

The Great Sutton Medical Centre - Blue

Quality Report

Old Chester Road
Great Sutton
Ellesmere Port
Cheshire

CH66 3SP

0151 339 3079

Tel: 0151 339 3079

Website: www.greatsuttonmedicalcentre.co.uk

Date of inspection visit: 9th March 2016

Date of publication: 12/05/2016

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?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



Summary of findings

Contents

Summary of this inspection

| | Page |
|---|------|
| Overall summary | 2 |
| The five questions we ask and what we found | 4 |
| The six population groups and what we found | 7 |
| What people who use the service say | 11 |
| Areas for improvement | 12 |

Detailed findings from this inspection

| | |
|--|----|
| Our inspection team | 13 |
| Background to The Great Sutton Medical Centre - Blue | 13 |
| Why we carried out this inspection | 13 |
| How we carried out this inspection | 13 |
| Detailed findings | 15 |
| Action we have told the provider to take | 27 |

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Great Sutton Medical Centre – Blue on 9th March 2016.

Overall the practice is rated as requires improvement.

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

- There were systems in place to protect patients from risks to their safety, for example, the systems around ensuring sufficient staffing and the management of medication. However we identified improvements that needed to be made to ensure the practice was operating safely.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. The practice worked with other social and healthcare professionals to meet the needs of patients.
- Staff felt supported. They had received an annual appraisal and said they had access to the training they needed. The system for identifying the training needs of staff and ensuring that all staff undertook the training they required for their roles needed revision.
- Patients we spoke with and who returned comment cards were very positive about the care they received from the practice. They commented that they were treated with respect and dignity and that staff were caring, supportive and helpful.
- Services were planned and delivered to take into account the needs of different patient groups.
- Access to the service was monitored to ensure it met the needs of patients. The National GP Patient Survey January 2016 (data collected from January-March 2015 and July-September 2015) showed dissatisfaction with access, for example around getting through to the practice by telephone and access to appointments. Changes had been made to address these issues. Patients spoken with said that they were generally able to get an

Summary of findings

appointment when one was needed, in particular for urgent issues and that they were happy with the opening hours. Some responses from comment cards indicated continuing issues with access.

- There were systems in place to monitor and improve quality and identify risk. However improvements were needed. A record was not made of all staff meetings. Some policies and procedures needed revision. The work being undertaken to ensure all patients received the health checks they needed at the recommended frequencies needed to continue to demonstrate an improvement to patient outcomes.
- The practice sought feedback from staff and patients, which it acted on. There was an active patient participation group.
- The practice was aware of future challenges and had identified possible service improvements.

There were areas of practice where the provider must make improvements are:

- Ensure that there are systems in place for the management of significant events and that all staff are aware of the reporting process. Ensure there are clear processes for disseminating learning and actions following a significant event investigation and a clear system for review to ensure that actions identified have been and continue to be carried out.
- Ensure that there is a record of the required recruitment information to confirm the suitability of staff employed.
- Ensure there is an effective system for identifying the training needs of staff and ensuring that all staff undertake the training they require for their roles.

- Ensure there is a system in place to update all policies and procedures in line with current guidance and provide clear guidance to staff.

The areas where the provider should make improvements are:

- Ensure the system put in place for the safe management of prescriptions is maintained and all staff are aware of it.
- Carry out a review of the most recent infection control audit to identify that actions taken have been effective and to assess which actions remain outstanding. A timescale for addressing outstanding actions needs to be identified.
- Put a system in place to ensure all health and safety checks are carried out at the recommended frequencies.
- Nationally published data showed patient outcomes were lower for some long term conditions when compared to local and national averages. The systems for monitoring that patients were receiving the health care checks they needed at the recommended frequencies needs to continue to ensure that there is an improvement to patient outcomes.
- The system in place for monitoring verbal complaints should be reviewed.
- Review the arrangements for recording staff meetings and to the regularity of meetings amongst the administrative staff.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as requires improvement for providing safe services. Improvements were needed to the management of significant events to ensure that all staff were aware of the reporting process. To ensure there were clear processes for disseminating learning and actions following a significant event investigation and a clear system for review to ensure that actions identified had been and continued to be carried out. The significant event, chaperone, recruitment, business continuity and safeguarding children procedure needed to be reviewed to ensure that clear information was available for staff. Following our visit, the business continuity and chaperone procedures were updated, however, the systems for ensuring all policies and procedures were regularly reviewed required improvement. Several staff needed training or training updates in safeguarding adults and children, health and safety and fire safety. This was being addressed, shortly before and following our inspection. However, the systems for ensuring staff have the training required needs improvement. Action was needed to ensure recruitment records contained evidence of references. A review of the last infection control audit was needed to identify that actions taken had been effective and to assess which actions remained outstanding. A timescale for addressing outstanding actions needed to be identified. There were systems in place to protect patients from risks to their safety. For example, there were systems to ensure sufficient staffing levels and patient medication was safely managed.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services. Patients' needs were assessed and care was planned and delivered in line with current legislation. Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and used it routinely. Staff worked with other health care teams and there were systems in place to ensure appropriate information was shared. Staff told us that they had the skills, knowledge and experience to deliver effective care and treatment. The staff we spoke with were able to show us evidence of the training they had undertaken, however, the overall record of training which would allow training needs to be identified and planned for were incomplete. Quality and Outcome Framework (QOF) data showed there were areas where the practice was not performing as well as other practices nationally in the monitoring of some long term conditions. QOF is a system intended to improve the quality of general practice and reward good

Good



Summary of findings

practice. The GP partners told us that a number of staff changes had impacted on reviews of patient care and consequently the QOF scores achieved. We reviewed QOF scores from previous years which indicated that the practice had in the preceding 3 years achieved higher scores. We spoke with nursing and health care assistants, reviewed the systems for identifying and recalling patients for health checks and looked at the current QOF data which showed that improvements had been made to the monitoring of patients health care.

Are services caring?

The practice is rated as good for caring. Patients were positive about the care they received from the practice. They commented that they were treated with respect and dignity and that staff were caring, supportive and helpful. Patients felt involved in planning and making decisions about their care and treatment. Data from the National GP Patient Survey January 2016 (data collected from January-March 2015 and July-September 2015) showed that patients responses about whether they were treated with respect and in a compassionate manner by clinical and reception staff were about or slightly above average when compared to local and national averages.

Good



Are services responsive to people's needs?

The practice is rated good for providing responsive services. Services were planned and delivered to take into account the needs of different patient groups. Results from the National GP Patient Survey from January 2016 (data collected from January-March 2015 and July-September 2015) showed that patient's satisfaction with access to care and treatment was below local and national averages in some areas. Changes had been made to improve patient access including the installation of a new telephone system, telephone lines and the redeployment of staff. Changes had been made to the appointment system and the types of appointment offered to increase access and GP continuity. Access to the service was being monitored to ensure it met the needs of patients and to ensure any improvements identified could be implemented. The practice had a complaints policy which provided staff with clear guidance about how to handle a complaint. The system in place for monitoring verbal complaints should be reviewed to ensure that any patterns and trends arising from verbal complaints are identified.

Good



Are services well-led?

The practice is rated requires improvement for providing well-led services. Meetings took place to share information look at what was working well and where any improvements needed to be made. However improvements were needed to the recording of these

Requires improvement



Summary of findings

meetings and to the regularity of meetings amongst the administrative staff. The system for the management of significant events and ensuring learning from them was shared across the practice needed improvement. Improvements were needed to policies and procedures to ensure clear guidance was available for staff to refer to. The system for identifying the training needs of staff and ensuring that all staff undertook the training they required for their roles needed improvement. The performance of the practice was monitored through the Quality and Outcomes Framework (QOF) system. This indicated that improvements were needed in areas to ensure the practice was performing in line with local and national averages. The practice had taken action to address these shortfalls and this needed to be sustained to improve patient services. Audits had been carried out to monitor the operation of the service. The practice sought feedback from staff and patients, which it acted on. There was an active Patient Participation Group. The practice was aware of future challenges and had identified possible service improvements.

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 requires improvement for the care of older people. The issues identified as requires improvement overall affected all patients including this population group. The practice was knowledgeable about the number and health needs of older patients using the service. They kept up to date registers of patients' health conditions and used this information to plan reviews of health care and to offer services such as vaccinations for flu and shingles. The practice worked with other agencies and health providers to provide support and access specialist help when needed. Multi-disciplinary meetings were held to discuss and plan for the care of frail and elderly patients. The practice was working with neighbourhood practices and the CCG to provide services to meet the needs of older people. They had just started to provide an Early Visiting service and were already providing an Acute Visiting Service. Both services aim to improve patient access to GP services and to the resources needed to support patients at home with the aim of reducing emergency admissions to hospital and use of emergency services. There was a system in place to identify patients over 75 discharged from hospital following an unplanned admission. This enabled the patient to be contacted by a clinician to discuss support needed to prevent a readmission where possible. The Patient Participation Group had recently co-ordinated an information giving event around care of the elderly which was attended by a number of local health and social care services.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for the care of people with long-term conditions. The issues identified as requires improvement overall affected all patients including this population group. The practice held information about the prevalence of specific long term conditions within its patient population such as diabetes, chronic obstructive pulmonary disease (COPD), cardiovascular disease and hypertension. This information was reflected in the services provided, for example, reviews of conditions and treatment, screening programmes and vaccination programmes. The practice had a system in place to recall patients for reviews of long term conditions. Alerts were placed on patient records to ensure same day access where necessary. Quality and Outcome Framework (QOF) data showed there were areas where the practice was not performing as well as other practices nationally in the monitoring of some long term conditions. The GP partners told us that a number of staff changes, including two nurses leaving the

Requires improvement



Summary of findings

practice over a two year period had impacted on reviews of patient care and consequently the QOF scores achieved. We reviewed QOF scores from previous years which indicated that the practice had in the preceding three years achieved higher scores. We spoke with nursing and health care assistants, reviewed the systems for identifying and recalling patients for health checks and looked at the current QOF data which showed that improvements had been made to the monitoring of patients health care.

The practice encouraged patients to monitor their long term conditions where possible. For example, through the use of blood pressure monitoring machines at home or by using a monitor at the practice. Patients were able to access questionnaires for asthma, depression and alcohol use to help identify if clinical services were required. The practice was piloting the Year of Care model for patients with diabetes and was planning to extend this to other conditions from April 2016. This model is designed to empower patients and work in partnership with them to develop care plans to manage their long term conditions and reduce attendance at the practice for screening. The practice had multi-disciplinary meetings to discuss the needs of palliative care patients and patients with complex needs. The practice worked with other agencies and health providers to provide support and access specialist help when needed. The practice referred patients who were over 18 and with long term health conditions to a well-being co-ordinator for support with social issues that were having a detrimental impact upon their lives.

Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people. The issues identified as requires improvement overall affected all patients including this population group. Newly pregnant patients were provided with an information pack and booked in to see the midwife. Post-natal and new baby checks were offered. Baby immunisations were available and the practice ensured that any non-attenders were recalled. Baby change facilities were on site. The website contained information for pregnancy and health care after birth and through childhood. Contraceptive and family planning services were provided. The staff we spoke with had appropriate knowledge about child protection however some staff needed training or training updates in this area. Improvements were needed to the child safeguarding procedure available for staff. Staff put alerts onto the patient's electronic record when safeguarding concerns were raised. The safeguarding lead staff liaised with and met with the health visitor to discuss any concerns about children and how they could be best supported. The practice website and information in the

Requires improvement



Summary of findings

waiting room directed young people to sources of support such as “My Wellbeing” an online service for 11-19 year olds run by Cheshire and Wirral Partnership NHS Foundation Trust offering emotional and psychological support.

Working age people (including those recently retired and students)

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students). The issues identified as requires improvement overall affected all patients including this population group. The practice offered pre-bookable appointments, book on the day appointments, Skype and telephone consultations. Patients could book appointments on-line or via the telephone, repeat prescriptions could be ordered on-line and text reminders were sent for some test results which provided flexibility to working patients and those in full time education. The practice was open from 08:00 to 18:30 Monday to Friday allowing early morning and late evening appointments to be offered to this group of patients. An extended hour's service for routine appointments was commissioned by West Cheshire CCG. The practice website provided information around women and men's health and self-care and local services available for patients. Health checks were offered to patients who were over 40 – 74 years of age to promote patient well-being and prevent any health concerns. This included blood pressure checks, diabetes and cholesterol screening and smoking and alcohol advice. An in-house phlebotomy service was provided. Referrals were made to services to support patients with their health, such as weight management programmes.

Requires improvement



People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The issues identified as requires improvement overall affected all patients including this population group. Patients' electronic records contained alerts for staff regarding patients requiring additional assistance. For example, if a patient had a learning disability to enable appropriate support to be provided. There was a recall system to ensure patients with a learning disability received an annual health check. Staff we spoke with had appropriate knowledge about safeguarding vulnerable adults. Some staff had not received training or needed refresher training in this area. A date for this had been arranged. The practice referred patients to local health and social care services for support, such as drug and alcohol services and to the wellbeing coordinator. There was a lead member

Requires improvement



Summary of findings

of staff for carers. A record was made on patients notes if they were a carer to enable appropriate support to be offered. Services for carers were publicised and information packs were given to carers to ensure they had access to appropriate services.

People experiencing poor mental health (including people with dementia)

The practice is rated requires improvement for the care of people experiencing poor mental health (including people with dementia). The issues identified as requires improvement overall affected all patients including this population group. GPs worked with specialist services to review care and to ensure patients received the support they needed. The practice attended quarterly meetings with the mental health team to review the needs of patients on the mental health register. The practice maintained a register of patients who experienced poor mental health. The register supported clinical staff to offer patients experiencing poor mental health, including dementia, an annual health check and a medication review. The practice supported the mental health needs of patients living in a local hospital and undertook regular health checks and medication reviews. The practice referred patients to appropriate services such as psychiatry and counselling services. All staff had attended training in dementia to highlight the issues these patients may face.

Requires improvement



Summary of findings

What people who use the service say

Data from the National GP Patient Survey January 2016 (data collected from January-March 2015 and July-September 2015) showed that patients' responses about whether they were treated with respect, compassion and involved in decisions about their care and treatment were similar to or slightly above local and national averages. Two hundred and eighty six survey forms were distributed, 126 (44%) were returned which represents 2.1% of the total practice population.

- 94% said the GP gave them enough time compared to the CCG average of 90% and national average of 87%.
- 97% said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and national average of 95%.
- 89% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and national average of 85%.
- 97% said the nurse gave them enough time compared to the CCG average of 94% and national average of 92%.
- 95% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 91%.
- 98% said they had confidence and trust in the last nurse they saw compared to the CCG average of 98% and national average of 97%.
- 93% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 86%.
- 91% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 85%.

Results from the National GP Patient showed that patient's satisfaction with access to care and treatment was below or slightly below local and national averages. For example:

- 58% patients described their experience of making an appointment as good compared to the CCG average of 74% and national average of 73%.
- 36% patients said they could get through easily to the surgery by phone compared to the CCG average of 71% and national average of 73%.
- 67% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and national average of 75%.
- 82% 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 national average of 85%.
- 54% of patients said they usually get to see or speak to their preferred compared to the CCG average of 59% and the national average of 59%.
- 77% patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and national average of 87%.
- 80% describe their overall experience of this surgery as good compared to the CCG average of 88% and national average of 85%.

The practice manager and partners had reviewed the outcome of the National GP Patient Survey. They told us that there had been an on-going issue with telephone access and as a result a new telephone system and additional telephone lines had been installed. Patient access had been monitored and we were shown results of a survey in January 2016 to indicate that the telephones had been answered without a significant delay. Reception staff had also been redeployed to ensure there were more staff available when the telephones were busiest. The practice manager and GP partners told us that informal complaints by patients about the telephone system had reduced. Changes had been made to the appointment system and the types of appointment offered to increase access and GP continuity. There were now more appointments available that could be booked on-line. Skype consultations were offered. Nursing appointments had been re-organised to offer appointments throughout the day up to 18.30. The number of consultation hours by the GP partners and salaried GPs had been increased which reduced the

Summary of findings

number of locum GPs needed. An advanced nurse practitioner had been employed who provided appointments on the day for acutely unwell patients. The partners had recognised that further nursing appointments were needed for patients and had a plan to increase the nursing hours available.

There had been several changes to administrative, reception and clinical staff over the last two years and the partners and practice manager told us that they felt this had resulted in reduced patient satisfaction with the experience of making an appointment and with continuity. The practice had made staffing changes to provide a more stable staff team and new reception and administrative staff had become more effective in their roles.

We received 24 comment cards and spoke to three patients. Patients indicated that their privacy and dignity were promoted and they were treated with care and compassion. A number of comments made showed that patients felt a very good service was provided and that clinical and reception staff were dedicated, professional and listened to their concerns. Patients generally said that they were able to get an appointment when one was needed, in particular for urgent issues and that they were happy with the opening hours. One response indicated it could be difficult to get an appointment in advance, two indicated that the GPs ran late for appointments and one indicated dissatisfaction with the repeat prescription service. We reviewed the prescription service as we noted that two complaints had been made about this in the last 12 months. The process had been reviewed and there were satisfactory systems for managing requests.

Areas for improvement

Action the service **MUST** take to improve

- Ensure that there are systems in place for the management of significant events and that all staff are aware of the reporting process. Ensure there are clear processes for disseminating learning and actions following a significant event investigation and a clear system for review to ensure that actions identified have been and continue to be carried out.
- Ensure that there is a record of the required recruitment information to confirm the suitability of staff employed.
- Ensure there is an effective system for identifying the training needs of staff and ensuring that all staff undertake the training they require for their roles.
- Ensure there is a system in place to update all policies and procedures in line with current guidance and provide clear guidance to staff.

Action the service **SHOULD** take to improve

- Ensure the system put in place for the safe management of prescriptions is maintained and all staff are aware of it.

- Carry out a review of the most recent infection control audit to identify that actions taken have been effective and to assess which actions remain outstanding. A timescale for addressing outstanding actions needs to be identified.
- Put a system in place to ensure all health and safety checks are carried out at the recommended frequencies.
- Nationally published data showed patient outcomes were lower for some long term conditions when compared to local and national averages. The systems for monitoring that patients were receiving the health care checks they needed at the recommended frequencies needs to continue to ensure that there is an improvement to patient outcomes.
- The system in place for monitoring verbal complaints should be reviewed.
- Review the arrangements for recording staff meetings and to the regularity of meetings amongst the administrative staff.

The Great Sutton Medical Centre - Blue

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 advisor and a practice manager specialist advisor.

Background to The Great Sutton Medical Centre - Blue

The Great Sutton Medical Centre – Blue is one of three group practices based within the same building. The three practices share a practice manager, nursing team and administrative and reception staff. The practice has four partner GPs and two salaried GPs. The Great Sutton Medical Centre – Blue is responsible for providing primary care services to approximately 5800 patients. The practice is based in an area with average levels of economic deprivation when compared to other practices nationally. The practice is not a GP training practice but provides education for 4th year medical students at Liverpool University.

The practice is open 08:00 to 18.30 Monday to Friday. An extended hour's service for routine appointments and an out of hour's service are commissioned by West Cheshire CCG and provided by Cheshire and Wirral Partnership NHS Foundation Trust.

The practice has a General Medical Service (GMS) contract. The practice offers a range of enhanced services including minor surgery, flu vaccinations, timely diagnosis of dementia and learning disability health checks.

The practice had gone through a number of changes in the preceding two years. Twenty two staff (administrative and nursing) left the practice group in this same period and there was low morale across the staff team. A number of new administrative staff, some of whom lacked experience were appointed. At the time of this inspection there was better staff continuity, staff had settled in to their roles and were reporting an improvement to morale.

Why we carried out this inspection

We carried out a comprehensive inspection of the services under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We carried out a planned inspection to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to provide a rating for the services under the Care Act 2014.

How we carried out this inspection

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

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

Detailed findings

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)

Before our inspection we reviewed information we held and asked other organisations and key stakeholders to share what they knew about the service. We reviewed the practice's policies, procedures and other information the practice provided before the inspection. We carried out an

announced inspection on 9th March 2016. We reviewed all areas of the practice including the administrative areas. We sought views from patients face-to-face and reviewed CQC comment cards completed by patients. We spoke to clinical and non-clinical staff. We observed how staff handled patient information and spoke to patients. We explored how the GPs made clinical decisions. We reviewed a variety of documents used by the practice to run the service.

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

Safe track record and learning

The practice had a significant event recording form which was accessible to all staff via computer. Generally staff spoken with knew how to identify and report a significant event however one long standing member of staff told us they did not consider themselves familiar with the process. We found that there was no written explanation of what constituted a significant event, how to report one and how learning from them would be shared with staff. The practice carried out an analysis of significant events and this also formed part of the GPs' individual revalidation process. We looked at a sample of three significant events and found they had been appropriately documented and we were shown examples of actions taken to prevent a re-occurrence.

We found that the systems in place for sharing the outcome of significant events and any action to be taken with the staff team needed improvement. Records of staff meetings did not clearly show that significant events and any actions to be taken to improve practice had been discussed. Meetings between the administrative team were not documented and did not occur on a regular basis. As clear records of significant event discussions were not maintained the information discussed could not be readily shared with staff unable to attend. The significant events were not all held in a centralised folder for staff to refer to. We identified a safety issue that was not recorded as a significant event. There were no records to show the outcome of this incident had been shared with relevant staff. There was no documented evidence to show that a review of all significant events was carried out to ensure that the action identified had been or was being carried out.

Overview of safety systems and processes

- The local authority adult safeguarding procedure that reflected relevant legislation and local requirements was available for staff to refer to. A similar procedure for safeguarding children from abuse was not available for staff. A Royal College of General Practitioners procedure was available which was very long and did not provide a quick reference guide for staff and did not reflect local requirements. Staff were not able to find this procedure quickly as there were a number of documents relating

to child safeguarding contained within the same electronic folder. A printed flowchart with telephone numbers was on display outlining the local process for making children and adult safeguarding referrals. There was a lead member of staff for safeguarding and two staff spoken with were not clear who this was, this was not recorded for staff to refer to. Alerts were placed on patient records to identify if there were any safety concerns. The practice had systems in place to monitor and respond to requests for attendance/reports at safeguarding meetings and we saw evidence that reports were provided for meetings when requested. Meetings with the health visiting service took place to discuss any concerns regarding younger children. Staff demonstrated they understood their responsibilities in relation to safeguarding adults and children. We were informed that all the GPs had completed Level 3 safeguarding children training and adult safeguarding training although a record was not maintained of mandatory training attended by GPs and not all training certificates were available to confirm this. The training records showed that a number of new administrative staff who had been employed for over 12 months had not received safeguarding children and adult training. Records showed that some nurses and health care assistants had not received training in safeguarding adults and safeguarding children training at Level 2 which is recommended by the Royal College of Nursing. Following our visit a number of clinical and non-clinical staff completed this training via an e-learning training course. External trainers had been organised to provide training to all staff in adult and children safeguarding in 2016 June.

- A notice was displayed in the waiting room advising patients that a chaperone was available if required. All staff who acted as chaperones had received training for this role. A disclosure and Barring Service (DBS) check had been undertaken for all clinical and non-clinical staff who currently acted as chaperones. These 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. Further non-clinical staff had been trained to act as chaperones and we were told would undertake these responsibilities when a DBS check had been undertaken. Clinical staff recorded in patient records when a chaperone had been present.

Are services safe?

We noted that the chaperone policy and procedure did not provide staff with clear information about where to stand whilst performing this role. We were informed that staff were given this guidance during their training about being a chaperone.

- The practice had systems in place to promote infection control. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There were infection control protocols in place for staff to refer to. The nursing staff and health care assistants had received training in this area. Training records showed that a number of reception/administrative staff had either not completed this or needed refresher training. There were cleaning schedules in place and the practice appeared clean and tidy, however, some areas of the practice were showing signs of wear and tear. For example, some areas of flooring were discoloured making it difficult to determine if it was clean. An infection control audit was undertaken by the Infection Prevention and Control Team in May 2015 and the practice scored 77%. A number of areas were identified for improvement. The lead for infection control told us that action had been taken to address a number of issues but some remained outstanding. We saw that an action plan had been completed but it did not contain timescales for addressing the outstanding actions and a re-audit had not been carried out to assess the progress made against the shortfalls identified.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe. Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Vaccines were securely stored, were in date and we saw the fridges were checked daily to ensure the temperature was within the required range for the safe storage of vaccines. The system for repeat prescribing was safe however it was not recorded for GPs to refer to.
- Following an inspection of one of the practices located at the same premises and sharing a number of staff, changes had been made to the security of prescriptions to avoid the risk of misappropriation. We were shown evidence that electronic prescription numbers were being recorded and only a small number of prescriptions were being issued to GPs on home visits.

At a further visit to one of the three practices that share the same staff we noted the nurse practitioner carried a large number of prescriptions on home visits. Steps to address this were confirmed as having been taken following our visit. Guidance around the safe management of prescriptions now needs to be provided to staff to ensure that these systems remain in operation.

- A recruitment procedure was available. This did not contain guidance about carrying out DBS checks for staff, obtaining evidence of qualifications and registration with professional bodies such as the General Medical Council (GMC) and Nursing and Midwifery Council (NMC) and the Performers List. We reviewed five personnel files of staff employed within the last two years and found that in general appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS. One file contained only one reference and one contained no references. We looked at a sample of clinical staff records and found that DBS checks had been undertaken for the salaried GPs. The practice had recently applied for DBS checks for the partner GPs. A system had recently been put in place to carry out periodic checks of the Performers List, GMC and NMC to ensure the continued suitability of staff.

Monitoring risks to patients

- 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 displayed for staff to refer to. The practice had an up to date fire risk assessment completed in February 2016. This included an action plan to ensure safety was maintained. A fire drill had taken place within the last 12 months. Evidence that the emergency lighting and smoke detectors were routinely inspected to ensure they were in good working order was not available. Following our visit these checks were undertaken and evidence was provided to us to confirm this. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was

Are services safe?

checked to ensure it was working properly. Evidence that the electrical wiring of the building had been routinely inspected was not in place. Action was taken to address this following our visit.

- The practice also had other risk assessments in place to monitor the safety of the premises such as control of legionella. Training records showed that a number of staff needed training or refresher training in fire safety, manual handling and health and safety.
- There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. The practice monitored whether there were sufficient staffing levels through patient and staff feedback. The practice had identified that extra nurse appointments were needed. Advertisements had been placed so that further nursing hours could be offered to patients.

Arrangements to deal with 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. The practice had a defibrillator and oxygen available on the premises which was checked to ensure it was safe for use. There were emergency medicines available which were all in date, regularly checked and held securely. Two staff who had been recently employed had not had basic life support training and a clinical member of staff employed for six months had not had this training in the last 12 months. The records showed that established staff had not received this training recently. The practice manager advised that the training records were not up to date and that established staff had received this training. This was confirmed by reviewing a sample of training certificates available and talking to staff. Annual basic life support training had been booked for all staff to attend in April and May 2016.

The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan did not include emergency contact numbers for staff, utility services or identify alternative premises to be used in the event of an emergency. This was updated following our visit.

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. Clinical meetings were held and staff attended external training events to keep up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.

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. Current results were 87.7% which was below local (96.1%) and national (94.8%) averages. QOF results showed that the practice was performing in line with other practices nationally for the monitoring of some conditions such as reviews of patients with dementia and patients with atrial fibrillation. They were significantly below national averages in some areas. Data from 2014-2015 showed:

- The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months was 63% compared to the national average of 90%.
- The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months was 46% compared to the national average of 75%.
- The percentage of patients with physical and/or mental health conditions whose notes record smoking status in the preceding 12 months was 88% compared to the national average of 94%.
- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months was 150/90mmHg or less was 75% compared to the national average of 84%.

The GP partners told us that two nurses had left the practice over a two year period and they experienced

difficulty recruiting permanent nursing staff. This had impacted on reviews of patient care and consequently the QOF scores achieved. We reviewed QOF scores from previous years which indicated that the practice had in the preceding three years achieved higher scores. We spoke with nursing and health care assistants, reviewed the systems for identifying and recalling patients for health checks and looked at the current QOF data which showed that improvements had been made to the monitoring of patients health care. We also checked four patient records which confirmed they had been recalled for long term condition reviews. The practice was piloting the Year of Care model for patients with diabetes which would improve care of patients with diabetes and was planning to extend this to other conditions from April 2016. The patient recall system had been reviewed and opportunistic screening was being undertaken where appropriate. The nursing staff team had stabilised which was also improving monitoring of patients health needs.

We were shown audits of clinical practice for example audits of antibiotic prescribing and audits of chlamydia screening. Both audits showed that the operation of the practice had been reviewed and changes had been made where required. For example, there had been a reduction in the prescribing of antibiotics and chlamydia screening was better advertised in the waiting area. The GPs told us that they shared the outcome of audits with other GPs at the practice to contribute to continuous learning and improvement of patient outcomes. If a GP was unable to attend the clinical meetings they said that audits and their findings would be communicated in other ways, such as email to ensure all the GPs kept up to date.

The GPs and nurses had key roles in monitoring and improving outcomes for patients. These roles included the management of long term conditions, palliative care, safeguarding and promoting the health care needs of patients with a learning disability and those with poor mental health. The clinical staff we spoke with told us they kept their training up to date in their specialist areas. This meant that they were able to focus on specific conditions and provide patients with regular support based on up to date information.

Staff worked with other health and social care services to meet patients' needs. The practice had monthly multi-disciplinary meetings to discuss the needs of patients with complex needs, palliative care needs and to discuss

Are services effective?

(for example, treatment is effective)

the needs of younger children. Clinical staff spoken with told us that frequent liaison occurred outside these meetings with health and social care professionals in accordance with the needs of patients.

Effective staffing

Staff told us that they had the skills, knowledge and experience to deliver effective care and treatment. The system for identifying the training needs of staff and ensuring that all staff undertook the training they required for their roles needed improvement. Evidence reviewed showed that:

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as fire safety, health and safety and confidentiality. Newly employed staff worked alongside experienced staff to gain knowledge and experience.
- The learning needs of staff were identified through appraisals and meetings. Staff told us they felt well supported and had access to appropriate training to meet their learning needs and to cover the scope of their work. A system was in place to ensure all staff had an annual appraisal. This included appraisals, mentoring and facilitation and support for the revalidation of doctors.
- The training record which provided an overview of all staff training and allowed for training needs to be identified and addressed was not complete. This meant we were unable to determine what training staff needed without looking at individual records. Clinical staff held their own training records and certificates. We looked at the records of two nurses and a health care assistant which showed their clinical training was up to date. A record of the training completed by GPs was not held by the practice manager and we were therefore not able to confirm if they had completed all their mandatory and role specific training.
- The practice manager confirmed that a number of staff needed training or refresher training in mandatory areas such as health and safety, information governance, fire safety and safeguarding. The practice had access to e-learning training courses and following our visit a number of staff completed training in fire safety and safeguarding. External training courses in safeguarding adults and children had been organised.

Coordinating patient care

The information needed to plan and deliver care and treatment was available to relevant staff through the practice's patient record system and their intranet system. This included assessments, care plans, medical records and test results. Information such as NHS patient information leaflets were also available. There were systems in place to ensure relevant information was shared with other services in a timely way, for example when people were referred to other services and the out of hours services.

Consent to care and treatment

Patients' consent to care and treatment was sought in line with legislation and guidance. Clinical staff spoken with understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. We noted however, that some clinical staff had not received training in the Mental Capacity Act or Deprivation of Liberty Safeguards. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. Consent forms for surgical procedures were used and scanned in to the medical records.

Supporting patients to live healthier lives

The practice offered national screening programmes, vaccination programmes, children's immunisations and long term condition reviews. Health promotion information was available in the reception area and on the website. The practice had links with health promotion services and recommended these to patients, for example, smoking cessation, alcohol services, weight loss programmes and exercise services.

New patients registering with the practice completed a health questionnaire and were offered a health assessment with the nurse or health care assistant. A GP or nurse appointment was provided to new patients with complex health needs, those taking multiple medications or with long term conditions.

The practice monitored how it performed in relation to health promotion. It used the information from the QOF and other sources to identify where improvements were needed and to take action. QOF information for the period of April 2014 to March 2015 showed outcomes relating to

Are services effective?

(for example, treatment is effective)

health promotion and ill health prevention initiatives for the practice were comparable to or below other practices nationally. As indicated above, work was taking place to

address this. Childhood immunisation rates for vaccinations given for the period of April 2014 to March 2015 were generally comparable to the CCG averages (where this comparative data was available).

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and helpful to patients both attending at the reception desk and on the telephone. Curtains were generally provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that one room did not have a curtain and a screen had been obtained to promote patient privacy. The screen did not completely go around the examination couch and we were informed that the door to the room was kept locked during examinations. We were informed that a curtain had been requested. Consultation and treatment room doors were closed during consultations to promote privacy. To further promote privacy telephones were answered away from the reception desk where possible and patients were discouraged from standing directly behind patients talking to receptionists.

Notices in the patient waiting room told patients how to access a number of support groups and organisations. The practice's computer system alerted GPs if a patient was also a carer. There was a lead member of staff for carers. A record was made on patients' notes if they were a carer to enable appropriate support to be offered. Services for carers were publicised and information packs were given to carers to ensure they had access to appropriate services. Clinical staff referred patients on to counselling services for emotional support, for example, following bereavement.

We received 24 comment cards and spoke to two patients. Patients indicated that their privacy and dignity were promoted and they were treated with care and compassion. A number of comments made showed that patients felt a very good service was provided and that clinical and reception staff were dedicated, professional and listened to their concerns.

Data from the National GP Patient Survey January 2016 (data collected from January-March 2015 and July-September 2015) showed that patients responses about whether they were treated with respect and in a compassionate manner by clinical and reception staff were about or slightly higher than average when compared to local and national averages for example:

- 94% said the GP was good at listening to them compared to the CCG average of 92% and national average of 89%.
- 94% said the GP gave them enough time compared to the CCG average of 90% and national average of 87%.
- 97% said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and national average of 95%.
- 89% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and national average of 85%.
- 96% said the nurse was good at listening to them compared to the CCG average of 92% and national average of 91%.
- 97% said the nurse gave them enough time compared to the CCG average of 94% and national average of 92%.
- 95% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 91%.
- 98% said they had confidence and trust in the last nurse they saw compared to the CCG average of 98% and national average of 97%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with on the day of our inspection told us that they felt health issues were discussed with them, they felt listened to and involved in decision making about the care and treatment they received.

Data from the National GP Patient Survey January 2016 showed patients responses to questions about their involvement in planning and making decisions about their care and treatment and results were about or slightly above local and national averages. For example:

- 93% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 86%.
- 91% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 82%.

Are services caring?

- 94% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 91% and national average of 90%.
- 91% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 85%.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to improve outcomes for patients in the area. For example, the practice offered a range of enhanced services such as flu vaccinations, learning disability health checks and minor surgery. The practice was working with neighbourhood practices and the CCG to provide services to meet the needs of older people. They had just started to provide an Early Visiting service and were already providing an Acute Visiting Service. Both services aim to improve patient access to GP services and to the resources needed to support patients at home with the aim of reducing emergency admissions to hospital and use of emergency services.

The practice had multi-disciplinary meetings to discuss the needs of young children, palliative care patients and patients with complex needs.

Services were planned and delivered to take into account the needs of different patient groups. For example;

- The practice was open from 08:00 to 18:30 Monday to Friday allowing early morning and evening appointments to be offered to working patients.
- Urgent access appointments were available for children and those with serious medical conditions.
- There was a system in place to identify patients over 75 discharged from hospital following an unplanned admission. This enabled the patient to be contacted by a clinician to discuss support needed to prevent a readmission where possible
- Home visits were made to patients who were housebound or too ill to attend the practice.
- Translation services and an audio hearing loop were available if needed.
- A phlebotomy service was provided on site.
- The practice referred patients who were over 18 and with long term health conditions to a well-being co-ordinator for support with social issues that were having a detrimental impact upon their lives.

- The practice was piloting the Physio First service which provided physiotherapy appointments for patients without the need to see a GP for a referral.
- A quarterly newsletter was available for patients informing them about changes at the practice, services available and providing useful health information.

The practice was also part of Primary Care Cheshire, a federation of practices in West Cheshire who were in the process of setting up more community led services. One of the GP partners attended working group meetings to develop these services and had been actively involved in the setting up of the well-being co-ordinator and Physio First services.

Access to the service

Appointments could be booked in advance and booked on the day. Telephone and Skype consultations were also offered. Patients could book appointments in person, on-line or via the telephone. Repeat prescriptions could be ordered on-line or by attending the practice. Mobile phone texts were made to remind patients about appointments and reduce missed appointments and for some test results. An extended hour's service for routine appointments was commissioned by West Cheshire CCG and provided by Cheshire and Wirral Partnership NHS Foundation Trust.

Results from the National GP Patient Survey from January 2016 (data collected from January-March 2015 and July-September 2015) showed that patient's satisfaction with access to care and treatment was below local and national averages. For example:

- 58% patients described their experience of making an appointment as good compared to the CCG average of 74% and national average of 73%.
- 36% patients said they could get through easily to the surgery by phone compared to the CCG average of 71% and national average of 73%
- 67% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and national average of 75%.
- 82% 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 national average of 85%.
- 54% of patients said they usually get to see or speak to their preferred compared to the CCG average of 59% and the national average of 59%.

Are services responsive to people's needs?

(for example, to feedback?)

- 77% patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and national average of 87%.
- 80% describe their overall experience of this surgery as good compared to the CCG average of 88% and national average of 85%.

The practice manager and partners had reviewed the outcome of the National GP Patient Survey. They told us that there had been an ongoing issue with telephone access and as a result a new telephone system and additional telephone lines had been installed. Patient access had been monitored and we were shown results of a survey in January 2016 to indicate that the telephones had been answered without a significant delay. Reception staff had also been redeployed to ensure there were more staff available when the telephones were busiest. The practice manager and GP partners told us that informal complaints by patients about the telephone system had reduced.

Changes had been made to the appointment system and the types of appointment offered to increase access and GP continuity. There were now more appointments available that could be booked on-line. Skype consultations were offered. Nursing appointments had been re-organised to offer appointments throughout the day up to 18.30. The number of consultation hours by the GP partners and salaried GPs had been increased which reduced the number of locum GPs needed. An advanced nurse practitioner had been employed who provided appointments on the day for acutely unwell patients. The partners had recognised that further nursing appointments were needed for patients and had a plan to increase the nursing hours available.

There had been several changes to administrative, reception and clinical staff over the last two years and the partners and practice manager told us that they felt this had resulted in reduced patient satisfaction with the experience of making an appointment and with continuity. The practice had made staffing changes to provide a more stable staff team and new reception and administrative staff had become more effective in their roles.

We received 24 comment cards and spoke to three patients. Patients generally said that they were able to get an appointment when one was needed, in particular for urgent issues and that they were happy with the opening hours. One response indicated it could be difficult to get an appointment in advance, two indicated that the GPs ran late for appointments and one indicated dissatisfaction with the repeat prescription service. We reviewed the prescription service as we noted that two complaints had been made about this in the last 12 months. The process had been reviewed and there were satisfactory systems for managing requests.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy was in line with recognised guidance and contractual obligations for GPs in England and there was a designated responsible person who handled all complaints in the practice. Information about how to make a complaint was available to patients by asking a member of the reception team. This included the timescale for when the complaint would be acknowledged and responded to and details of who the patient should contact if they were unhappy with the outcome of their complaint. Information signposting patients to this and briefly explaining the process was available on the practice website and had recently been re-displayed in the waiting area. We noted that it was not contained in the patient information leaflet given to new patients registering at the practice.

The practice kept a record of written complaints. We reviewed a sample received within the last 12 months. Records showed they had been investigated, patients informed of the outcome and action had been taken to improve practice where appropriate. The records showed openness and transparency with dealing with the complaints. Verbal complaints were not routinely documented which would assist in identifying any pattern and trends. We noted that the written response to patients did not remind them of the other agencies complaints could be taken to if they were not happy with the response from the practice.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

The practice had a statement of purpose which outlined its aims and objectives. These included providing effective and safe care and treatment and ensuring clinicians had the skills to provide the services required. We noted that the aims and objectives of the practice were not publicised for patients. Staff spoken with understood and said they worked to the objectives of the practice.

Governance arrangements, Leadership and Culture

Meetings took place to share information, look at what was working well and where any improvements needed to be made. However improvements were needed to the recording of these meetings and to the regularity of meetings amongst the administrative staff. The GPs met twice a week and invited the nursing team and a representative from the administrative staff to these meetings. A brief record was made of these meetings and they were stored electronically for other staff to refer to. The nurses and health care assistants met weekly. The practice closed one afternoon a month which allowed for training and meetings amongst the administrative staff. We were told that these meetings were informal, with no agenda and minutes were not made. Given that twenty two staff, a number of whom had been administrative, had left the practice over a two year period it was important that formal arrangements were in place to elicit the views of all staff allowing any difficulties to be addressed at an early stage.

The practice had a number of policies and procedures in place to govern activity and these were available to staff electronically. We looked at a sample of policies and procedures and found that the policies and procedures required were available however some needed improvement. The chaperone, business continuity, significant event, repeat prescribing, recruitment and safeguarding children procedures needed to be reviewed to ensure clear, accessible information was available for staff that reflected up to date guidance. Following our visit, the business continuity and chaperone procedures were updated however, the systems for ensuring all policies and procedures were regularly reviewed and provided clear, up to date guidance required improvement.

The practice had systems in place for identifying, recording and managing risks. We looked at examples of significant incident reporting and actions taken as a consequence. Improvements were needed to the management of significant events to ensure that all staff were aware of the reporting process. There were clear processes for disseminating learning and actions following a significant event investigation and a clear system for review to ensure that actions identified had been and continued to be carried out.

The training records showed gaps in training for a number of staff. The practice manager confirmed that a number of staff, some of whom had been employed for over 12 months needed training in mandatory areas such as health and safety, information governance, fire safety and safeguarding. Further staff needed refresher training. The practice had access to e-learning training courses and following our visit a number of staff completed training in fire safety and safeguarding. External training courses in safeguarding adults and children had been organised.

A record of the training completed by GPs was not held by the practice manager and we were therefore not able to confirm if they had completed their mandatory and role specific training. The system for identifying and planning for staff training needs required improvement.

The practice used the Quality and Outcomes Framework (QOF) and other performance indicators to measure their performance. They were slightly below the national averages for some diabetes assessments and significantly below national averages in some areas. The practice was addressing these shortfalls and this work needed to continue to ensure that there was an improvement to patient outcomes.

The practice had completed clinical audits to evaluate the operation of the service and the care and treatment given. A discussion with the GPs showed improvements had been made to the operation of the service and to patient care as a result of the audits undertaken.

The practice worked closely with the two other practices in the building, exchanging ideas and working collaboratively. A representative from the nursing team met with a GP partner from each of the practices. Multi-disciplinary team meetings were held on a monthly basis. We saw the record

Are services well-led?

Requires improvement 

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

of these meetings from July 2015 and February 2016. We were informed that the notes from other meetings had not been produced although individual patient records had been updated.

We spoke with clinical and non-clinical members of staff and they were all clear about their own roles and responsibilities. Staff told us that they felt able to report issues and concerns to the practice manager or a GP partner. The staff spoken with told us that morale had improved greatly since the appointment of the current practice manager and they had confidence that the changes she had made and was making would improve their working lives and the services provided to patients.

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

The practice encouraged and valued feedback from patients, the public and staff. It sought patients' feedback and 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. The latest National GP Survey results had been analysed and a number of changes introduced to increase patient satisfaction with access to services. A plan was in place to carry out an in-house survey to assess the impact the changes introduced had made on patient satisfaction.
- There was an active PPG which met regularly and submitted proposals for improvements to the practice management team. For example, the refurbishment of the toilets, improvements to the telephone system and ticket system for patients waiting for phlebotomy. A discussion with the PPG members and staff indicated that the practice had taken action to address these issues as far as possible. The PPG members spoken with felt they were listened to and kept informed and consulted about changes and developments at the practice. The PPG had initiated and run events for patients with support from the practice. For example they had recently co-ordinated an information giving event around care of the elderly which was attended by a number of local health and social care services.

- The practice sought patient feedback by utilising the Friends and Family test. The NHS friends and family test (FFT) is an opportunity for patients to provide feedback on the services that provide their care and treatment. It was available in GP practices from 1 December 2014.
- The staff told us that they would discuss any concerns or issues with colleagues and management. They said that morale had improved at the practice and they felt involved and engaged to improve how the practice was run.

Continuous improvement

The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice was working with neighbourhood practices and the CCG to provide services to meet the needs of older people. They had recently introduced an Early Visiting Service which has the aim of improving patient access to GP services, enabling quicker access to the resources needed to support patients at home where possible and reducing emergency admissions to hospital and use of emergency services. The practice was also working with other practices to set up more community led services

The practice introduced new technology to benefit patients such as an automatic letter dictation system which had increased the speed of sending referral letters out. Skype consultations were being offered to patients.

The practice was aware of the limitations of the present premises and was looking at a re-development of the existing premises or a new build to allow for the provision of further community based services for patients. The practice was also investigating the possibility of merging with the other two practices located at the premises.

The practice had been through an unsettled period with staffing and this had impacted on the service provided to patients. The GP partners and practice manager were committed to promoting continuity of staffing to improve patient services.

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 | <p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>17.—(1) Systems or processes must be established and operated effectively to ensure compliance with the requirements in this Part.</p> <p>(2) Without limiting paragraph (1), such systems or processes must enable the registered person, in particular, to—</p> <p>(a) assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services);</p> <p>(b) assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity.</p> <ul style="list-style-type: none">• Ensure that there are systems in place for the management of significant events and that all staff are aware of the reporting process. Ensure there are clear processes for disseminating learning and actions following a significant event investigation and a clear system for review to ensure that actions identified have been and continue to be carried out.• Ensure that there is a record of the required recruitment information to confirm the suitability of staff employed.• Ensure there is an effective system for identifying the training needs of staff and ensuring that all staff undertake the training they require for their roles. |

This section is primarily information for the provider

Requirement notices

- Ensure there is a system in place to update all policies and procedures in line with current guidance and provide clear guidance to staff.