

Circuit Lane Surgery

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

Inadequate



Are services safe?

Requires improvement



Are services effective?

Inadequate



Are services caring?

Inadequate



Are services responsive to people's needs?

Inadequate



Are services well-led?

Inadequate



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 Circuit Lane Surgery on 24 January 2017. The overall rating for the practice was inadequate and the practice was placed in special measures for a period of six months and specific conditions were applied to the registration of the practice.

On 2 June 2017 we carried out a focused inspection at Circuit Lane Surgery to determine whether the practice was meeting the conditions applied following the January inspection. At that time we found some improvements and three of the six conditions applied were removed. However, the practice had not made sufficient improvements and remained in special measures. Both reports from the January 2017 and June 2017 inspections can be found by selecting the 'all reports' link for Circuit Lane Surgery on our website at www.cqc.org.uk.

This inspection was undertaken following the period of special measures and was an announced follow up comprehensive inspection on 12 October 2017. Overall the practice continues to be rated as inadequate.

Our key findings were as follows:

- There was a system in place for reporting and recording significant events.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment.
- The practice had adequate arrangements in place to respond to emergencies and major incidents.
- The GPs and nursing staff had access to relevant and current evidence based guidance and standards. However, the care of patients diagnosed with asthma did not always follow these guidelines.
- 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 data from the QOF year April 2016 to March 2017 showed performance had fallen from the previous year. The practice was an outlier for meeting indicators of care

Summary of findings

for patients diagnosed with asthma and diabetes. Data supplied by the provider for the period April 2017 to October 2017 showed that overall the practice has made an improvement on the previous year.

- The practice had a clear and safe procedure for medicine reviews.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. However, the clinical pharmacist and senior advanced nurse practitioner did not receive or access clinical supervision.
- 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.
- Staff sought patients' consent to care and treatment in line with legislation and guidance. Although further understanding of the Mental Capacity Act 2005 was needed.
- We observed members of staff were courteous and helpful to patients and treated them with dignity and respect.
- Results from the national GP patient survey were consistently below local and national averages.
- The practice had a system in place for handling complaints and concerns. There were notes of meetings where complaints were discussed and learning shared.
- The provider's vision to deliver high quality care and promote good outcomes for patients but this was not always supported by effective leadership and governance processes.
- There were arrangements for identifying, recording and managing risks within the practice. However, some risks were not addressed in a timely way. For example, the risk associated with patients waiting for long periods of time on the phone to seek advice or book appointments.

- Practice specific policies were implemented and were available to all staff.
- The practice had used most of their resources since the inspection in January addressing the areas of high risk and the clinical and administrative backlog.

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

Importantly, the provider must:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care
- Ensure care and treatment is provided in a safe way to patients

In addition the provider should:

- Operate a system of providing clinical supervision that is received and accessed by all relevant staff.

This service was placed in special measures in January 2017. Insufficient improvements have been made such that there remains a rating of inadequate for provision of effective, caring, responsive and well-led services. Therefore we are taking action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within six months, and if there is not enough improvement we will move to close the service by adopting our proposal to vary the provider's registration to remove this location or cancel the provider's registration.

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 service had taken some actions to improve safety. However, it is now rated as requires improvement for the provision of safe services.

- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- 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.
- The practice had adequate arrangements to respond to emergencies and major incidents.
- Risk assessments associated with the premises had been completed and recommendations were implemented. Although fire drills had not been completed in accordance with the risk assessment schedule.
- A couch constructed of permeable material had not been identified as a risk during the audit of control of infection.
- That the number of events reported in September had risen to 14 from the six reported in the previous month of August.
- The contact details for the local safeguarding team were not up to date in one of the clinical rooms.

Requires improvement



Are services effective?

The service had taken some action but these had not resulted in sufficient improvements and the practice remains rated inadequate for the provision of effective services.

- There was a system in place to carry out medicine reviews. Data showed an improvement in completing these reviews.
- The system for producing repeat prescriptions was being operated effectively.
- Data showed the practice to be below average in achieving outcomes for patients diagnosed with long term conditions. For example those diagnosed with asthma and diabetes.

Inadequate



Summary of findings

- Prescribing audits carried out but these had yet to be repeated. It was therefore, too early to evaluate whether clinical audit was driving quality improvement. We noted that the audits were scheduled to be repeated at a later date. We also saw an audit programme that operated at provider level but had yet to be instituted within the practice.
- Staff received training relevant to their roles and responsibilities.
- Clinical supervision was not received or accessed by all staff.
- Best practice guidance was made available to all clinical staff. However, it was not always followed when reviewing the care of patients with long term conditions. Patients in these groups remained at risk from inconsistent delivery of assessment and review of their conditions.

Are services caring?

The service remains rated as inadequate for the provision of caring services.

- Data from the national GP patient survey showed patients rated the practice lower than others for some aspects of care. For example, 64% 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 national average of 86%.
- The majority of patients said they were treated with compassion, dignity and respect. However, not all felt they had time to discuss their care or were listened to.
- Results from the national GP patient survey showed patients responded negatively to questions about their involvement in planning and making decisions about their care and treatment. Results were below the local and national averages.
- We observed members of staff were courteous and helpful to patients and treated them with dignity and respect.

Inadequate



Are services responsive to people's needs?

The service remains rated as inadequate for the provision of responsive services.

- The practice was aware of the difficulties patients encountered when trying to gain access for advice and appointments by telephone. However, the telephone access issues had not been resolved in a timely manner.
- Feedback from patients reported that access to a named GP and continuity of care was not always available quickly, although urgent appointments were usually available the same day.

Inadequate



Summary of findings

- Information about how to make a complaint was available for patients.

Are services well-led?

The service remains rated as inadequate for the provision of well-led services.

- The provider's vision to deliver high quality care and promote good outcomes for patients was not always supported by effective leadership and governance processes.
- Governance systems did not fully support the delivery of effective, caring and responsive care.
- Response to feedback from patients and staff was not always completed in a timely manner.
- The risks arising from patients being able to access the practice by telephone for advice, support and appointments had not been appropriately assessed. Action to improve access by telephone had not been completed.
- Monitoring systems had not identified poor outcomes for some patients with long term conditions arising from national indicators.

Inadequate



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 provider was rated as inadequate overall and this affected all patients including this population group.

There were some examples of good practice.

- There was a system to prioritise older patients for appointments.
- The practice offered home visits and urgent appointments for those with enhanced needs.
- We saw hospital admissions, letters from specialists and paramedic correspondence was now acted on promptly which reduced the risks for this population group.
- The practice identified older patients and coordinated the multi-disciplinary team (MDT) for the planning and delivery of palliative care for patients approaching the end of life.
- We saw unplanned hospital admissions and re-admissions for the over 75's were regularly reviewed and improvements made.

However,

- Telephone access for older people who found it difficult to attend the practice was difficult.

Inadequate



People with long term conditions

The provider was rated as inadequate overall and this affected all patients including this population group.

- Longer appointments and home visits were available when patients needed them.
- The number of structured annual reviews carried out for patients with long term conditions was below average when identified from national indicators.
- The practice performance for diabetes indicators was 64% which was significantly below the local clinical commissioning group (CCG) average of 92% and national average of 91%.
- There was evidence disease specific guidelines were not always being followed.
- Telephone access for people with long term conditions who had difficulty attending the practice was difficult.

Inadequate



Families, children and young people

The provider was rated as inadequate overall and this affected all patients including this population group.

Inadequate



Summary of findings

There were some examples of good practice:

- Immunisation rates for children were meeting the national targets. For those aged 24 months 94% and those aged five 90%. (The national target is 90%)
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives and health visitors to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.

However,

- National indicators showed below average performance in supporting patients diagnosed with asthma. For example, the practice had undertaken 62% of the annual reviews, using national guidance, of patients with asthma compared to the CCG average of 70% and national average of 71%.
- Parents needing to seek urgent advice or an appointment had difficulty accessing the practice by telephone.

Working age people (including those recently retired and students)

The provider was rated as inadequate overall and this affected all patients including this population group.

There were some areas of good practice:

- The practice offered evening appointments on a Monday and Thursday every week and alternate Saturday morning appointments were available.
- The practice was proactive in offering online services for repeat prescriptions as well as a range of health promotion and screening that reflects the needs for this age group.

However,

- Access to the practice by telephone was difficult for patients that worked.

Inadequate



People whose circumstances may make them vulnerable

The provider was rated as inadequate overall and this affected all patients including this population group.

However, there were some examples of good practice.

Inadequate



Summary of findings

- The practice offered longer appointments for patients with a learning disability. They were invited for an annual health check and there were records of these being undertaken.
- GPs worked within a multi-disciplinary team to ensure the best outcomes for vulnerable patients. The practice worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- 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.
- All patients registered at the practice experienced difficulty in gaining telephone access when they sought advice or an appointment.

People experiencing poor mental health (including people with dementia)

The provider was rated as inadequate overall and this affected all patients including this population group.

- The practice did not undertake screening of patients identified as at risk of developing dementia.
- National data showed the practice had not recorded use of an appropriate assessment tool for patients diagnosed with depression.
- The practice had only reviewed 38% of the care plans for patients with long term mental health problems in the last 12 months. This was significantly below the CCG average of 76% and national average of 79%
- All patients registered at the practice experienced difficulty in gaining telephone access when they sought advice or an appointment.

However,

- The practice had carried out 87% face to face reviews of the care of patients diagnosed with dementia which was better than the national average of 78% and CCG average of 79%.

Inadequate



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2017 and referred to a survey period of January to March 2017. The results showed the practice was performing below local and national averages. The number of survey forms distributed was 290 of which 122 were completed. This represented 1.4% of the practice's patient list and a 42% response rate.

- 45% of patients described the overall experience of this GP practice as good compared with the CCG average of 87% and the national average of 85%.
- 37% of patients described their experience of making an appointment as good compared with the CCG average of 74% and the national average of 73%.
- 31% 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 81% and national average of 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received seven comment cards which were positive about the standard of care received but referred to difficulties in accessing appointments.

We spoke with 16 patients during the inspection. Most patients said they had noticed an improvement in the turnaround time for their repeat prescriptions and that their prescriptions were accurately produced. However, there were concerns expressed at the lack of availability of book in advance appointments and the opportunity to see a preferred GP. Those patients who had attended the walk in clinic were complimentary of this aspect of the service provided.

Circuit Lane Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Was led by a CQC lead inspector. It also included a GP advisor, a practice nurse advisor, a second CQC inspector and an expert by experience.

Experts by experience are members of the team who have received care and experienced treatment from similar services. They are granted the same authority to enter registered persons' premises as the CQC inspectors.

Background to Circuit Lane Surgery

Circuit Lane Surgery is located in the Southcote area of Reading. One Medicare Ltd took over the contract following a procurement exercise led by the local clinical commissioning group (CCG) in September 2016.

The practice has been through a challenging four years with three changes in provider and a number of GPs and managers leaving, which has caused instability in the practice.

At the time of the inspection the services was staffed by 2.9 whole time equivalent (WTE) salaried GPs, supported by locum GPs, and 3.1 WTE nurses, supported by agency nurses. In addition there are administration staff, receptionists and a registered manager. There were male and female GPs available. The practice has an Alternative Provider Medical Services (APMS) contract.

The premises were purpose built as a medical centre and cover two storeys. All consulting and treatment rooms are on the ground floor. There are approximately 9,000 patients registered with the practice. This had reduced from 9,500 when we last inspected.

The age profile of the registered population is similar to the national average with slightly more patients aged between 55 and 69 than average. There is significant experience among the local population of income deprivation. The ethnic mix of the population is varied, with a significant proportion of people originating from Nepal.

All services are provided from: Circuit Lane Surgery, 53 Circuit Lane, Southcote, Reading, Berkshire, RG30 3AN.

The practice is open between 8am and 6.30pm Monday to Friday. Extended hours are offered on both Monday and Thursday until 8pm. They are also offered on alternate Saturday mornings from 8.30am to 11am.

When the practice is closed, out-of-hours (OOH) GP cover is provided by the Westcall OOH service.

Why we carried out this inspection

We undertook a comprehensive inspection of Circuit Lane Surgery on 24 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, effective, responsive and well led services and was placed into special measures for a period of six months.

We also issued a warning notice to the provider in respect of good governance and informed them that they must become compliant with the law by June 2017. We undertook a follow up inspection on 2 June 2017 to check

Detailed findings

that action had been taken to comply with legal requirements. The report on the June 2017 inspection can be found by selecting the ‘all reports’ link for Circuit Lane Surgery on our website at www.cqc.org.uk.

We undertook a further announced comprehensive inspection of Circuit Lane Surgery on 12 October 2017. This inspection was carried out following the period of special measures to ensure improvements had been made and to assess whether the practice could come out of special measures.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations including Healthwatch and the local Clinical Commissioning Group to share what they knew. We carried out an announced visit on 12 October 2017. During our visit we:

- Spoke with two GPs, a locum advanced nurse practitioner (ANP), three members of the practice nursing team, three members of the administration team and the clinical pharmacist on duty. We also met with members of the provider’s senior management. Also spoke with 16 patients that used the service and two members of the patient participation group (PPG).
- Observed how patients were being cared for in the reception area.

- The GP and Practice Nurse advisors reviewed a sample of the personal care or treatment records of patients to corroborate evidence we had gathered from speaking with staff.
- Reviewed comment cards where patients shared their views and experiences of the service.
- Visited all practice locations
- Looked at information the practice used to deliver care and treatment plans.

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 24 January 2017, we rated the practice as inadequate for providing safe services as the arrangements were not adequate in respect of:

- Operating a consistent system for recording and taking action upon significant events.
- Staff training in safeguarding of children and vulnerable adults had not been completed.
- Tests on fire-fighting equipment were overdue.
- Staff had not received training in health and safety and fire safety.
- Patients gaining access to clinical staff who could prescribe medicines appropriately.

A further unannounced focused inspection was carried out on 2 June 2017 to check that the practice was complying with the conditions imposed upon their registration arising from the breaches in regulations that we identified in our previous inspection on 24 January 2017.

These arrangements had improved when we undertook a comprehensive follow up inspection on 12 October 2017. The practice is now rated as requires improvement for providing safe services.

Safe track record and learning

There was a system for reporting and recording significant events which was operated consistently.

- Staff told us they would complete the provider's online significant event form and we saw that this was easily accessed via the practice computer system. There were clear instructions on how to complete the form. The system in place enabled review and learning both within the practice and within the provider organisation. 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).
- From the documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again. We noted that the number of events recorded on the providers reporting system

had risen from six in August to 14 in September. These included 10 reports about staffing or sickness issues, one about the loss of the telephone system and three clinical events.

- The practice informed us of a significant event that had occurred in October 2017. We saw that action was underway to ensure patients had not been placed at risk from this event. We also noted that the provider's medical director was taking responsibility to ensure action arising from the event was co-ordinated and taken in a timely manner.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events. However, the practice had not previously recorded a patient identifier on significant event reports to enable follow up at a later date if this was necessary. We were provided with an update to the system that showed patient identifiers were to be added to all incident reports in the future. We noted the number of events were high and has recently increased from six in August to 14 in September.

Overview of safety systems and process

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

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. However, we found one clinical room where the details of the local safeguarding team had not been updated on the safeguarding guidance poster. We discussed this with the provider and they updated the poster within two working days of the inspection. From the documented examples we reviewed we found that the GPs attended safeguarding meetings when possible or provided reports where necessary for other agencies. We noted that one of the GPs had not responded to requests made in September to attend child protection care planning reviews. They had also not responded to requests to provide additional information for these care planning meetings. The

Are services safe?

practice had reviewed these incidents in detail. Whilst this identified that no new information had been received this had not been communicated to the safeguarding team.

- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs and advanced nurse practitioners were trained to child protection or child safeguarding level three.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- The senior advanced nurse practitioner was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. The last annual IPC audit undertaken by an external advisor had failed to identify that a couch in a treatment room was constructed of a permeable material which prevented it from being wiped clean to ensure removal of bacteria. We informed the provider of our findings and they confirmed within two working days that arrangements had been made to remove the couch and replace it with one that could be wiped clean.

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).

- There were processes for handling repeat prescriptions which included the review of high risk medicines.

Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems to monitor their use. One of the employed ANPs had qualified as an Independent Prescriber and could therefore prescribe medicines for clinical conditions within their expertise. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence 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. The practice had systems in place to ensure appropriate recruitment checks were undertaken on locum and agency staff and there was evidence to confirm this.

Monitoring risks to patients

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

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment which identified the actions that were required to mitigate risk. We noted that this included carrying out six monthly fire drills. However, the last fire drill had been undertaken in June 2016. We discussed this with the provider. Within two days of inspection we were provided with evidence that a fire drill had been carried out and recorded. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated 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

Are services safe?

substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.

- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 24 January 2017, we rated the practice as inadequate for providing effective services as the arrangements needed improving in respect of:

- Processing referrals to hospital in a timely manner.
- Taking action on test results.
- Dealing with clinical correspondence in a timely way.
- Completing medicine reviews for patients with long term conditions and those taking repeat medications.

A further unannounced focused inspection was carried out on 2 June 2017 to check that the practice was complying with the conditions imposed upon their registration arising from the breaches in regulations that we identified in our previous inspection on 24 January 2017.

These arrangements had improved when we undertook a follow up comprehensive inspection on 12 October 2017. However, the provider remains rated as inadequate for providing effective services.

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 developed systems to keep all clinical staff up to date via a briefing structure. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The clinical meetings held at the practice included discussions about clinical guidelines. However, during inspection we reviewed the records of three patients who were diagnosed with asthma. We found that the most up to date clinical guidelines for the care and treatment of this group of patients were not followed for two of these patients. This was discussed with the practice and evidence was provided within two days of the inspection to confirm that the care and treatment of these patients had been reviewed by the lead GP and arrangements were in place to see the patients for review. Subsequently the provider sent us a detailed action plan that showed review of treatment for all patients diagnosed with asthma based on a prioritisation exercise was underway. The reviews would be undertaken by clinical staff with qualifications in dealing with respiratory conditions.

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 were 80% of the total number of points available compared with the clinical commissioning group (CCG) average of 95% and national average of 95%. The overall exception rate for the practice was 6% which was below the CCG average of 8% and national average of 10%. The overall performance of the practice was affected by being outliers in the care and treatment targets for both diabetes and asthma. For example:

- Performance for diabetes related indicators was lower than the clinical commissioning group (CCG) and national averages. The number of patients diagnosed with diabetes achieving the first stage target blood pressure was 78% compared to the CCG average of 88% and national average of 87% (With and exception rate of 3% compared to the national 6%).
- Performance for mental health related indicators was lower than CCG and national averages. The practice had not achieved any of the indicators for recording reviews of patients diagnosed with depression. Also the number of patients with a long term mental health problem who had their care plan reviewed in the last 12 months was 38% compared to the CCG average of 76% and national average of 79% (With an exception rate of 2% compared to the national 13%).

The QOF data for the year April 2016 to March 2017 spanned a period when two different providers were responsible for the management of services at the practice. We were not able to identify specific times during the year when the achievement of QOF indicators fell below national and local averages. However, we noted that the practice had appointed clinical pharmacists with specific skills and experience to undertake reviews of patients diagnosed with long term conditions. These staff had joined the practice in December 2016 which left only three months of the QOF year for them to carry out both long term condition and medicine reviews.

We found improvement in undertaking medicine reviews for patients with long term conditions and those with repeat prescriptions.

Are services effective?

(for example, treatment is effective)

- The number of patients taking four or more medicines who received a review of their medicine usage had increased by 15% from 45% when we inspected in January 2017 to 60% at the time of this inspection.
- We reviewed the system for processing repeat prescriptions. This showed us that there was no backlog of prescriptions awaiting processing. We also found that the oldest prescriptions to be signed by the GPs were from the previous working day. The patients we spoke with who required repeat prescriptions told us they had noticed a significant improvement in the turnaround of their prescriptions in the last few months.

There had been prescribing audits carried out but these had yet to be repeated. It was therefore, too early to evaluate whether clinical audit was driving quality improvement. We noted that the audits were scheduled to be repeated at a later date. We also saw an audit programme that operated at provider level but had yet to be instituted within the practice.

- There had been seven clinical audits commenced since September 2016. All of these were related to prescribing and medicines usage and had not been taken through a second cycle to confirm that action identified had resulted in improvement.
- One of the audits undertaken was to confirm that prescribing for patients diagnosed with urinary tract infections followed national guidelines. The results showed over 75% did follow guidelines.

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 confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. The clinical pharmacist was trained to support patients with respiratory problems. The reviews of patients with Chronic Obstructive Pulmonary Disease (COPD) (a type of lung disease) were undertaken by this member of staff.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of

competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. However, we noted that the clinical pharmacists and the employed advanced nurse practitioner had not received or accessed clinical supervision during 2017. Support was provided for revalidating GPs and nurses. All staff who had been in post for over 12 months had either received an appraisal, or had an appraisal scheduled.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. The practice operated a system that identified when staff required refresher training. For example, we saw that training in basic life support had been arranged for the end of October for all staff. Staff had access to and made use of e-learning training modules and in-house training.

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 noted that processing of incoming clinical correspondence was up to date. The items awaiting scanning into the practice system were those received on the day of inspection. There were designated members of staff responsible for maintaining the flow of clinical correspondence, via an electronic system. We found the practice had a system to monitor that GPs had completed their reviews of clinical correspondence on the day they received the correspondence. If a GP was unable to complete their correspondence tasks they handed those they had not reviewed or actioned back to a named member of staff. Staff would then reallocate the documents to another GP to complete the following day. Our review of the system showed no outstanding reports for review from before 10 October 2017.

Are services effective?

(for example, treatment is effective)

- There were 75 test results awaiting review. The oldest result awaiting review was from the day before inspection. GPs were allocated administration time within their working day. However, the GPs we spoke with were concerned that maintaining performance in dealing with clinical correspondence could be affected by the reduction in GP sessions that had occurred since 1 September 2017. Both employed and locum advanced nurse practitioners were able to request pathology tests. However, the clinical system in place required pathology results to be assigned to a GP or employed ANP. Locum ANP's did not always see the results of the tests they had requested.
- We reviewed the system for making referrals to other health and social care providers. On the day of inspection there was no backlog of referrals awaiting processing. There was a system in place to track that patients referred under the two week wait referral for suspected cancer were followed up.
- From the examples we reviewed we found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- Meetings took place with other health care professionals periodically to review the needs of patients with complex needs. There was a list of 91 patients deemed at risk of unplanned admissions and 83 had a care plan in place.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Consent to care and treatment

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

- GPs and nurses understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005 (MCA). All employed staff and some of the long term locum staff had received MCA training in January 2017.
- There was a form for obtaining written consent when required.
- There was an MCA policy and staff were able to access this.

- There was awareness of the Gillick competency (obtaining consent from patients under 16) and supporting guidance in consent policies.

Supporting patients to live healthier lives

The practice identified some patients who may be in need of extra support and provided some screening programmes. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- A visiting smoking cessation service was available at the practice. This service was managed by another organisation. The practice data showed that 16 patients had attended this service and 14 had stopped smoking.
- The practice had not completed screening for dementia in those patients at risk of developing this disease since the new provider took over the contract in September 2016.
- The practice offered annual health checks to patients with a learning disability. There were 48 patients on the register and 32 had health checks since September 2016.

The practice's uptake for the cervical screening programme was 87%, which was better than the CCG average of 81% and the national average of 82%. There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and they ensured a female sample taker was available. There were failsafe systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer.

Childhood immunisations were carried out in accordance with the national childhood vaccination programme. Uptake rates for the vaccines given were in line with national targets. For example, the rate for the completed vaccines given to under two year olds was 94% which was above the national target of 90%. The practice achieved the national target of 90% for completing the vaccination programme for children aged five.

Are services caring?

Our findings

At our previous inspection on 24 January 2017, we rated the practice as requires improvement for providing caring services as patients fed back concerns regarding continuity of care with difficulty gaining access to their preferred GPs.

A further unannounced focused inspection was carried out on 2 June 2017 to check that the practice was complying with the conditions imposed upon their registration arising from the breaches in regulations that we identified in our previous inspection on 24 January 2017.

We found that patients continued to report difficulties in seeing their GP of choice when we undertook a follow up comprehensive inspection on 12 October 2017. The GP national patient survey completed by 122 patients showed that 16% said they were usually able to see or speak to their preferred GP compared to the local average of 64% and national average of 56%. The practice is now rated as inadequate for providing caring services.

Kindness, dignity, respect and compassion

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

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

We received seven patient Care Quality Commission comment cards and spoke with 16 patients. Patients generally reported negative concerns about their ability to book appointments and in accessing the practice by telephone. We also received positive comments from patients about an improvement in processing repeat prescriptions and appreciation of the walk in clinic that had been running since January 2017. Patients told us that once they obtained an appointment the GPs and nurses were polite and helpful. They also told us that the reception staff were friendly and courteous.

We spoke to two members of patient participation group (PPG). They were positive about the caring nature of staff, but were concerned by the pressure the service was under in regard to the availability of pre-bookable appointments. They were also concerned that continuity of care was made difficult due to the reliance on locum staff. They had received feedback from patients who said they rarely saw the same GP if they returned for a follow up appointment.

Feedback from patients on the NHS Choices website produced the lowest rating possible for the practice. This was on the basis of a one to five rating (five being the best rating for the service) alongside written feedback from patients. The website listed a total of 34 pieces of feedback from patients. Within this feedback there were 30 negative comments about the practice, mainly around phone and appointment access.

The friends and family test data published on the NHS choices website showed 51% of patients would recommend this practice to others. (The friends and family test asks the question "how likely are you to recommend Circuit Lane Surgery to friends and family?").

Some positive feedback was received with three patients saying the staff were very helpful and they'd had a positive experience at the Surgery.

Results from the national GP patient survey showed patients did not always feel they were treated with compassion, dignity and respect. The practice was below average for its satisfaction scores on consultations with GPs and nurses. For example:

- 66% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) and national average of 89%.
- 59% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 86%.
- 83% 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%.
- 64% 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 national average of 86%.
- 86% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average and national average of 91%.

Are services caring?

- 88% of patients said the nurse gave them enough time compared with the CCG average of 93% and the national average of 92%.
- 91% 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%.
- 74% 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% national average of 97%.
- 72% of patients said they found the receptionists at the practice helpful compared with the CCG average of 88% and the national average of 87%.

The survey was undertaken at the time the practice was placed into special measures. Between March and August 2017 the practice increased the number of appointments with both GPs and nurses. However, we noted from the clinical staff rotas and from our conversations with staff that the number of clinical sessions had been reduced since 1 September 2017. The practice did not demonstrate that they had taken any action, or planned to take action, to address the patient feedback.

Care planning and involvement in decisions about care and treatment

Patients gave us mixed views on whether they felt involved in decision making about the care and treatment they received. They told us they felt listened to and supported by staff but felt they did not always have enough time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards was similar. We also saw that care plans were personalised.

Results from the national GP patient survey also showed patients were not always positive in their response to questions about their involvement in planning and making decisions about their care and treatment. Results were below with local and national averages. For example:

- 64% of patients said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 87% and the national average of 86%.
- 51% of patients said the last GP they saw was good at involving them in decisions about their care compared to the (CCG) average of 82% and the national average of 86%.

- 84% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 90% and the national average of 90%.
- 68% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the (CCG) average of 84% and national average of 85%.

Nursing staff we spoke with told us they did not have sufficient appointments to offer patients and that extra patients were frequently added to their clinics. We reviewed two nurse clinic templates and these showed a greater number of patients included than had been originally planned. We were told that the practice wished to appoint more practice nurses.

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. We saw notices in the reception areas informing patients this service was available.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital. We noted that referrals to hospitals and other clinics were being completed in a timely manner.
- There were a range of leaflets available about local clinics and services and clinical staff were able to print off condition specific information for patients during consultations.

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. Practice staff visited patients in their own homes to carry out reviews for those with long term conditions.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 183 patients as

Are services caring?

carers (2% of the practice list). Written information was available to direct carers to the various avenues of support available to them. Carers were offered an annual flu immunisation.

Staff told us that if families had experienced bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 24 January 2017, we rated the practice as inadequate for providing responsive services as there were insufficient appointments available to meet the demand from patients. The arrangements in respect of recording, investigating and learning from complaints also needed improving.

A further unannounced focused inspection was carried out on 2 June 2017 to check that the practice was complying with the conditions imposed upon their registration arising from the breaches in regulations that we identified in our previous inspection on 24 January 2017.

These arrangements had improved when we undertook a follow up inspection on 12 October 2017. However, the practice remains rated as inadequate for providing responsive services because patients could not access appropriate appointments in a timely way and access to the practice to book appointments by telephone was difficult.

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:

- GPs visited care homes regularly. We spoke with staff at local care homes who said that although waiting times on the phone caused a barrier when trying to book appointments, when they could request GPs they usually visited the same or next day depending on need.
- There was a hearing loop for patients with limited hearing
- The facilities were based on the ground floor where patients could access clinical treatment rooms via wide corridors.
- There was space for mobility scooters and wheelchairs to access the premises.
- The practice offered extended hours on a Monday and Thursday evening until 8pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.

- 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.
- Same day appointments were available, either by telephone or with the duty GP, for children and those patients with medical problems that require same day consultation.
- Leaders were not fully aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given). There were some arrangements to meet the broad range of communication needs within the patient population. These included having access to both foreign language and British Sign Language interpreters.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8am every morning and 6.20pm daily. Pre-bookable appointments could be booked up to four weeks in advance. There was a daily walk in clinic running from 8.30am for up to 30 patients. The duty GP and other staff also had times set aside each day to see patients who required an urgent appointment. Telephone consultations were also available. Circuit Lane Surgery was open between 8.00am and 6.30pm Monday to Friday. There were extended hours appointments on both Mondays and Thursdays until 8pm and on alternate Saturdays from 8.30am to 11am. However, patients we spoke with continued to report difficulties accessing appointments when they wished to book in advance. We noted from a review of the electronic appointment diary that there was a three week wait for a pre-bookable GP appointment and a similar wait to see a practice nurse. The staff with responsibility for entering the appointments in the electronic diary told us that in the two months prior to inspection the provider had given late approval to the clinical rota which had resulted in the book in advance appointments for locum staff being added late in the month. Not all appointments had therefore been available to book well in advance.

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

Are services responsive to people's needs?

(for example, to feedback?)

- 59% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 79% and the national average of 76%.
- 26% of patients said they could get through easily to the practice by phone compared to the CCG average of 74% and national average of 71%.
- 69% 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%.
- 57% of patients said their last appointment was convenient compared with the CCG average of 82% and the national average of 81%.
- 37% of patients described their experience of making an appointment as good compared with the CCG average of 74% and the national average of 73%.
- 42% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 85% and the national average of 86%.

Patients told us on the day of the inspection that they were able to get urgent appointments when they needed them. They also told us they found the walk in service to be of benefit. However, we continued to obtain feedback that it was very difficult to access the practice by telephone to book appointments. On the day of inspection we saw 20 people waiting in a queue for the practice to open at 8am. The majority of patients we spoke with and the comment cards we received continue to refer to problems obtaining pre-bookable appointments. Staff we spoke with told us that availability of appointments had improved during spring and summer of 2017 when there were more clinicians on duty. They told us this had reduced since 1 September 2017. We noted from the appointment system that the number of appointments had been reduced.

One of the significant events we reviewed showed that a child had missed a course of immunisation because their parent had not been able to book an appointment in advance. We also found evidence of a patient having to book an urgent on the day appointment for their planned ante-natal check up with a GP because they had not been able to book in advance.

We discussed the ongoing poor patient feedback in relation to accessing the practice by telephone and obtaining pre-bookable appointments with the provider. There were meetings scheduled with the telephone company in the

week following inspection. In addition we were sent written evidence that the newly appointed lead GP was changing the walk in clinic to be led by an advanced nurse practitioner with GP support to release more GP appointments to be booked in advance.

A total of 869 (9.7%) patients were registered for online appointments.

The practice had a system to assess:

- whether 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. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits. We reviewed the appointment system to find out how home visits were scheduled. The three examples we reviewed showed that the practice system of contacting the duty GP to make a decision on urgency and allocate the visit was followed.

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.
- The practice displayed information at reception to help patients understand the complaints system. This information was available on the practice website and in the patient leaflet. The PPG members we spoke with told us they had previously raised the issue of making the complaints procedure available to patients at the practice.

We looked at four of the complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, openness and transparency with dealing with the complaint. Complaints reviews took place and were recorded. We noted that complaints received was a standing agenda item on the daily staff meetings where the nature of the complaint and learning was discussed. We noted that the practice had received a number of complaints

Are services responsive to people's needs? (for example, to feedback?)

relating to delayed production of repeat prescriptions. This issue had also been raised by the PPG. On the day of inspection we found the practice was operating a system

that ensured production of repeat prescriptions within 48 hours of receipt. Patients we spoke with told us they had noticed a significant improvement in the turnaround of prescription requests.

Are services well-led?

Inadequate 

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

Our findings

At our previous inspection on 24 January 2017, we rated the practice as inadequate for providing well-led services as the governance structure and leadership arrangements were not operated consistently or effectively to maintain patient safety, identify, assess and manage risk and deliver effective care and treatment.

We placed the practice into special measures, applied conditions to the practice registration and issued a warning notice in respect of these issues.

A further unannounced focused inspection was carried out on 2 June 2017 to check that the practice was complying with the conditions imposed upon their registration arising from the breaches in regulations that we identified in our previous inspection on 24 January 2017.

Whilst we found some improvement when we undertook a comprehensive follow up inspection of the service on 12 October 2017 we continued to find a range of issues leading to a breach of regulations. Consequently the practice remains rated as inadequate for provision of well-led services.

Vision and strategy

The provider's vision to deliver high quality care and promote good outcomes for patients was not supported by an effective leadership and governance..

Staff reported an improvement in accessing management and we saw that daily staff meetings took place and were recorded. There was evidence that ongoing concerns reported by patients were being followed up but these were not dealt with in a timely manner. For example, the provider had made attempts to deal with the telephone access issues for patients to book appointments and speak to staff but the problem had not been resolved after a year of holding the contract.

Governance arrangements

The practice had a governance framework but this was not always effective and did not support the consistent delivery of effective and responsive care.

- The backlogs in dealing with clinical correspondence, test results, repeat prescription requests and referrals had

all been cleared. There were systems in place to maintain appropriate review of clinical information and completion of prescriptions. This had not always been evident at our previous inspections.

- Monitoring of safety risks had improved and actions resulting from risk assessments had been completed.
- There was evidence of sharing of learning from significant events.
- Staff training had been completed and follow up or refresher training was monitored.
- There was a system in place to provided appraisal for non-clinical staff. However, at the time of inspection clinical supervision for clinical pharmacists and the lead practice had not been received or accessed.
- The provider could not demonstrate that they had a clear plan in place to address the below average patient feedback identified in the GP national patient survey and from other sources. The majority of patients we spoke with and those who completed CQC comment cards continued to report problems in accessing the practice by telephone, obtaining appointments in advance and in maintaining continuity of care.
- Monitoring systems had not identified that national indicators of quality of care for patients with long term conditions were below average for the practice. This was particularly evident in the indicators for care of patients diagnosed with diabetes, asthma and long term mental health conditions. We found evidence that care for patients diagnosed with asthma did not always follow best practice.
- There was a system in place to share learning from complaints the records of daily huddles showed these were discussed. The meeting records were displayed in the staff room for all staff to see.
- Clinical audits had not been through a second cycle to confirm that actions to improve care were embedded and delivering better care for patients. We also saw an audit programme that operated at provider level but had yet to be instituted within the practice.

Leadership and culture

The leadership arrangements in place did not always ensure delivery of high quality and responsive care. We saw evidence the provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).

Are services well-led?

Inadequate 

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

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

There was a leadership structure in place and staff mostly felt supported by management.

- Staff told us the practice held daily team briefings and discussions. We saw that these were recorded and the notes made available to those that could not attend.
- Staff told us there was more of an open culture within the practice and they had the opportunity to raise any issues with the recently promoted practice manager and had access to senior management within the provider organisation when they needed additional support.
- Staff said they felt respected. However, members of the reception and administration staff told us that they were short of staff. We noted that two members of staff were regularly working additional hours to maintain systems for production of repeat prescriptions, ensuring clinical staff reviewed clinical correspondence in a timely manner and kept the clinical staff rota up-to-date. There was limited evidence of management responding to the shortfall in administrative staffing levels.
- It was too early to evaluate whether the appointment of a new local lead GP and promotion of an existing member of staff to the role of practice manager would support greater involvement of the local team in developing the future direction of the practice.

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

The practice and the provider were aware of feedback from patients and staff. However, It was not always clear that feedback was responded to in a timely manner or that plans to address below average patient satisfaction were in place.

- There was an active patient participation group (PPG) that met on a monthly schedule. The group had recently

recruited two new members and actively participated in discussions with local commissioners and neighbouring PPGs. They told us that they had a good working relationship with the practice. However, they also told us that they had not been able to share results of feedback they obtained with the provider and that access to senior leaders was not always possible. The practice and provider had not worked with the PPG to produce a patient survey since the national GP survey had been conducted between January and March 2017. It was not possible to identify if any improvement in patient satisfaction had taken place since then.

- Staff were encouraged to attend the daily team meetings. An appraisal system was in place and staff we met said they felt communications with senior management at provider level had improved since January. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. However, they felt their concerns regarding low staffing levels and pressure to maintain safe delivery of care were not always listened to or responded to.

Continuous improvement

- The provider had spent the previous six months implementing changes to respond to the high levels of risk found at the inspection in January 2017.
- The practice had responded to some of the issues identified by external stakeholders. However, there was no new evidence of internal identification of opportunities for service innovation or development. The provider had appointed clinical pharmacists and there was evidence of improvement in conducting medicine reviews for patients receiving four or more repeat medicines.