improve prescribing practice and the lead GP attended prescribing meetings. We saw evidence that the practice had decreased the level of prescribing for hypnotic medicines so that this met national average rates. Other prescribing practices monitored by the CCG demonstrated the practice were within the expected prescribing range.

Since the last inspection the lead GP had made changes to involve the long-term locum GPs in clinical meetings and audits so that they were more involved in reviewing patients' needs and providing continuity of care to benefit patients.

The practice had improved their focus on monitoring Quality Outcome Framework (QOF) performance during the year and produced an action plan which was reviewed monthly at staff meetings. This information enabled them to focus on the targets and benchmark their performance against national screening programmes to monitor outcomes for their patients.

The practice were developing processes such as clinical audit, staff supervision and staff meetings to assess the performance of clinical staff. The staff we spoke with told us they had benefitted from the changes and felt they worked more closely by sharing knowledge and experiences.

The practice followed the gold standards framework for end of life care and had a palliative care register in place. These patients were reviewed as part of the regular multidisciplinary meetings to ensure that the care and support needs of patients and their families were being met.

Effective staffing

The practice had made some improvement to the induction, training and appraisal systems used to support staff development.

Are services effective?

(for example, treatment is effective)

The practice had developed a new induction pack for staff to support them as employees. This included for example, policies and procedures relating to information governance, business continuity plans and annual/ sick leave. All existing staff had been supplied with a pack and any new staff also received one. Staff were required to sign for receipt of the pack.

The policy to support an annual appraisal process for staff had been reviewed and an appropriate framework was in place to ensure that the appraisee had sufficient opportunity to reflect on their performance and identify on-going development. The responsibility for completing appraisals had been shared between the practice manager, lead GP and lead nurse. We spoke with staff who confirmed they had received an appraisal and additional evidence showed the process had been 94% completed.

The learning needs of staff were identified through the appraisal process and we found examples where individual staff members had identified or received training specifically to enhance their role. For example, a diploma course in asthma care and in using excel documents. The practice had also arranged for staff to receive mandatory training through an on-line training programme as well as some face to face training sessions. The training database indicated that progress had been made with completing some areas of training. However, some significant gaps remained outstanding at the time of the inspection. For example, annual training for clinical staff in emergency procedures was overdue for one member of staff and there was no record of training for two others. There were gaps in safeguarding adults and children training. Few staff had completed equality and diversity, health and safety or conflict resolution training. The practice manager had a system in place to monitor progress with the training and share the data with the wider team about the completion rates. This ensured that staff remained focused on progressing the required training.

The practice had a process for managing poor performance of staff. We saw this had been used to support improvement.

Some key roles such as the practice manager and nurse practitioner had been reviewed and new job descriptions agreed. There were plans to review the job roles with each post holder in the coming months.

The lead GP had held one to one meetings with the locum GPs to discuss their performance and support needs. This was planned to continue annually.

Working with colleagues and other services

The practice had reviewed how they worked with colleagues and other service providers to ensure that patients' needs were being met. The responsibility for managing electronic and postal information, for example, discharge summaries and X-ray results, was now shared with the long-term locum GPs. This meant that patients were more likely to receive continuity from a GP with any follow up care they required. Each day the practice designated a GP to be 'on call' to address any urgent actions following receipt of information for example from the out of hours team.

The responsibility for completing any referral letters was shared with the long term locum GPs and we reviewed evidence to demonstrate a system was in place to ensure that these letters were sent in a timely manner.

The practice had established regular multidisciplinary meetings that involved external professionals such as the palliative care nurse and community nursing staff on a regular basis. These meetings were used to review the care and support for patients with complex needs. Social service staff also attended on occasions.

Information sharing

The practice used electronic systems to communicate with external providers. For example, there was a shared system with the local GP out-of-hours provider so that information could be shared securely and without un-necessary delays. Information was also shared with the ambulance service regarding patients with complex needs so that appropriate levels of support could be actioned.

For patients who were referred to hospital in an emergency there was a policy of providing a printed copy of a summary record for the patient to take with them. Staff used an electronic patient record to coordinate, document and manage patients' care and were competent to use the system. This software system enabled scanned paper communications, such as those from hospital, to be saved into patient records for future reference. The practice had not completed any audits to assess the completeness of these records so that any shortfalls could be addressed.

Are services effective?

(for example, treatment is effective)

Electronic systems were also in place for making referrals through the Choose and Book system. (The Choose and Book system enables patients to choose which hospital they will be seen in and to book their own outpatient appointments in discussion with their chosen hospital). One administrator had responsibility for these arrangements and others were being trained to provide cover. There were no written guidelines in place for staff to follow.

Consent to care and treatment

Since the last inspection the staff had attended training in the Mental Capacity Act 2005 so that staff increased their understanding of a patient's right to make their own decisions and how to empower or support them. We spoke with staff who told us the training had been helpful and were able to outline the principles it had covered.

Staff were aware of the forms of consent for example implied consent or verbal consent. They were also mindful of the Gillick competency test. (These are used to help assess whether a child under the age of 16 has the maturity to make their own decisions and to understand the implications of those decisions). By following these principles children were supported to make decisions about their own health at an appropriate age. Staff described issues they had experienced when consent for treatment of fostered children became unclear and further advice was sought from members of the multidisciplinary care team.

The consent policy at the practice had been reviewed and now reflected the principles of the Mental Capacity Act 2005. We saw examples where written consent had been gained from patients who had attended the practice for a joint injection. The forms were also appropriate for minor surgical procedures.

Health promotion and prevention

The practice offered a health check to all new patients who registered with them. The GP was informed of all health concerns detected and these were followed up in a timely way. GPs also used their contact with patients to help

maintain or improve mental, physical health and wellbeing. For example, we spoke with a patient who told us they had received support through the practice to stop smoking since they had registered with them.

The practice also offered NHS Health Checks to all its patients aged 40 to 75 years. Practice data showed that 78 patients in this age group had taken this up this offer during April 2014 and March 2015. A process was in place to follow up patients within three weeks if they had risk factors for disease identified at the health check.

The practice's performance for the cervical screening programme was 81.9% compared to 78% that was noted at the last inspection. Patients were followed up by the nurse practitioner supported by administrative staff. The practice also encouraged its patients to attend national screening programmes for bowel cancer and breast cancer screening and the patient participation group provided their support to promote these initiatives and arrange drop in sessions for people with long-term conditions.

The practice offered a full range of immunisations for children, travel vaccines and flu vaccinations in line with current national guidance. Last year's performance was for childhood immunisation rates were:

- Vaccinations given to children under five ranged from 89.3% to 96.7%. These were comparable to CCG/ National averages.

The practice nurses offered clinics for patients with long-term conditions such as asthma and diabetes. A diabetes nurse specialist visited the surgery to advise staff and patients who were having difficulties managing their condition. This helped to prevent patients from being referred to secondary care and provided lifestyle advice. Patients could also be referred to the health trainer who was available at the practice on a weekly basis.

A selection of varied information leaflets were available to patients in the waiting room and others were provided to patients opportunistically during patient appointments. For example we saw leaflets about smoking cessation, the shingles vaccination, child bereavement and coping with memory loss.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We reviewed the results of the national GP patient survey in July 2015 where the practice had received a response from 125 patients. We found that the response of patients to caring questions rated similar to or slightly higher than national average scores for patients experience of seeing a GP or practice nurse. For example 96.9% of respondents said that the last nurse they saw was good at listening to them compared to England average scores of 91%.

We spoke with six patients during our inspection who gave very positive feedback about their experience of using the service. Patients told us that staff had a welcoming attitude, were helpful and always gave them enough time to ask questions and provide them with a response.

We left CQC comment cards at the practice for one week prior to the inspection but did not receive any comments.

We observed staff greeting patients in the waiting room in a friendly and welcoming manner. It was clear that staff had a good rapport with many of their patients and seemed to know them well. Background music played in the waiting room to help reduce the focus of conversations at the reception desk. However, it was difficult to avoid other hearing conversations due to the layout of the area. The practice had a notice in place asking patients to approach the desk one at a time in an attempt to limit conversations being overheard. Staff we spoke with were mindful of confidentiality issues and told us they could access a separate and more private room if appropriate or at a patient's request.

Staff told us that all consultations and treatments were carried out in the privacy of a consulting room. We saw that disposable curtains were provided in consulting rooms and treatment rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We also noted that consultation / treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

The practice displayed a notice in the patient reception area stating the practice's zero tolerance for abusive behaviour. Staff were aware of using this policy to help diffuse potentially difficult situations.

Care planning and involvement in decisions about care and treatment

The results of the national patient survey in July 2015 showed the practice scored similarly to or slightly below national average scores in relation to the information they received. For example 80.1% of respondents said the last GP they saw or spoke to was good at explaining tests and treatments. This compared to national average scores of 86.3%.

Patients we spoke with told us they always received good levels of information. This included a patient who had a long term condition who told us they had received sufficient levels of information and were supported to manage their condition. Two patients had experience of being referred to hospital for further tests or treatment. They told us this had gone very smoothly and staff had ensured they understood their treatment choices and the referral arrangements.

Staff told us that translation services were available for patients who did not have English as a first language although they had very few registered patients who may have need of the service.

The practice had reviewed the arrangements for working with the multidisciplinary team to ensure that care was planned in partnership with the wider team with the best interests of the patient in mind. Records we reviewed supported planned care arrangements and patient preferences.

Patient/carer support to cope emotionally with care and treatment

The GP patient survey information we reviewed showed patients were positive about the emotional support provided by the practice and rated it well in this area. For example 82.9% said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85.1%. They also said that the last nurse they spoke to was good at treating them with care and concern scoring the practice at 95.8% compared to a national average of 90.4%.

The patients we spoke with on the day of our inspection supported this view and told us that staff were responsive when they needed help and provided support when required.

Are services caring?

Notices in the patient waiting room told patients how to access a number of support groups and organisations. Staff were supportive to patients with caring and could signpost them to local carer support groups, social service teams or the health visitor for family support.

Support sessions were provided at the practice by a local community advocate to talk with patients and signpost

them to support groups related to their health needs or to receive advice on financial matters. The practice also had plans to hold a drop in session for patients with long term conditions to seek advice or information about support networks of a non-clinical nature.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

During the last year the practice had increased the level of engagement with the NHS England Area Team and Clinical Commissioning Group (CCG) to discuss local needs and service improvements in response to receiving an inadequate rating from CQC. We received feedback from them that recognised the high level of commitment the practice had demonstrated towards improving the service so that it was more responsive to patients' needs.

Systems in place at the practice had improved for example multidisciplinary meetings were strengthened, included a range of community staff and followed a structure to ensure that patients' needs and preferences were considered (such as by following the gold standards framework for end of life care). The long-term locum GPs had taken responsibility for being a named GP so that patients had a more consistent and personal service.

Since the last inspection the practice had developed closer links with its patient participation group (PPG). This is a group of patients registered with a practice who work with the practice to improve services and the quality of care. We spoke with two PPG members who told us they felt more valued and involved in the practice. The group consisted of eight patients from a variety of backgrounds. They met more frequently with practice staff and were also part of a newly formed service development group. This group aimed to look at improvement issues with key members of the practice team. The first project they have started to address was the appointments system and PPG members were there to represent patients' views. The practice staff had also supplied the PPG with data about their non attendance rates for appointments. The PPG had devised a poster that was displayed in the waiting room to highlight the costs of such missed appointments. To date, the number of non attendance had reduced each month.

Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its services and provided double appointments if requested, for example for patients with a learning disability accompanied by a carer. Double appointments were not routinely offered. The majority of the practice population were English speaking patients although staff could recall occasions when they had

accessed a telephone translation service. The lead GP also spoke six other languages including Russian and Hungarian. Staff were aware of when a patient might require an advocate to support them and there was information on advocacy services available for patients.

Facilities at the practice were all on one level and we noted that these were accessible to patients with mobility difficulties. There were access enabled toilets and baby changing facilities. The reception desk did not have a low level area for easier communication with patients such as those using a wheelchair. Staff were mindful of this and did their best to meet patients in the waiting room to talk with them.

Staff told us that they did not have any patients who were of "no fixed abode". It was their policy to see someone if they came to the practice asking for an appointment and would register the patient so they could access services.

There were male and female GPs in the practice; therefore patients could choose to see a male or female doctor.

The practice staff had access to provided equality and diversity training through the e-learning programme although few had completed this at the time of the inspection. Staff we spoke with were able to describe ways they supported patients to avoid discriminatory practice for example due to their sex, gender, disability, sexual orientation or age.

Access to the service

The practice opened its doors from 8.15 to 18:30 each week day although emergency phone and enquiry lines were open from 8am. Extended hours appointments with a GP could be booked for two evenings each week. When the surgery was closed out of hours cover was accessible to patients by calling 111. This service was provided to the area by IC24. Details explaining this arrangement were available in the practice leaflet and on the website. If patients called the practice when it was closed, an answerphone message gave the telephone number they should ring depending on the circumstances.

Comprehensive information was available to patients about appointments on the practice website. This included how to arrange urgent appointments and home visits and how to book appointments through the website. Home visits were made to two local care homes on a specific day

Are services responsive to people's needs?

(for example, to feedback?)

each week, by a named GP and to housebound patients who were unable to get to the surgery. If patients gave their permission, the practice sent text message reminders to patients about their appointment times.

The National patient survey information we reviewed showed patients responded less well than national averages in response to questions about access to appointments. For example:

- 62.1% described their experience of making an appointment as good compared to the CCG average of 78.9% and national average of 73.8%.
- 56.3% said they usually waited 15 minutes or less after their appointment time compared to the CCG average 63.3% and national average of 65.2%.
- 67.9% said they could get through easily to the surgery by phone compared to the CCG average of 81%% and national average of 74.4%.

Patients we spoke with described similar experiences. They confirmed that they could see a doctor on the same day if they felt their need was urgent although this might not be their GP of choice. They also said they could see another doctor if there was a wait to see the GP of their choice. Routine appointments were available for booking two weeks in advance.

The practice staff told us they knew their patients very well and made every effort to be flexible to meet their needs. For example some patients with a learning disability became distressed if they had to wait for their appointment in the reception too long. Staff made effort to ensure they were seen quickly or that they attended at quieter times of the day.

The practice were aware of the feedback from patients about the appointments system and had started to review the issue. Staff had worked with the PPG members to try and make best use of available appointments and highlight a problem with the high number of missed appointments. A poster was produced by the PPG and displayed in the waiting room for patients. It detailed the cost of each appointment and highlighted the importance of using practice resources by attending or cancelling appointments. Since this was displayed, the number of booked appointments not attended by patients had continued to drop.

Listening and learning from concerns and complaints

Information for patients on how to raise a concern, provide feedback or make a complaint was available on the practice website. Patients were able to do this by completing a secure form that was sent to the practice manager. There was a poster displayed in the waiting room which gave a clear outline of the complaints procedure. This was called an “informal complaints procedure” which could mislead patients into thinking that complaints could be handled in different ways. None of the patients we spoke with had raised a complaint with the practice.

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures had not been reviewed since the last inspection although the practice had made some improvement in developing a complaints management process since that time. There was a designated responsible person who handled all complaints in the practice however further improvement was needed to ensure that a robust process was embedded into practice.

We looked at 11 complaints received between January and September 2015 which had been summarised on a spreadsheet. Supporting documents were also filed although these were not well organised making it difficult to track the actions taken. We found that complaints were not always handled in line with the practice policy. For example written complaints should be acknowledged within three days and investigations concluded within 28 days if possible. Five of the complaints had not been closed within 28 days and there were no records to explain the reasons for the delay.

Staff told us that complaints were reviewed as part of clinical meetings. However we saw limited evidence of this. The complaints log did not identify clear learning points, changes made to improve practice or dates where the issues could be reviewed to demonstrate that learning had taken place.

Some patients contacted the patient participation group (PPG) to give them feedback about their experiences of the service. The PPG told us they recorded these and shared the details with the practice manager. Issues were discussed at the practice meetings.

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

We found the practice were developing a clear vision to provide high quality effective care to their registered patients. They had identified their values and these were displayed for staff and patients within the practice and on the website. These reflected the six Cs adopted by the NHS; caring, compassion, competence, communication, courage and commitment. Core values had also been incorporated into the staff appraisal system to help them become embedded into everyday practice.

Due to difficulties in recruiting additional GP partners, the future of the practice was uncertain. The practice had taken steps to consider possibilities for its future and this could mean merging with another practice and relocating. However, these changes were part of a wider picture within the local area and progress was in the early stages. The practice had shared information to reassure patients that they would be fully informed and consulted once a plan was in place.

Governance arrangements

The GP and practice manager both had an active role in overseeing the improvements identified within their action plan following the last CQC inspection. They had also sought advice and support from external professionals from other practices, the clinical commissioning group (CCG) and NHS England.

We found that improvement had been made to the systems for monitoring the quality of the service. This included using the Quality and Outcomes Framework (QOF) to measure practice performance. (QOF is a voluntary incentive scheme which financially rewards practices for managing some of the most common long-term conditions and for the implementation of preventative measures). The QOF data for this practice showed its performance was improving although there was room for further improvement. We saw that performance was regularly discussed at the clinical meetings and priority areas were displayed for staff so that they could focus on improving outcomes for patients.

The practice had also identified an on-going programme of clinical audits. Five out of six audits had been completed

once and one had been conducted through a second audit cycle. Records showed that the audit outcomes were discussed at meetings and there was evidence of learning and changes in practice.

The practice had identified and managed risks in relation to fire and the safety of the environment. However, further work was required to address and manage the risks of legionella. Risks to the smooth operation of the service such as unplanned staff sickness, had not been recorded to ensure that actions to mitigate the risks were in place.

The practice held monthly staff meetings where governance issues were discussed. We looked at minutes from these meetings and found that performance, quality and risks had been discussed. However we found that some quality monitoring processes were not effective in some areas for example, staff did not always complete significant event forms in detail, the work of administration staff was not checked to ensure that changes to patient medication was accurately recorded, there were no written procedure to guide staff using the choose and book system, the recruitment policy had not been followed.

Leadership, openness and transparency

The practice had reviewed their leadership structure with named members of staff in lead roles. For example, they now had a designated lead nurse who also acted as the lead for infection control and the senior partner was the lead for clinical governance supported by a long term locum GP. The lead roles were displayed for staff reference. When we spoke with staff they were clear about their own roles and responsibilities and the lead roles within the practice. They also told us they attended regular meetings across the practice and within their own departments. This had improved communication and enabled staff to take shared responsibility for improving the service for patients.

Staff told us the lead GP and practice manager were visible and approachable and they felt more involved as a team in the day to day running of the practice. We found that regular staff meetings took place and these demonstrated that staff were involved and were consulted on ways to improve the service and the experience of their patients.

We saw from minutes of staff meetings that these were held every month. Staff told us that there was a more open

Are services well-led?

Requires improvement 

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

culture within the practice, they had the opportunity to raise any issues and were confident in doing so. Staff said they felt respected, valued and supported and that teamwork and communication had improved.

Practice seeks and acts on feedback from its patients, the public and staff

The practice had gathered feedback from patients through the patient participation group (PPG) and complaints received. A PPG is a group of patients registered with a practice who work with the staff to improve services and the quality of care.

Since the publication of the previous inspection report, the practice had met regularly with the PPG and adopted a more open approach to working with them. We spoke with two members of the PPG who were very positive about the role they played and told us they felt more engaged with staff and as a result, they felt valued and respected for the skills and experience they could offer.

The PPG at the practice took an active role in gathering feedback from patients about their experiences of using the service. They provided a weekly 'drop-in' service and information on how to make contact with them was clearly displayed in the waiting room and on the website. Patients provided the group with feedback through written comments posted in the PPG's feedback box or phone calls to group members. The feedback ranged from positive comments about the dedication and care shown by named members of staff to concerns about the future of the practice. These were passed onto the practice and discussed at the meetings if appropriate to do so.

The practice had recently formed a service development group that included a PPG member. The first planned project was a review of the appointments system.

We also saw evidence that the practice displayed its monthly results from the national friends and family test in the waiting room. The amount of feedback received from patients using this survey was minimal. The feedback showed that most patients were likely or extremely likely to recommend the service.

Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and the management team. They told us they felt more involved and engaged in the practice to improve outcomes for both staff and patients.

Management lead through learning and improvement

Staff told us that the practice supported them to maintain their clinical professional development. There was access to online training and some practice based training sessions had also been arranged. For example the lead nurse had identified that the practice had a higher than average number of patients with chronic obstructive pulmonary disease and arranged for clinical staff to attend a training update session to help improve the management of patients with this condition.

We looked at four staff files and saw that training certificates were held on file. All staff had completed several mandatory training sessions in accordance with the practice's expectations within the last year. A system was in place to monitor progress with mandatory training and although progress had been made several areas of key training remained outstanding. An appraisal system had been recently implemented and all staff with the exception of the practice manager, had received their appraisal. The practice manager's appraisal was due in three months time to review the revised job description.

Both the lead GP and practice manager had enrolled on a part-time leadership course that was due to commence in a few months time. They had also taken opportunities to seek support within the local area to reflect on the management of the practice, learn from colleagues and introduce a number of changes. Staff we spoke with at the practice had welcomed this change and felt more supported. The practice had made improvements to their internal systems of communication and their formal meeting structures.

We found that further improvement was needed to ensure that learning from complaints and significant events was clearly identified and actioned. This would enable staff to focus on opportunities to take action and improve patient care.

The practice was a GP training practice although since the last inspection only first year medical students had attended the practice. They were supported by the lead GP.

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

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Non-clinical staff who acted as chaperones had not received training and a risk assessment so that an appropriate level of criminal records check was completed before they undertook the role.

Regulation 12 (2)(b)

Regulated activity

Regulation

Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints

Complaints were not always managed in a timely manner or in line with the practice complaints policy. Learning points were not always clear and the detail of actions taken were not well recorded.

Regulation 16 (1)(2)

Regulated activity

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Systems had not been established to manage and monitor risks to the quality and safety of the service in relation to legionella management and business continuity.

Incident reporting procedures were not always followed by staff to ensure that concerns were adequately reported.

There were no checks in place to ensure that patient information received from specialist services were accurately recorded.

This section is primarily information for the provider

Requirement notices

Records had not been maintained to demonstrate that safe recruitment procedures were followed.

Regulation 17 (2)(b)(d)