Crown Heights Medical Centre

Quality Report

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

Ratings

Overall rating for this service	Requires improvement
Are services safe?	Requires improvement
Are services effective?	Requires improvement
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Crown Heights Medical Centre on 29 November 2016 to assess the improvements made at the practice. Overall the practice is now rated as requires improvement

We had previously inspected on 4 May 2016 when we rated the practice as inadequate overall. Specifically, the practice was rated as inadequate for safe and for well-led, and requires improvement for effective, caring and responsive.

Areas which did not meet the regulations following our inspection in May 2016 were:

- Patients were at risk of harm because systems and processes were not in place to keep them safe. For example, appropriate recruitment checks on staff had not been undertaken prior to their employment and actions identified to address concerns with infection control practice had not been taken.
- There was no evidence of learning and communication with staff about reported safety incidents.
- Appointment systems were not working well so patients did not receive timely care when they needed it. This was particularly around the ineffective phone system at the practice that was not sufficient to keep up with the volume of patient calls.
- The practice had no clear leadership structure, insufficient leadership capacity and limited formal governance arrangements.
- Patient complaints were not consistently investigated or responded to.

On 29 November 2016 our key findings across all the areas we inspected are as follows:

- There was a new approach to the running of the practice with an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to the safe care of patients were more clearly managed, with the exception of the storage of vaccines.

Summary of findings

- Staff assessed patients who attended the practice had their needs and delivered care in line with current evidence based guidance. However, not all patients with long term care needs had a regular assessment.
- Staff had received updated training and had the skills, knowledge and experience to deliver effective care and treatment.
- Information about services and how to complain was available and easy to understand. Complaints were investigated appropriately and in a timely manner.
- 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. Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The provider was aware of and complied with the requirements of the Duty of Candour.

However, there remain areas where the provider must make improvement. The practice must:

- Ensure safe systems are in place for the storage of vaccines.
- Regularly review the needs of patients with long term conditions to ensure care and treatment is safe and appropriate.

There was also an area where the practice should make improvement:

- Increase the involvement and satisfaction of patients in planning and making decisions about their care and treatment

I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by this service.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Requires improvement

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

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not consistently implemented well enough relating to the safe storage of vaccines.

Are services effective?

Requires improvement

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

- Our findings at inspection showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- The practice exception reporting for Quality and Outcomes Framework (QOF) indicators had continued to be higher than Clinical Commissioning Group and national averages. This mean that not all patients with long-term conditions had their care and treatment needs regularly reviewed for safety and appropriateness. However, the practice had devised an action plan to address this and unverified data demonstrated some improvement for the care and treatment of patients in these groups.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- A range of clinical audits had been conducted since our last inspection. These demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.

Summary of findings

- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice higher than other practices in the locality for several aspects of care. Examples include the care provided for people with dementia and the helpfulness of reception staff.
- 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 that staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- It 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.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- Patients said they were urgent appointments available the same day.

Are services well-led?

Good

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.

Summary of findings

- There was a clear leadership structure and staff felt supported by 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 supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of 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 knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on.
- There was a focus on continuous learning and improvement at all levels.

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

Good

The practice was rated as good for older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice had a dedicated phone line for high risk patients and for nursing and residential homes.
- The practice had employed a paramedic and community matron to provide home visits and care to patients who were housebound.
- There were multi-disciplinary meetings to discuss and manage the care of those with enhanced needs.

People with long term conditions

Requires improvement

The practice was rated as requires improvement for people with long-term conditions. There were, however, examples of good practice.

- Nursing staff and GPs had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was comparable to clinical commissioning group (CCG) and national averages. The practice achieved 92% overall compared to a CCG average of 92% and a national average of 89%. However, exception reporting was high for some diabetes indicators.
- 74% of patients diagnosed with asthma had an asthma review in the last 12 months which was comparable to the national average of 76%. However, exception reporting for this indicator was higher than CCG and national averages.
- Exception reporting for some indicators of long-term conditions remain higher than local and national averages.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and were offered 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.
- Equipment loans were offered to patients. For example, blood pressure monitoring equipment.

Summary of findings

Families, children and young people

Requires improvement

The practice was rated as requires improvement for families, children and young people. There were, however, examples of good practice.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 93% which was above the CCG average and national average of 81%. However, exception reporting for this indicator was higher than CCG and national averages.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Working age people (including those recently retired and students)

Good

The practice is rated as good for working age people.

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Telephone consultations, Saturday morning and evening appointments were offered. Long-term condition clinics were also offered during extended hours.
- 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.
- The practice offered an in-house phlebotomy service.

People whose circumstances may make them vulnerable

Good

The practice was rated as good people whose circumstances may make them vulnerable

- The practice held a register of patients living in vulnerable circumstances including homeless patients, travellers and those with a learning disability.

Summary of findings

- The practice offered longer appointments for patients with a learning disability. The practice had 121 patients with a learning disability. At the time of our inspection, 79 of these patients (65%) had received an annual health check. Not all the patients had been invited to attend at the time of our inspection.
- The practice regularly worked with multi-disciplinary teams 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.

People experiencing poor mental health (including people with dementia)

Requires improvement

The practice was rated as requires improvement for people experiencing poor mental health. There were, however, examples of good practice.

- 85% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months. This is comparable to the national average of 88%.
- 83% of patients newly diagnosed with depression received reviews at appropriate intervals compared to the CCG average of 85% and national average of 83%. However, exception reporting for this indicator was 34% compared to a CCG average of 23% and national average of 22%.
- Exception reporting for mental health indicators was higher than CCG and national averages. This meant these patients may not receive appropriate and timely care.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff 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. 251 survey forms were distributed and 103 were returned. This is representative of approximately 0.4% of the total practice population. Results show the practice was performing in line with local and national averages for the following indicators:

- 83% were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 79% and a national average of 76%.
- 86% said the last appointment they got was convenient compared to a CCG average of 90% and a national average of 92%.
- 70% described their experience of making an appointment as good compared to a CCG average of 75% and a national average of 73%.
- 83% said they found the receptionists at the practice helpful compared to the CCG average and national average of 87%.

However, the practice was performing below local and national averages for some indicators:

- 63% found it easy to get through to this practice by phone compared to a clinical commissioning group (CCG) average of 78% and a national average of 73%.
- 46% feel they don't have to wait too long to be seen compared with a CCG average of 55% and a national average of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received eight comment cards which were all positive about the standard of care received. Patients commented on the high standards of cleanliness in the practice and that practice staff were caring, efficient and professional.

The practice's latest results from November 2016 for the Friends and Family survey results showed that 84% of patients would recommend the practice. 226 patients left feedback in November 2016. We looked at the NHS Choices website for feedback left by members of the public. The practice achieved an average rating of three out of five stars. Negative comments related to the difficulty in getting through by telephone. Positive comments related to the efficiency of the service and quality of staff.

We spoke with 11 patients during the inspection. All patients said that they were happy with the care they received and thought that staff were approachable, committed and caring.

Crown Heights Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor, an assistant CQC inspector and a practice manager specialist advisor.

Background to Crown Heights Medical Centre

Crown Heights Medical Centre is a large practice located in the middle of the town centre of Basingstoke, in a purpose built building. The practice is located close to rail and bus public transport links.

The practice provides services under a Personal Medical Services contract and is part of the NHS North Hampshire Clinical Commissioning Group (CCG). The practice has approximately 25,300 registered patients. The practice has a slightly higher population of working aged individuals,

particularly those aged 25 to 35, compared to the average for England. The practice is located in an area of low deprivation. Basingstoke has a population with a wide range of cultural diversity. Approximately 3% of the practice do not have English as a first language and include patients from Chinese, Polish and Indian sub-continent backgrounds.

The practice has 11 GP partners and four salaried GPs (male and female GPs). The GPs are supported by six practice nurses and three health care assistants. The practice also employs a community matron and a paramedic. Together the additional clinical staff amount to just over eight whole time equivalents. The clinical team are supported by 28 additional staff members including a business manager and patient services manager as well as secretarial and administrative staff. Crown Heights Medical Centre is a teaching and training practice for doctors training to become GPs and medical students. The practice also supported medical students.

The practice has two waiting areas for patients. The reception area is light and airy and offers a self-check-in service for patients. A range of seating is available to meet patient's needs. The reception desk has a lowered section to improve accessibility for wheelchair users and children. A notice is displayed that requests that patients stand away from the reception desk until it is their turn to speak, in order to protect patient privacy. There is a TV screen in the main reception area displaying health information for patients and a comment card box for patients to leave feedback. The practice displays a range of health information leaflets and where to get further support in the waiting areas and in the corridors. The practice has 18 consulting rooms plus a large treatment room and minor surgery suite. There are three toilets available to patients, including facilities for disabled patients as well as baby changing facilities.

The practice reception and phone lines are open between 8am and 6.30pm Monday to Friday. The Lychpit branch practice is open between 8.30am and 6pm. The practice offers extended hours appointments until 7pm every week day and on Saturday mornings from 8.45 to 11.30am.

Detailed findings

Morning appointments with a GP are available between 8.30am and 12pm. Afternoon appointments are available from 2pm to 6:30pm. The practice offers several types of appointments:

Rapid access, for urgent face to face appointments or telephone consultations with the duty GP; on the day appointments which are released daily; home visits; routine appointments and online appointments.

Crown Heights Medical Centre has opted out of providing out-of-hours services to their own patients and refers patients to the NHS 111 service. The practice offers online facilities for booking and cancellation of appointments and for requesting repeat prescriptions.

On this inspection we inspected Crown Heights Medical Centre which is located at 2 Dickson House, Basingstoke, Hampshire, RG21 7AN. The practice also has a branch practice located approximately two miles away in the village of Lychpit, located at Lychpit Surgery, Great Binfields Road, Lychpit, Basingstoke RG24 8TF. We did not visit the branch surgery as part of this inspection.

Why we carried out this inspection

Crown Heights Medical Centre was previously inspected by the Care Quality Commission in 2013 and at that time the practice was found to be non-compliant for safeguarding people from abuse and for requirements relating to staff (namely pre-employment recruitment checks). Crown Heights Medical Centre was re-inspected in January 2014 and found to be compliant on these issues.

We inspected Crown Heights Medical Centre on 4 May 2016, under our new methodology. Following this inspection, the practice was given a rating of inadequate and placed in special measures.

The practice was placed into special measures. Five requirement notices were issued listing areas where improvement was required. The provider gave us an action plan in July 2016 detailing what action they would be taking to meet the regulations. We carried out a further comprehensive inspection of the services under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions to monitor ongoing compliance and determine whether the requirements notices made in May 2016 had been met.

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced comprehensive inspection on 29 November 2016.

During our inspection we spoke with a range of staff (partner and salaried GPs, the business manager, the patient services manager, the practice finance manager, the IT manager, administration and reception staff, practice nurses and a health care assistant) and spoke with patients who used the service. We observed how people were being cared for and talked with carers and/or family members and reviewed the personal care or treatment records of patients. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

Requires improvement

Are services safe?

Our findings

Safe track record

At our inspection in May 2016, we found the system for reporting and recording significant events was not consistently safe. Significant events were rarely recorded formally and there was no consistent documentation of discussions around significant events to improve safety.

At this inspection in November 2016, the practice had improved and embedded its systems for the reporting and recording of significant events.

- Staff told us they would inform the business manager of any incidents and there was a recording form available on the practice's computer system.
- The GPs agreed to submit a minimum of four significant events per year for discussion, and sharing of learning, so care could be improved.
- Significant events were discussed at clinical meetings and at dedicated significant event meetings.
- Records of meeting discussions were kept in a live document, kept electronically and accessible to staff. Actions required, who was responsible and deadlines for completion of these were clearly documented.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, a potentially harmful medicine had been prescribed to a pregnant woman because the GP was unaware the women was pregnant. The pharmacist intervened and no harm came to the patient. The practice changed their systems to ensure pregnancy was recorded correctly on the computer system and all GPs were reminded of the importance of checking for possible pregnancy in women of childbearing age prior to issuing prescriptions.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

At our inspection in May 2016, we found that the practice did not have clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. There was not an effective system to record staff safeguarding training and we found that less than half of staff had been recorded as having completed safeguarding adult training. Infection control procedures did not keep patients consistently safe; there were gaps in staff training for infection control, equipment to sterilise instruments had not been serviced regularly and daily cleaning checks of equipment had not been conducted. The use of blank prescriptions was not monitored and the practice had not ensured appropriate recruitment checks had been conducted prior to employing staff.

At this inspection in November 2016, the practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and 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. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated that they understood their responsibilities and all had received training relevant to their role. All staff were trained to an appropriate level of safeguarding for both children and adults.
- A notice in the waiting room and clinical areas advised patients that chaperones were available if required. The practice chaperoning policy was reviewed in March 2016 and stated that a variety of people could act as a chaperone, including non-clinical staff, providing they were trained. All staff who chaperoned were trained for the role and had received a Disclosure and Barring Service check (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. The lead nurse was the lead for

infection control and liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and all staff had now received up to date training in infection control. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. For example, the last audit on 4 November 2016 identified that the carpet in patient waiting areas required cleaning. This was booked for 10 December 2016.

- At our last inspection, we found that the practice used washable curtains but did not keep records relating to when they were cleaned. At this inspection, we found that the practice had replaced washable curtains with disposable curtains which were changed every six months or more often, as appropriate.
- At our last inspection, we found that the practice had a SES Little Sister Vacuum Autoclave (a machine used to sterilise medical equipment). The equipment was last serviced on 9th March 2014. This had been removed from the practice on the 4 May 2016. The practice confirmed they only used single use instruments.
- At our last inspection, we found that the practice did not consistently keep cleaning records for equipment, such as equipment for ear syringing. At this inspection, we saw that records of daily checks for cleaning of equipment and clinical rooms had been completed.
- The arrangements for managing medicines, including emergency medicines in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). 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. Since our last inspection, the practice had changed systems to ensure the safety of patients. For example, the computer system has been changed so that repeat prescriptions for high risk medicines can only be issued by GPs. A further prompt has been added to prompt the GP to check blood test results or seek a test prior to the medicine being issued.
- Patient Group Directions had been adopted by the practice to allow registered nurses to administer medicines in line with legislation. Patient Specific Directions were used to allow competent health care assistants to administer medicines in line with legislation. There were now safe systems in place to monitor the use of prescription pads.
- Vaccines were stored in fridges that were appropriately maintained and calibrated. An effective system was in place to monitor vaccine stock levels. All fridges had an external temperature gauge. We noted that vaccine fridges located in the treatment room were not locked. At several points during our inspection, we noted the treatment room to be open and not staffed, despite the room being lockable. This meant the practice could not be reassured that unauthorised access to vaccines could be prevented.
- Daily temperatures of vaccine fridges were not recorded as per recommended guidelines. We were told by the practice that weekly monitoring of fridge temperatures was conducted. We reviewed the records for weekly temperature monitoring from August 2016 to November 2016 and found that on more than one occasion, high readings (in excess of 8°C) were recorded. We raised this with the practice who told us that these high temperatures correlated to stock taking, deliveries or busy vaccine clinics. However, there was no documentation to support this and no documented satisfactory explanation or timely investigation to establish the safety and efficacy of the vaccines. The practice were unable to tell us how long the high temperatures lasted for. There was no protocol which set out what actions to take in the event that vaccine fridges had high readings. This meant the practice could not be reassured that vaccines were safe and effective for use.
- The practice amended the cold chain policy within 48 hours of inspection. This outlined the actions required to ensure vaccine safety and efficacy including that fridge temperatures would now be recorded daily. The practice also investigated the high vaccine fridge readings and submitted a copy of their investigation within 48 hours. This stated that no patients were placed at risk of harm.
- At our last inspection in May 2016, recruitment checks were not consistently undertaken prior to employment. We reviewed six personnel files and found appropriate recruitment checks were now undertaken prior to

employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- There were failsafe systems in place 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.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster outside of the staff room which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control).
- A check for legionella had been carried out in October 2015 (legionella is a bacteria which can contaminate water supplies and cause breathing problems). Relevant actions to minimise the risk of legionella were undertaken by the practice. For example, the practice had removed a shower that was not used regularly and undertook appropriate monitoring of water temperatures.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place 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. All emergency medicines we checked were in date and appropriately stored.
- 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 fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. A GP summarised NICE guidelines and the implications for the practice for wider dissemination with staff.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, 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.

At our inspection in May 2016, the practices' exception reporting was higher than the CCG and national averages for several clinical domains including those for long term health conditions and mental health. (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).

The most recent published results according to the NHS QOF digital website, were 98.5% of the total number of points available. Overall clinical exception reporting was 19%, which was still higher than the CCG average of 12.5% and national average of 10%.

At our last inspection, the practice had an exception reporting figure of 30% for asthma (CCG average 12%, national 7%). Data from April 2015- March 2016 shows this remains higher than average at 35% (CCG average 13%, national 8%). At our last inspection the practice had an exception reporting figure of 28% for mental health (CCG average 14%, national 11%). Data from April 2015- March 2016 shows this remains higher than average at 45% (CCG average 20%, national 13%).

This practice was not an outlier for any overall QOF achievement (or other national) clinical targets. However, the practice was an outlier for exception reporting in some indicators. Data from the NHS QOF Digital Website data from 1 April 2015 to 31 March 2016 showed:

- Performance for diabetes related indicators was comparable to CCG and national averages. For example, 76% of patients with diabetes had an acceptable average blood sugar level in the preceding year compared to a CCG and national average of 79%. However, for some diabetes indicators, exception reporting was higher than CCG and national averages. For example, the practice excepted 47% of patients with diabetes for referrals to diabetes educational programmes. This compared to a CCG average of 29% and a national average of 23% for this indicator.
- The percentage of patients with high blood pressure having regular blood pressure tests was 88%, which is similar to the CCG average of 84% and the national average of 83%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive care plan documented, in the preceding 12 months was 97%. This compared to a CCG average of 90% and a national average of 89%. However, exception reporting for this indicator was 45% compared to a CCG average of 20% and national average of 13%. Exception reporting was higher than CCG and national averages for all mental health indicators.
- The percentage of patients with COPD (chronic obstructive pulmonary disease, a lung condition) who had a review, including an assessment of breathlessness in the preceding 12 months was 99%, which was higher than a CCG average of 93% and a national average of 91%. However, exception reporting for this indicator was 34% compared to a CCG average of 12% and national average of 9%.

We raised these figures with the practice on inspection. Since our last inspection, the practice had sought advice from the Royal College of General Practice regarding exception reporting who advised some reviews could be

conducted by telephone. Since our last inspection, the practice had devised an action plan for diabetes, mental health and for asthma and COPD, to address QOF performance.

For example, an action included that the practice sent a questionnaire to 101 patients with asthma or COPD to understand non-attendance at review appointments and to identify any areas for improvement. Thirty six patients responded to the questionnaire (approximately 36%). The responses identified that 22% of patients felt they were well controlled and therefore did not wish to attend for a review and 6% had recently been to the practice or hospital and discussed their condition.

The practice identified that improvement in the coding of health conditions was required. The lead nurse had also telephoned patients to offer them a review in person or over the telephone and reported this was capturing more patients. Current practice level data, which has not been externally validated, showed that exception reporting for the number of patients with a care plan in place for asthma is 1%, for COPD is 6% and for mental health is 1%.

At our last inspection, the practice submitted pre inspection information regarding audits however, these lacked details of the completed audits and therefore did not state if improvements had been made, implemented and monitored. At this inspection, clinical audits demonstrated quality improvement and the practice had developed an audit programme for clinical and non-clinical audits. All clinical audits were assigned to a responsible GP with a date for completion of first and second cycles.

- Since May 2016, the practice had started nine clinical audits and one non-clinical audit. Four of these have been completed to the first phase of the audit cycle and two were completed audits where the improvements made were implemented and monitored. For example, following a significant event, an audit was conducted to identify patients who had not had their contraceptive coil changed within four years. Seven patients were identified; one had not been coded correctly on the computer system and had in fact had a recent replacement. The remaining six patients were invited for a review and replacement coil fitting. A new protocol was written and a new system was introduced on the computer system to reduce the probability of this happening again. At re-audit four months later, two patients were identified, which is a reduction of approximately 60%.
- The practice participated in local audits, national benchmarking, accreditation and peer review.

Effective staffing

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

- At our last inspection, staff induction records were incomplete. At this inspection, we found that the practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. All staff recruited since our last inspection had completed their induction training.
- 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.
- At our last inspection, we found that the practice did not have a process in place to identify what training was considered to be mandatory for staff. Some staff were therefore unaware of what training they needed to complete for their role. Due to a lack of clarity around what training staff were required to do, we saw evidence that some staff had not completed training for fire safety, infection control and information governance.
- At this inspection, however, we found that 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 during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.

Requires improvement

Are services effective?

(for example, treatment is effective)

- At this inspection we saw that all staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training. The practice had developed a policy in June 2016 to outline which training was considered to be mandatory for staff and kept effective records to ensure this was monitored for completion.

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. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- Patients with diabetes had access to a specialist nurse for advice, reviews and insulin initiation. The nurse attended the practice for one session per week.

Staff worked together and with other health and social care services 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. We saw evidence that multi-disciplinary team meetings took place at least on a monthly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

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

- At our last inspection, not all staff had a record of having completed training on the Mental Capacity Act 2005. At this inspection we found that 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 records audits.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- 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.
- Smoking cessation advice was available from a health care assistant. The practice referred patients who needed specialist dietary advice to dieticians or to weight loss programmes.

The practice had a failsafe system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. The practice's uptake for the cervical screening programme was 93% which was above the CCG average and national average of 81%. However, the practice had excluded 28% of patients from reporting for this indicator, which was higher than the CCG average and national average of 7%.

We raised the high exception figures for cervical screening with the practice on inspection. They explained that patients not attending for cervical screening had previously been coded incorrectly by the practice. At inspection, the practice had a new system in place whereby records of patients eligible for the procedure are checked every week. Patients are sent up to three invitation letters for the procedure, unless there is a specific reason why they can be excluded, for example pregnancy. As an extra safeguard, the IT Manager runs a search every three months to ensure all eligible patients have received a letter. The practice told us they had contacted relevant organisations to confirm the steps they are taking are appropriate and to seek

Requires improvement

Are services effective?

(for example, treatment is effective)

advice on the appropriate action to take for previous years. We were shown current practice level data, which has not been externally validated, which shows exception reporting for cervical smears had reduced to 17%.

The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening. In 2014-2015, 59% of eligible patients had been screened for bowel cancer within the previous 36 months in comparison to the national average of 58%. A total of 77% of eligible women had been screened for breast cancer in the previous three years which was comparable to a CCG average of 74% and national average of 72%.

Childhood immunisation rates for the vaccines given were comparable to CCG and national averages. Childhood immunisation rates for the vaccines given to under two year olds ranged from 87% to 92% and five year olds from 83% to 93%. There was a policy to offer reminders to parents and carers of children who did not attend for vaccinations, and to offer vaccinations opportunistically as children attended for other appointments.

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. The practice had a comprehensive range of health promotion leaflets available to patients in the reception areas. Health promotion information was also available in other languages.

Good

Are services caring?

Our findings

We observed that members of staff were courteous and very helpful to patients and treated patients 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 and that 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.
- Telephone calls from patients were taken in a private office and could not be overheard by patients.

At our inspection in May 2016, some patients told us they were not satisfied with the care they received. Patients explained that they felt that some of the reception and clinical staff did not take their long term or mental health conditions seriously and were dismissive of their problems. Some patients stated that the quality of care they received varied depending upon which GP they saw.

At this inspection in November 2016, all of the patients we spoke to said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect. We were told that staff are efficient and friendly, and that GPs took the time to listen to patients. Comment cards highlighted that all staff responded compassionately when they needed help and provided support when required. All of the eight patient CQC comment cards we received were positive about the service experienced. One comment card stated that waiting times to be seen were sometimes too long, and another comment card stated there was difficulty getting through to the practice by telephone. The practice kept a file of patient feedback. We noted there were 15 comments from patients who felt the practice were caring, committed and offered a good service to patients.

We spoke with one member of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Results from the national GP patient survey published in July 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was in line with local and national figures for satisfaction scores on consultations with GPs and nurses. For example:

- 87% said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and national average of 87%.
- 88% said the nurse was good at listening to them compared to the CCG average of 92% and national average of 91%.
- 84% said the GP was good at giving them enough time compared to the CCG average of 88% and national average of 87%.
- 87% said the nurse was good at giving them enough time compared to the CCG average of 93% and national average of 92%.
- 91% said they had confidence and trust in the last GP they saw compared to the CCG and national average of 95%.
- 92% said they had confidence and trust in the last nurse they saw compared to the CCG and national average of 97%.
- 83% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and national average of 85%.
- 90% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and national average of 91%.

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 on the comment cards we received 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 were in line with, or below, local and national averages. For example:

Good

Are services caring?

- 78% said the last GP they saw was good at explaining tests and treatments compared to the CCG and national average of 86%.
- 85% said the last nurse they saw was good at explaining tests and treatments compared to the CCG and national average of 90%.
- 81% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and national average of 82%.
- 83% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG and national average of 85%.

At our last inspection in May 2016, we found that translation services were available but not widely publicised by the practice and information available was presented in English. This was despite having a large number of patients registered who did not have English as a first language. The electronic check in desk was also only available in English.

At this inspection in November 2016, we found that information in the reception area was available in other languages. The practice had changed the self-check-in screen to offer information in additional languages. Staff told us that translation 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.

Patient/carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a range of support groups and organisations. Local support groups that were promoted by the practice included groups for people affected by stroke, pregnant mothers, people who were carers, people with mental health difficulties and people affected by cancer.

At our last inspection in May 2016, the practice did not have an up to date carers register, and only approximately 0.4% of patients were identified as also being a carer. At this inspection in November 2016, we found that the practice had changed the computer system to prompt staff to ask patients if they had any caring responsibilities and, if so, to offer them an appointment for a health and well-being check and to direct them to relevant carer's information. At the time of the inspection, the practice had identified just over 1% (255 patients) of the practice list as carers and we were told this was increasing on a weekly basis. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered a 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.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

At our last inspection, we found that although the practice had reviewed the needs of its local population, it had not put in place a plan to secure improvements for all of the areas identified. For example, the practice did not offer extended hours appointments despite patients having requested for this service to be available and patients reported difficulty in the appointment system.

At this inspection, we found that the practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example:

- The practice offered extended hours every evening until 7pm and on Saturday mornings for patients who could not attend during normal opening hours.
- There were routine appointments outside of school hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately/ were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services.
- Individuals with no fixed abode were treated at the practice and referred to social services as appropriate.
- There was a self-check-in system available in reception which was available in different languages. An information screen displayed information in English and two other languages commonly spoken by the practice's patient population.
- The practice offered online consultations for patients from September 2016. Patients choosing this service complete a web form outlining their concern. A GP then reviews this information and contacts the patient within 48 hours with advice or to offer them an appointment or prescription.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Extended hours appointments with a GP were available until 7pm every weekday and on Saturday mornings from 8.45am to 11.30am. The practice had introduced extended hours appointments from 1 October 2016. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available daily for patients that needed them.

At our inspection in May 2016, patients told us they could be put on hold for up to half an hour in order to make an appointment by telephone. Results from the national GP survey from January 2016 showed that 56% of patients said they could get through easily to the practice by phone compared to the national average of 73%. Results from the national GP survey from July 2016 showed access by telephone had improved, but was still below national and CCG averages:

- 63% found it easy to get through to this practice by phone compared to a clinical commissioning group (CCG) average of 78% and a national average of 73%.

In November 2016, the practice had invested in a new telephone system which went live just a few weeks before our inspection. The system displayed the number of patients waiting and we saw that staff performing other duties stopped to assist with handling calls when needed. The number of patients waiting was monitored by the patient services and business manager. The system recorded the average call waiting time and this was monitored by the practice on a weekly basis. The practice showed us data since the telephone system had been introduced which showed that the average wait for calls to be answered was approximately one minute. Additional staff had also been recruited to help handle the number of enquiries from patients.

Other results from the national GP patient survey published in July 2016 showed that patient's satisfaction with how they could access care and treatment were in line with local and national averages.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- 79% of patients were satisfied with the practice's opening hours compared to the CCG average of 80% and national average of 79%.
- 70% described their experience of making an appointment as good compared to a CCG average of 75% and a national average of 73%.
- 46% feel they don't have to wait too long to be seen compared with a CCG average of 55% and a national average of 58%.

Listening and learning from concerns and complaints

At our inspection in May 2016, patients told us there were problems with how the practice handled complaints. One patient told us that they had previously made a complaint but did not receive feedback about the outcome of their complaint. Another patient stated they wished to complain but were worried about the repercussions on their treatment in the future if they did.

At this inspection in November 2016, we found that the practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. There was information on how to make a complaint in the practice leaflet for patients and on signs located in the waiting areas. Information on how to complain was also available on the practice website.
- We saw that information regarding complaints and the learning from these were shared with staff in monthly team meetings.

We looked at 24 complaints received since our last inspection in May 2016, and found these were satisfactorily handled, dealt with in a timely way, openness and transparency with dealing with the complaint. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, a patient was unhappy with the way on-going cancer care was handled by the practice. The complaint was investigated by the practice and the patient received an apology and an explanation. The system for registering new patients was changed by the practice to ensure all relevant information was captured.

Are services well-led?

Good

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

Our findings

Vision and strategy

The practice had a vision to deliver high quality care and promote good outcomes for patients. The vision and strategy had been revisited in early November 2016 by the partners in the practice and was in the process of seeking staff and patient consultation before being finalised.

- The practice had an effective strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- The practice was proactive with regard to succession planning. For example, the practice had employed a community matron and paramedic to support patient triage, home visits and the assessment of frail patients.
- The practice had a commitment to developing staff to reach their potential. For example, a health care assistant was being supported to undertake training to gain nurse registration. We were told that the lead nurse was an effective mentor and role-model for the member of staff.

Governance arrangements

At our last inspection, we found that the practice had governance arrangements which did not meet the needs of patients. At this inspection, the practice demonstrated they had reflected on the previous inspection findings and instigated changes to improve care for patients. They demonstrated improvements in record-keeping, the oversight of the practice and there was an effective governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff via a shared area on the computer system.
- A comprehensive understanding of the performance of the practice was maintained however, plans to improve the care of patients with long term conditions need to be achieved.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, these had not been sufficient in relation to the storage of vaccines.

Leadership, openness and transparency

At our last inspection we found the leadership had not ensured the level of communication that staff had wanted. At this inspection we found that practice meetings occurred regularly and were formally documented, with clear actions and time frames for completion. We found that the partners and non-clinical leadership team had the experience, capacity and capability to run the practice and ensure high quality care. The practice prioritised safe, high quality and compassionate care. The leadership team and partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The practice had produced guidance for staff on their responsibilities relating to the reporting of incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

- The practice gave affected patients reasonable support, truthful information and a verbal and written apology.
- They kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held monthly team meetings and weekly meetings for team leaders. Individual teams were given protected time for meetings. A member from the practice leadership team and/or a GP attended individual team meetings to ensure concerns were listened to and issues were shared with staff as appropriate.
- 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 in doing so and felt supported if they did.

Are services well-led?

Good

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

- We noted away days for partners were held annually. Staff were able to attend network meetings on a regular basis.
- Staff said they felt respected, valued and supported, particularly by the partners. 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

At our inspection in May 2016, we found that the practice did not have suitable systems in place to

gather and respond to feedback from patients and staff. At this inspection we found that the practice encouraged and valued feedback from patients, the public and staff. The practice had proactively sought patients' feedback and had engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met regularly with the business manager and patient services manager. The PPG had led on a patient survey used in the reception and waiting areas and told us they were approached by the practice for feedback in relation to any issues or developments. For example, the plans to improve telephone access for patients and changes to the appointment system.
- We noted that the practice responded appropriately to comments left by patients on the NHS Choices website.
- The practice had gathered feedback from staff generally through staff meetings, appraisals and discussion. Staff told us that they felt communication had greatly improved within the practice since the last inspection. Staff told us that the partners and leadership had been supportive since the last inspection and had not attributed blame regarding the previous findings on staff. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, a member of staff felt that the practice should offer smoking cessation advice to patients on site. This was discussed at a clinical meeting, agreed and, once training had been completed, has been offered to patients for approximately a year. Staff told us they felt involved and engaged to improve how the practice was run.
- Following our last inspection, the Wessex Deanery, the training organisation for GPs, had contacted all previous doctors who had trained at the practice to be a GP within the past 12 months. They sought feedback on ways in which their training experience could have been improved. We noted that the Deanery was satisfied with the training offered by the practice to doctors.

Continuous improvement

At this inspection we found a focus on continuous learning and improvement at all levels within the practice. The practice shared with us action plans to improve quality, for example with regard to the Quality and Outcomes Framework and an audit plan for the coming year.

The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice was part of the local North Hampshire Alliance (a federation of primary care practices operating within the North Hampshire and Fareham CCG. The alliance was designed to mitigate the financial demands on practices that impacted upon providing timely and effective patient care and to be the voice of primary care when in dialogue with the local CCG. The alliance was also designed to provide integrated solutions to ensure that the administration of clinical services was delivered in an effective way.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **The registered provider did not ensure that all reasonably practicable actions were taken to mitigate risks to the health and safety of service users.** • An effective system was not in place to review and action fridge temperatures that exceeded recommended levels for the safe storage of vaccines. • Performance on the Quality and Outcomes Framework relating to patient outcomes were low compared to CCG and national averages. This was in breach of Regulation 12. 12 (2)(a) (b) (g)