

# Dr H Singh & Partners

## 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

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Requires improvement 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We previously carried out an announced comprehensive inspection at Dr H Singh & Partners on 20 September 2016. The overall rating for the practice was Requires Improvement but inadequate for providing a Safe service. The inspection on the 20 September 2016 found breaches of legal requirements and a warning notice was served for Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment. A Requirement notice was served in relation to Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 - Fit and proper persons employed.

We undertook a focused follow up inspection on 2 December 2016 to check that the practice had taken urgent action to ensure they met the legal requirements of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, safe care and treatment. We found at this inspection that the practice had taken appropriate action to meet the regulations.

The full comprehensive report from the 20 September 2016 inspection and the inspection report from 2 December 2016 can be found by selecting the 'all reports' link for Dr H Singh & Partners on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This announced comprehensive inspection took place on 25 April 2017. Overall the practice is now rated as good.

### Our key findings were as follows:

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- The practice had clearly defined and embedded systems to minimise risks to patient safety with one exception. The practice needed to review whether staff were up to date with their routine immunisations and take appropriate action as required.

# Summary of findings

- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment. A systematic approach to receipt of NICE guidance was required.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

## **However there are areas of practice where the provider needs to make improvements.**

The provider must:

- Review whether staff are up to date with their routine immunisations and take appropriate action as required.
- Introduce a systematic approach for the receipt, monitoring and implementation of NICE updates and guidelines.

## **Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; lessons were shared 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 with the exception of having systems in place to ensure all staff were up to date with their routine immunisations and the lack of a systematic approach for the receipt, monitoring and implementation of National Institute for Health and Care Excellence (NICE) best practice updates and guidelines.
- 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.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average compared to the national average.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.

### Are services caring?

The practice is rated as good for providing caring services.

Good



# Summary of findings

- Data from the national GP patient survey published in July 2016 showed patients rated the practice lower than others for several aspects of care. There had been an improvement in patient satisfaction since the previous inspection in January 2015. The GP patient survey has not been published more recently. We found the practice had implemented a number of measures to improve their patient's experiences at the practice. For example, the employment of a full time GP partner, the inclusion and engagement of the patient participation group in organising a patient audit in summer 2017.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Patients who had been identified as carers were offered flu immunisations and health checks to assess their physical and mental health wellbeing to support them to continue to provide care. Monthly carer meetings were held at the practice and open to the wide North Staffs Carer Association carers.
- Person specific carers' information packs, for example a younger person carer pack contained age appropriate information. A member of staff acted as a carers' champion to help ensure that the various services supporting carers were coordinated and effective. Carer meetings included external speakers and hand massage.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Results from the national GP patient survey published in July 2016 showed that patient's satisfaction with how they could access care and treatment was below local and national averages. There had not been a national GP patient survey published since July 2016 to compare improvements made. However, the action plan devised by the practice had been put

**Good**



# Summary of findings

in place and actioned to address this. The practice was being supported by the patient participation group to monitor the effectiveness of the changes. The 14 patients we spoke with spoke positively about access to the practice.

- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff.

## Are services well-led?

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

The practice had acted on the findings of the inspection in September 2016. However, we found different areas that needed improvement. These included:

- Not all staff were up to date with their routine immunisations
- NICE guidance was received by the individual clinical staff and these were acted on within their own practice. However, there was no evidence of a systematic practice wide approach for the receipt, monitoring and implementation of National Institute for Health and Care Excellence (NICE) best practice (NICE) updates and guidelines.
- Communication of updates to the practice vision and values and the practice strategy were not effective.
- The practice had a mission statement however this was not embedded. Staff at the practice knew and understood the practice values but reported a recent lack of whole staff meetings to communicate and update staff on progress.

The practice had a clear leadership structure and staff felt supported by the management.

- The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which did support the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice sought feedback from staff and patients, which it acted on. The patient participation group was active.

## 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

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

Good



- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice shared summary care records with local care services.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible.

### People with long term conditions

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

Good



- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators were comparable to other practice in the local CCG and the national averages. For example, 73% of patients with diabetes, on the register, had a blood pressure reading that was within recognised limits. This was comparable with the CCG average of 77% and the national average of 78%. However, their exception reporting rate of 19% was higher than the CCG average of 8% and the national average of 9% meaning fewer patients had been included. The exception reporting had improved from 2014/15 which had been 24%.
- Performance for patients with asthma, on the register, who had had an asthma review in the preceding 12 months, was 88%. This was higher than the local CCG average of 77% and the

# Summary of findings

national average of 76%. The exception reporting rate of 28% was significantly higher than the CCG and national average of 8% but had improved from the exception reporting in 2014/15 of 37%.

- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

## Families, children and young people

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

- From the sample of documented examples we reviewed we found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- There were systems in place to follow up children who failed to attend for hospital appointments were not in place.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives, health visitors and school nurses to support this population group.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.

Good



## Working age people (including those recently retired and students)

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

Good





# Summary of findings

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, telephone consultations.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group

## People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances those with a learning disability.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They 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.

## People experiencing poor mental health (including people with dementia)

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

Good



- The practice carried out advance care planning for patients living with dementia.
- At a previous inspection in January 2015 we found that only 16.7% of patients diagnosed with dementia had had their care reviewed in a face-to-face review in the preceding 12 months. In September 2016 we found that this had increased to 76% which was comparable with the CCG and national averages of 85%. However, their exception reporting rate of 31% was significantly higher than the CCG average of 9% and the national average of 8%. On 25 April 2017 we found further improvement had been

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made with 80% of patients diagnosed with dementia had had their care reviewed in a face-to-face review in the preceding 12 months, compared with the local CCG average of 87% and national average of 84%. The practice exception rate of 9% was comparable to the CCG average of 9% and the national average of 7%.

- At our previous inspection we found that only 35% of patients with a recognised mental health diagnosis had a comprehensive, agreed care plan documented in their record, in the preceding 12 months. At this inspection we found that data for 2015/16 showed this had significantly increased to 76% but remained lower than the CCG average of 89% and the national average of 89%. The exception report rate had significantly improved however, from 34% to 13% compared to the CCG average of 10% and national average of 13%.
- The practice specifically considered the physical health needs of patients with poor mental health and dementia. The practice hosted a cognitive behavioural clinic once a week enabling patients experiencing poor mental health to be seen in an environment they knew.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing below local and national averages. However, these statistics demonstrated an improvement from our previous inspection in January 2015. Two hundred and seventy-one survey forms were distributed and 117 were returned. This represented a 43% return rate. There had been no newly published data to reflect any of the improvements made by the practice since July 2016.

- 56% of patients found it easy to get through to this practice by phone compared to the Clinical Commissioning Group (CCG) average of 72% and the national average of 73%.
- 80% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 87% and the national average of 85%.

- 68% of patients described their overall experience of this GP practice as good compared to the CCG average of 79% and the national average of 76%.
- 46% of patients said they would recommend this GP practice to someone who had just moved to the local area compared to CCG average of 81% the national average of 78%.

We spoke with 14 patients who told us staff were caring and listened to their concerns and that they were treated with dignity and respect. Data from the Friends and Family test for January to December 2016 showed that 95% of patients said they were extremely likely or likely to recommend the practice, compared with 89% of patients January 2015 to December 2015.

## Areas for improvement

### Action the service MUST take to improve

Review whether staff are up to date with their routine immunisations and take appropriate action as required.

Introduce a systematic approach for the receipt, monitoring and implementation of NICE updates and guidelines.

# Dr H Singh & Partners

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included a GP Specialist Adviser, a practice nurse advisor and an expert by experience.

## Background to Dr H Singh & Partners

Dr H Singh and Partners is registered with the Care Quality Commission (CQC) as a partnership provider in Newcastle-under-Lyme, North Staffordshire. The practice holds a General Medical Services (GMS) contract with NHS England. A GMS contract is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract. The practice area is one of high deprivation when compared with the national and local Clinical Commissioning Group (CCG) area. At the time of our inspection the practice had 5,208 patients.

Demographically the practice population has a higher proportion of patients aged over 65 (21%) and 75 (9%) when compared with the national averages of 17% and 8% respectively. The percentage of patients with a long-standing health condition is 62% which is above the local CCG average of 57% and national average of 54%. This could mean increased demand for GP services.

The practice is located in a purpose built single storey building. It also offers on-site parking, disabled parking, a disabled toilet, wheelchair and step-free access. The opening times at the practice are between 8am and 6pm Monday to Friday except Thursdays when it closes at 1pm.

GP appointments are from 9am to 11.30am every morning and 3pm to 5.50pm daily (except Thursday afternoon when the practice is closed). On the day appointments are available and patients can book appointments two weeks in advance. The practice does not routinely provide an out-of-hours service to their own patients but patients are directed to the out of hours service, Staffordshire Doctors Urgent Care, via NHS 111, when the practice is closed.

The practice staffing comprises of:

- Two full time male GP partners
- Two female practice nurses
- An advanced nurse practitioner working four hours per week
- A full time practice manager
- An assistant practice manager
- A team of administrative staff working a range of hours.
- Cleaner

The practice provides a number of specialist clinics and services. For example long term condition management including asthma, diabetes and high blood pressure. It also offers services for family planning, childhood immunisations, travel vaccinations and smoking cessation support. The practice has since the last inspection become an approved training practice for GP registrars.

## Why we carried out this inspection

We undertook a comprehensive inspection of Dr H Singh & Partners under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement overall and inadequate for

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providing a safe service. We also issued a warning notice to the provider in respect of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment.

We undertook a focused follow up inspection on 2 December 2016 to check that the practice had taken urgent action to comply with legal requirements. The inspection reports can be found by selecting the 'all reports' link for Dr H Singh & Partners on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a further announced comprehensive inspection of Dr H Singh & Partners on 25 April 2017. This inspection was carried out to ensure improvements had been made.

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 25 April 2017. During our visit we:

- Spoke with a range of staff including, the GP partners, the practice and assistant practice manager, the lead practice nurse, reception staff and spoke with 14 patients who used the service.
- Observed how patients were being cared for in the reception area and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.

- 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 20 September 2016, we rated the practice as inadequate for providing safe services as we found:

- The practice had not ensured that Patient Group Directions to allow nurses to administer medicines in line with legislation were current and in date.
- A lack of systems to protect patients from potential health care associated infections including provision of immunisations, thorough risk assessments and appropriate screening.
- A lack of systems to ensure that patients who were regularly prescribed medicines for high blood pressure received timely monitoring before repeat prescriptions were issued.
- There was no system in place to risk assess the safety of patients who failed to attend their reviews for many years.
- The required recruitment checks were not always undertaken in line with current legislation prior to employment and appropriate risk assessments carried out to protect patients from the risk of harm.
- No risk assessment was in place to demonstrate how the practice would safely provide urgent care and treatment in the absence of an emergency medicine needed to treat diabetic patients with low blood glucose levels.
- The practice had not ensured that all clinical equipment at the practice was calibrated to ensure it was working properly.
- The practice's safeguarding vulnerable adults policy needed to reflect the latest guidance regarding the categories and definitions of the types of abuse.

We issued a warning notice for Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safe care and treatment. We undertook a focused follow up inspection on 2 December 2016 to check that the practice had taken urgent action to comply with legal requirements. We found appropriate action had been taken.

We undertook a full comprehensive inspection on 25 April 2017. The practice is now rated as good for providing safe services.

### Safe track record and learning

- There was a system for reporting and recording significant events. The practice had reported 10 significant events in the 12 month period.
- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- From the sample of three 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, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- 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.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a person who had routine blood tests to monitor the dosage required of a prescribed medicine had attended a hospital whose results could not be readily viewed on the practice electronic systems. The practice and patient engaged in discussions about the best way forward for the individual patient. Systems were also put in place to ensure that patient records on those requiring regular blood monitoring noted which hospital location they attended.
- The practice monitored trends in significant events and evaluated any action taken. A minuted significant review meeting had taken place in February 2017 there were no trends identified and this was cascaded to all staff.

# Are services safe?

## Overview of safety systems and process

The practice had clearly defined and embedded 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. Staff had attended external training meetings in respect of domestic abuse and female genital mutilation (FGM). The practice had a FGM protocol in place for staff to refer to.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three. Nurses at the practice were trained to at least level two.
- 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 standard 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 manager informed the Care Quality Commission that enhanced DBS checks would be completed.

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 practice nurse 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 practice employed their own cleaner and ensured they received appropriate training in Control of Substances Hazardous to Health Regulations 2002.

- The practice had ensured that staff records included records of staff Hepatitis B immunisations and recruited clinical staff were subject to an occupational health review. The practice manager was to make progress in assuring that all staff were up to date with their routine immunisations and assured us they would take appropriate action as required.

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. 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 nurses 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. These were current, signed and accessible to staff.

We reviewed three 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.

## 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 and carried out regular fire drills. 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.



## Are services safe?

- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order. The portable electric equipment tests had been carried out on 24 April 2017.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- 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.
- 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.
- 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. This included emergency medicine needed to treat diabetic patients with low blood glucose levels.
- 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. A copy of the plan was also held off site by the practice manager and arrangements were in place as the GPs could access an electronic copy off site.

### **Arrangements to deal with emergencies and major incidents**

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



# Are services effective?

## (for example, treatment is effective)

### Our findings

At our previous inspection on 20 September 2016, we rated the practice as requires improvement for providing effective services as:

- There was no consistent system for recording that blood monitoring checks for patients, who took long term medicines on a shared care basis, had been carried out before the medicines were issued.
- There was a lack of focus on clinical performance and target areas of high exception reporting. The practice needed to ensure that patients understand the need for their long term conditions, such as asthma or diabetes, to be reviewed.
- Minutes from multi-disciplinary meetings did not identify the responsible professional who would carry out actions required and ensure that appropriate information was transferred into the patient's electronic record for other clinicians to have ready access to.

These arrangements had significantly improved when we undertook a follow up inspection on 25 April 2017. The provider is now rated as good 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 clinical staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- Regular clinical meetings were held in which NICE and recent medicine and device alerts and significant events were discussed. There was still no systematic approach as to how NICE updates were received into the practice or cascaded, such as having a practice lead in this area which would improve the robustness of the practice approach.
- The nurse updated the practice protocols with any NICE updates and these were signed off by the GP partners.

Where change was required the GP partners as individual clinicians monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

#### 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 (2015/16) were 93% of the total number of points available compared with the clinical commissioning group (CCG) average of 96% and national average of 95%. The practices verified QOF submission for 2016/17 was 93%.

The practice were able to demonstrate that they had acted on clinical performance and target areas of high exception reporting. The practice clinical staff team had worked with patients to inform and educate patients with long term conditions, such as asthma or diabetes, to be in receipt of regular reviews. This had been completed in a patient specific rather than generic way. Patients were invited to see the nurse or GP to discuss their health needs and included those who had failed to attend reviews as they had considered their own health condition to be well controlled. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

- Performance for diabetes related indicators were comparable to other practice in the local CCG and the national averages. For example, 73% of patients with diabetes, on the register, had a blood pressure reading that was within recognised limits. This was comparable with the CCG average of 77% and the national average of 78%. However, their exception reporting rate of 19% was higher than the CCG average of 8% and the national average of 9% meaning fewer patients had been included. The exception reporting had improved from 2014/15 which had been 24%.
- 88% of patients with asthma, on the register, had had an asthma review in the preceding 12 months that included

# Are services effective?

## (for example, treatment is effective)

an assessment of asthma control. This was higher than the local CCG average of 77% and the national average of 76%. The exception reporting rate of 28% was significantly higher than the CCG and national average of 8% but had improved from the exception reporting in 2014/15 of 37%. The practice reported that exception reporting for 2016/17 had further reduced.

- At a previous inspection in January 2015 we found that only 16.7% of patients diagnosed with dementia had had their care reviewed in a face-to-face review in the preceding 12 months. In September 2016 we found that this had increased to 76% which was comparable with the CCG and national averages of 85%. However, their exception reporting rate of 31% was significantly higher than the CCG average of 9% and the national average of 8%. On 25 April 2017 we found further improvement had been made with 80% of patients diagnosed with dementia had had their care reviewed in a face-to-face review in the preceding 12 months, compared with the local CCG average of 87% and national average of 84%. The practice exception rate of 9% was comparable to the CCG average of 9% and the national average of 7%.

At our previous inspection we found that only 35% of patients with a recognised mental health diagnosis had a comprehensive, agreed care plan documented in their record, in the preceding 12 months. At this inspection we found that data for 2015/16 showed this had significantly increased to 76% but remained lower than the CCG average of 89% and the national average of 89%. The exception report rate had significantly improved however, from 34% to 13% compared to the CCG average of 10% and national average of 13%.

There was evidence of quality improvement including clinical audit:

Clinical audits had been completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored. Findings were used by the practice to improve services. For example, the practice completed audits on patients who were prescribed specific medicines used in patients with high blood pressure. Following the audit the practice produced a protocol to be followed for all patients on these medicines and had implemented monthly electronic record searches to ensure they complied with best practice 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.
- 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. This included ongoing support, one-to-one meetings and facilitation and support for revalidating GPs and nurses. Most staff had received an appraisal within the last 12 months those without had one planned for May 2017.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.
- The practice had recruited a pharmacist to ensure prescribing was in line with best practice guidelines for safe prescribing. The pharmacist had recently left the practice and the practice were considering a further appointment but this was to be based on a completed work force analysis.

### 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.

# Are services effective?

## (for example, treatment is effective)

- This included care and risk assessments, care plans, medical records and investigation and test results.
- We found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

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.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

### Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.

The practice's uptake for the cervical screening programme was 92%, which was higher than the CCG average of 82% and the national average of 81%.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were above the 90% standard. For example, rates for the vaccines given to under two year olds ranged from 95% to 97%. Childhood immunisations of Measles Mumps and Rubella in five year olds were 93% for the first dose and 96% for the second. These figures were comparable with the local CCG average of 98% for the first dose and 96% for the second and the national average of 94% and 88% respectfully.

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 for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. 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.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

At our previous inspection on 20 September 2016, we rated the practice as requires improvement for providing caring services as the practice did not have systems in place to improve and monitor patient satisfaction so that it was in line with national survey results.

These arrangements had significantly improved when we undertook a follow up inspection on 25 April 2017. The practice is now rated as good for providing a caring service.

### Kindness, dignity, respect and compassion

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

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

Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. We spoke with 14 patients including five members of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey July 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with nurses, but below average for its satisfaction scores on consultations with GPs. For example:

- 72% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) and the national average of 89%.

- 72% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 87% 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%.
- 69% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 94% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 92% and the national average of 91%.
- 93% of patients said the nurse gave them enough time compared with the CCG average of 94% and the national average of 92%.
- 99% of patients said they had confidence and trust in the last nurse they saw compared with the CCG and national average of 97%.
- 94% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG and national average of 91%.
- 74% 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 practice were aware of the national GP patient survey July 2016 published data and had subsequently recruited a GP partner. They had discussed the action taken to the survey results with the patient participation group and had also recruited a part time hours Advanced Nurse Practitioner.

### Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results for the GPs were lower than

## Are services caring?

local and national averages and higher than local and national averages for the nursing staff. There had been no national GP survey results published since our last inspection to demonstrate the impact of any improvement made. For example:

- 67% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 87% and the national average of 86%.
- 58% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% national average of 82%.
- 93% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 91% and the national average of 90%.
- 88% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and national average of 85%

The practice had discussed the survey results with the patient participation group and as a team. They had considered their approach to how they explained tests and treatments and engaged patients in their care and treatment, in particular those with long term conditions. This had formed part of the actions they had taken to improve the practice subsequent to the last Care Quality Commission Inspection in September 2016. They reviewed the patient recall system for patients requiring regular blood tests, medicine monitoring, and long term condition reviews. The practice felt the next survey would contribute towards their understanding as to whether these measures had had the desired impact on patient's views.

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. Patients were also told about multi-lingual staff who might be able to support them.

- Information leaflets were available in easy read format.
- 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.

### Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

Information about support groups was also available on the practice website. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 77 patients as carers (2% of the practice list). The practice was continuing to review and improve upon their carer register. Written information was available to direct carers to the various avenues of support available to them. Older carers were offered timely and appropriate support. This included, person specific carers packs for example a younger person carer pack contained age appropriate information, the monthly meetings held at the practice was open to North Staffs Carers Association. A member of staff acted as a carers' champion to help ensure that the various services supporting carers were coordinated and effective. Carer meetings included external speakers and hand massage.

Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. One bereaved relative wrote a piece to a local newspaper in September 2016 praising the support they had received.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

At our previous inspection on 20 September 2016, we rated the practice as requires improvement for providing responsive services. Results from the national GP patient survey published in July 2016 showed that patient's satisfaction with how they could access care and treatment was below local and national averages. The practice had higher than average patient attendances at A&E.

These arrangements had significantly improved when we undertook a follow up inspection on 25 April 2017. However, the published national GP patient survey results remain those of July 2016. The practice is now rated as good for providing responsive services.

### 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. For example, the practice profile included domestic abuse patients. The practice team had received additional external training to support staff in the complexities of domestic abuse. They provided information and support for these patients including signposting to other health, housing and social care professionals.

- 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. There were 17 patients on the practice palliative care register. The practice recorded and reviewed patients with advanced care directives such as do not attempt resuscitation. The purpose of a DNACPR decision is to provide immediate guidance to those present (mostly healthcare professionals) on the best action to take (or not take) should the person suffer cardiac arrest or die suddenly.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.

- Patients were able to receive travel vaccines available on the NHS.
- There were accessible facilities and interpretation services available.
- The practice did not offer extended hours appointments to patients but it did provide telephone consultations.
- The practice provided monthly Wednesday afternoon family planning appointments with a female GP.
- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services.
- The practice has considered and implemented the NHS England Accessible Information Standard to ensure that disabled patients receive information in formats that they can understand and receive appropriate support to help them to communicate. They were in the process of researching hearing loops for the waiting room area.
- The practice hosted a cognitive behavioural clinic once a week enabling patients experiencing poor mental health to be seen in an environment they knew.

At our previous inspection on 20 September 2016 we reviewed the practice performance from 2014/15 in the QOFXL which is a local framework run by NHS North Staffordshire CCG to improve the health outcomes of local people. The data related to patient attendance at A&E departments showed

- The number of patients who attended A&E during GP opening hours was 158 per 1000 patients. This was above the CCG average of 101. The practice had taken on an additional GP partner and an advanced nurse practitioner (ANP) who worked four hours a week to ensure appointments were more accessible. We saw that the practice had reduced the number of A&E attendances during GP opening hours to 128 per 1000 patients.

During the inspection 25 April 2017 we saw that the figures taken from the Aristotle Business Intelligence tool, which showed the consistent reduction on the practice A&E figures in past three years.

- The number of patients who attended A&E during GP opening hours in 2014/15 was 1,570, in 2015/16; 1,310 and 2016/17, 1,194. This demonstrated consistent year on year improvement.

# Are services responsive to people's needs?

(for example, to feedback?)

## Access to the service

The practice was open between 8am and 6pm Monday to Friday except Thursdays when it closed at 1pm. Appointments were from 9am to 11.30am every morning and 3pm to 5.50pm daily (except Thursday afternoon when the practice was closed). On the day appointments were available and patients could book appointments two weeks in advance. Extended hours were not available but telephone consultations were available at the end of the afternoon surgery for working aged patients. The practice did not routinely provide an out-of-hours service to their own patients but patients were directed to the out of hours service, Staffordshire Doctors Urgent Care when the practice was closed.

Results from the national GP patient survey July 2016 showed that patient's satisfaction with how they could access care and treatment was lower than local and national averages with the exception of the convenience of appointments. Since our last inspection there had been no national GP survey results published to demonstrate the impact of any improvements made by the practice in respect of these results.

- 68% 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%.
- 56% of patients said they could get through easily to the practice by phone compared to the CCG average of 72% and national average of 73%.
- 80% 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 87% and the national average of 85%.
- 66% of patients described their experience of making an appointment as good compared with the CCG average of 78% and the national average of 73%.
- 41% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 63% and the national average of 58%.
- 92% of patients said their last appointment was convenient compared with the CCG average of 95% and the national average of 92%.

The practice had implemented an improvement plan together with the patient participation group to improve

patient access and their experience of making appointments. The practice had recruited a full time GP partner subsequent to the national GP survey results in July 2016,

The practice completed an audit on their GP and advanced nurse practitioner (ANP) appointments in February 2017. This included on the day, pre-bookable, emergency, ANP, telephone consultations and advised to ring another day. The audit was completed to see if the number of appointments they had each day was sufficient. The findings showed on the day the ANP was in practice there were enough appointments in the morning, but more appointments were needed in the afternoon. The practice were considering increasing the ANP hours to meet this demand as both GPs worked full time, nine sessions per week. The PPG had planned to repeat their patient survey in December 2016 to determine the impact of these additional clinical sessions; however they choose to delay this until summer 2017 to ensure the findings reflected the changes the practice had made.

Patients told us on the day of the inspection that they were able to get appointments when they needed them.

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.

## Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.

There was a designated responsible person who handled all complaints in the practice.

We saw that information was available to help patients understand the complaints system. For example, posters displayed in the waiting room a complaints summary leaflet was available and the practice website.

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

We looked at three 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. Lessons were learned from individual concerns and complaints and also from analysis

of trends and action was taken to as a result to improve the quality of care. Lessons were learnt from individual concerns and complaints and learning was shared at complaint review 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

At our previous inspection on 20 September 2016, we rated the practice as requires improvement for providing well-led services as there was no overarching governance structure for example in areas such as, risk assessments and a lack of a systematic approach in areas such as timely monitoring before repeat prescriptions were issued for patients prescribed medicines for high blood pressure.

These arrangements had significantly improved when we undertook a follow up inspection on 25 April 2017.

However, improvements were required in some areas and the practice remains rated as requires improvement for providing a well led service.

### Vision and strategy

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

- The practice had a mission statement however this was not embedded. Staff at the practice knew and understood the practice values but reported a recent lack of whole staff meetings to communicate and update staff on progress.
- The practice had a strategy and a supporting business plan.

### Governance arrangements

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

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- Clinical and internal audits had been implemented to monitor quality and to make improvements.
- Since our previous inspection the practice had introduced a system to act on alerts that may affect patient safety, for example medicines alerts.
- There were arrangements in place for identifying, recording and managing internal risks, issues and

implementing mitigating actions. We found that subsequent to the Care Quality Commission inspection September 2016 risk assessments had been carried out when needed or other appropriate action taken. For example, clinical staff had been in receipt of Hepatitis B vaccination, emergency medicines to treat a patients' low blood sugar level were available, patients prescribed medicines for high blood pressure were in receipt of regular monitoring.

However, we found different areas for further improvement. These included:

- Ensuring all staff were up to date with their routine immunisations
- NICE guidance was received by the individual clinical staff and these were acted on within their own practice. However, there was no evidence of a systematic practice wide approach for the receipt, monitoring and implementation of National Institute for Health and Care Excellence (NICE) best practice updates and guidelines.
- Improve communication, updates to the practices vision and values and the practice strategy.

### Leadership and culture

Practice staff told us they prioritised safe, high quality and compassionate care. They said the GP partners were approachable and always took the time to listen to all members of staff.

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

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

# Are services well-led?

Requires improvement 

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

- There was a clear leadership structure and staff felt supported by management.
- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice had held regular whole team meetings but not recently.
- Staff attended a variety of meetings and these included, clinical, partner, governance, administrative, palliative care meetings. The practice assured us this would be addressed and that nursing staff meetings as well as clinical meetings were to be introduced.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- We noted the practice team attended external training days were held every three to four months. Minutes were comprehensive and were available for practice staff to view.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

Patients through the patient participation group (PPG) and through surveys and complaints received. For example:

- The NHS Friends and Family test, complaints and compliments received

- Staff through various staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.
- Staff told us they felt involved and engaged to improve how the practice was run but would benefit from updates and further engagement with the practice strategy.

The PPG met regularly, each month, carried out patient surveys and submitted proposals for improvements to the practice management team. For example:

- The practice piloted telephone consultations to enable patient's further access to GP and nurse appointments. The practice completed an audit following the pilot and implemented telephone consultations as a direct result.
- Patients had requested a couple of chairs with arms for patients that had difficulty with mobility. The PPG chose to fund this purchase which was completed in September 2016.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. It was clear from discussions with the partners that they had plans on how to improve their service. The practice had engaged with local pilot schemes to improve outcomes for patients in the area. For example, the practice had identified their 2% most vulnerable patients through a risk stratification tool. The practice had worked with three local practices to employ an elderly care facilitator to ensure the care and health needs for patients over 85 years of age were met to avoid unplanned hospital admissions.

The practice had since the last inspection been approved as a teaching practice for GP registrars to gain experience, knowledge and higher qualifications in general practice and family medicine.

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users.</b></p> <p><b>They had failed to identify the risks associated with:</b></p> <ul style="list-style-type: none"><li>• Ensuring that all staff were up to date with their routine immunisations and take appropriate action as required.</li><li>• The lack of a systematic approach for the receipt, monitoring and implementation of National Institute for Health and Care Excellence (NICE) best practice updates and guidelines.</li></ul>