

Saxonbrook Medical

Quality Report

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Saxonbrook Medical Centre on Tuesday 15 March 2016. Overall the practice is rated as requires improvement.

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

- The practice had recently been through a number of changes including a move of premises, increase of list size due to a local practice closure, a management re-structure and a number of new staff.
- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However the practice could not demonstrate that all incidents and complaints were recorded, that reviews and investigations were thorough or that learning was shared effectively with staff.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Risks to patients were not all assessed and well managed.
- Data showed patient outcomes were mixed compared to the local and national averages. Although some audits had been carried out, we found a lack of evidence to support that audits were driving improvement in performance to improve patient outcomes.
- Staff 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, but we found recording processes of investigations and responses could be improved.
- Patients said urgent appointments were usually available the same day requested. However the telephone and non-urgent appointment systems were not working well, so patients reported that they did not receive timely care when they needed it.
- The practice was mostly well equipped with good facilities to treat patients and meet their needs.

Summary of findings

- The provider was aware of and complied with the requirements of the Duty of Candour.
- There were a number of up to date practice specific policies and procedures to govern activity.
- The practice had proactively sought feedback from patients and had an active patient participation group.

We saw one area of outstanding practice:

- The practice ran an innovative “Wellbeing clinic” which they set up to provide care and treatment to patients suffering anxiety, depression, eating problems, mood disorders and long term management of chronic conditions such as schizophrenia. The practice had conducted a survey of patients who had used the clinic, which showed that 84% would recommend the clinic to friends or family.

The areas where the provider must make improvement are:

- Ensure that there are robust processes for reporting, recording, acting on and monitoring significant events, incidents and complaints. Ensure that lessons learnt from complaints and significant events are communicated to the appropriate staff to support improvement at all levels.
- Ensure that all staff complete relevant and appropriate training; including for adult and child safeguarding, the Mental Capacity Act (MCA) 2005, infection control and information governance.
- Improve policies and procedures to ensure the security and tracking of blank prescriptions at all times.
- Ensure that all Patient Specific Directions are recorded and completed correctly, in line with legislation.
- Ensure that all building risk assessments and recommended actions are completed, monitored and acted on in a timely manner; including for health and safety, Legionella and electrical safety.
- Ensure arrangements are in place to regularly check and calibrate all equipment to satisfy the practice it is fit for use.
- Ensure sufficient numbers of suitably qualified, competent, skilled and experienced staff are deployed in order to meet patients’ care and treatment needs, particularly during periods of absence.

- Continue to ensure that all staff who act as chaperones receive a Disclosure and Barring Service check (DBS check) or that an adequate risk assessment is completed. (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).
- Carry out an on-going audit programme to show that continuous improvements have been made to patient care in a range of clinical areas as a result of clinical audit.
- Ensure that patient care plans are recorded, accessible and monitored.
- Continue to review, assess and improve access to and availability of appointments.

The areas where the provider should make improvement are:

- Review the arrangements for the disposal of clinical waste in all treatments rooms, to ensure waste is disposed of safely and securely in order to minimise the risks to staff, patients and visitors to the practice.
- Review the arrangements to share information with health visitors when children repeatedly do not attend immunisations, to ensure their safety and welfare is being considered.
- Consider the training needs of all staff and whether protected time could be allocated for mandatory or appropriate certified training courses.
- Display information that translation services are available to patients who do not have English as a first language, and ensure all staff are aware of these services.
- Continue to improve support for carers and proactively identify patients who are carers.
- Ensure all staff are aware of facilities and equipment provided to assist patients with a hearing impairment.
- Provide arrangements for all staff to attend formal meetings, and improve information sharing from management meetings with staff at all levels.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as requires improvement for providing safe services, as there are areas where improvements should be made.

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However the practice could not demonstrate that all incidents were recorded, that reviews and investigations were thorough or that learning was shared effectively with staff.
- 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 most systems, processes and practices in place to keep patients safe and safeguarded from abuse. We found that not all staff had completed training in child and adult safeguarding.
- Some risks to patients were assessed and well managed. However, systems and processes to address risks were not implemented well enough to ensure patients and staff were kept safe. This included the completion of building risk assessments and recommended actions, security of blank prescription paper and the assurance of adequate staffing numbers on duty.

Requires improvement



Are services effective?

The practice is rated as requires improvement for providing effective services, as there are areas where improvements should be made.

- The practice used their clinical practice meeting for education and to discuss latest guidance, protocols, circulars and patient safety alerts. They also invited outside attendees to promote services and/or raise awareness on topics such as mental health.
- Data showed patient outcomes were mixed compared to the local and national averages. For example; the percentage of patients with diabetes who had a record of a foot examination and risk classification within the preceding 12 months was 59% compared with a national average of 88%. The practice told us that foot examinations were not completed for 10 months as

Requires improvement



Summary of findings

the task was not covered due to staff absence, and the number of patients failing to attend their appointment. The percentage of patients with hypertension having regular blood pressure tests was 79% which was below to the national average 84%.

- Although some audits had been carried out, we found a lack of evidence to support that audits were driving improvement in performance to improve patient outcomes.
- Staff had the skills and experience to deliver effective care and treatment, but there were gaps in training including; the Mental Capacity Act (MCA) 2005, infection control and information governance.
- Staff assessed needs and delivered care in line with current evidence based guidance. However, the practice did not provide evidence that structured annual reviews and care plans were routinely reviewed and updated.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- The practice had created a room at the main practice site that they had named the “Enhanced Care Lounge”, which was decorated with consideration to be a calm space. This was used for situations such as when a patient at reception wanted to discuss sensitive issues or appeared distressed, therefore they could be offered the room to discuss their needs. It was also used when a patient may be awaiting an ambulance, if deemed appropriate, or for third party professionals to meet with patients.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice did not have a system to record if a patient was also a carer, but had taken steps to improve in this area. For example a ‘carers champion’ had recently been appointed in order to proactively identify and support carers.

Good



Summary of findings

Are services responsive to people's needs?

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

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, a nearby surgery had recently closed and the practice assisted by accepting approximately 3000 additional patients as a result.
- The practice had suitable facilities and was equipped to treat patients and meet their needs. This included disabled access and baby changing facilities. However, the practice could not demonstrate an advertised hearing loop was available.
- Feedback from patients reported that the telephone and non-urgent appointment systems were not working well, so they did not receive timely care when they needed it. Patients told us that urgent appointments were usually available the same day.
- Appointments were offered to patients with no fixed address. Staff told us that homelessness was prevalent in the branch surgery area, and they supported those patients by registering them with a temporary address.
- The practice ran a number of clinics, including asthma, diabetes and hypertension clinics. They also ran a wellbeing clinic, which they had set up for patients experiencing poor mental health.
- Information about how to complain was available and easy to understand, but we found recording processes could be improved. There was no evidence that learning from complaints had been shared appropriately with staff.

Requires improvement



Are services well-led?

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

- The practice had recently been through a number of changes including a move of premises, increase of list size due to a local practice closure, a management re-structure and a number of new staff. New systems and processes were in the process of being implemented at the time of inspection.
- The practice had a vision to deliver high quality care and promote good outcomes for patients.
- There was a leadership structure but not all staff were aware of this, as it had recently been developed. Most staff felt supported by management.

Requires improvement



Summary of findings

- The practice had a number of policies and procedures to govern activity and held regular governance meetings, but we found communication from these was not always shared with all staff members.
- All staff had received inductions and annual appraisals.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty.
- Most staff told us that they felt positively about the new management structure, and believed this had started to improve how the practice was run and developed.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice ran a “Wellbeing clinic” which they set up to provide care and treatment to patients suffering anxiety, depression, eating problems, mood disorders and long term management of chronic conditions such as schizophrenia. The practice had conducted a survey of patients who had used the clinic, which showed that 84% would recommend the clinic to friends or family.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The provider was rated as requires improvement for safety, effective, responsive and well-led, and good for caring. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice offered personalised care to meet the needs of the older people in its population; however they had identified a need to invest in preventative and routine monitoring of care.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.

Requires improvement



People with long term conditions

The provider was rated as requires improvement for safety, effective, responsive and well-led, and good for caring. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Data showed patient outcomes were mixed compared to the local and national averages. For example; the percentage of patients with diabetes who had a record of a foot examination and risk classification within the preceding 12 months was 59% compared with a national average of 88%. The percentage of patients with hypertension having regular blood pressure tests was 79% which was below the national average of 84%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP however, the practice did not provide evidence that these patients had a personalised care plan or structured annual review to check that their health and care 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.
- The practice offered a range of services to people with long term conditions. This included clinics for diabetes, asthma and hypertension.

Requires improvement



Summary of findings

Families, children and young people

The provider was rated as requires improvement for safety, effective, responsive and well-led, and good for caring. The issues identified as requiring improvement overall affected all patients including this population group. 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 A&E attendances. However, we found that not all staff had received safeguarding training at the suitable level for their role.
- Immunisation rates were comparable to national averages for all standard childhood immunisations.
- We found that the practice did not always share information with health visitors when children repeatedly did not attend immunisations, to ensure their safety and welfare was being considered.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The practice's uptake for the cervical screening programme was 71%, which was comparable to the CCG average of 72% and the national average of 74%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Requires improvement



Working age people (including those recently retired and students)

The provider was rated as requires improvement for safety, effective, responsive and well-led, and good for caring. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 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.
- The practice was proactive in offering online services including booking/cancelling appointments and an electronic prescribing service.
- The practice offered a full range of health promotion and screening that reflects the needs for this age group.
- The practice offered extended appointments every Tuesday and Wednesday morning from 7am to 8am, and every Tuesday evening from 6pm to 8pm for patients who could not attend during normal opening hours. Telephone consultations were also available.

Requires improvement



Summary of findings

People whose circumstances may make them vulnerable

The provider was rated as requires improvement for safety, effective, responsive and well-led, and good for caring. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice offered longer appointments for patients with a learning disability.
- 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.
- Appointments were offered to patients with no fixed address. Staff told us that homelessness was prevalent in the branch surgery area, and they supported those patients by registering them with a temporary address.
- 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. However, not all staff had completed relevant training for child and adult safeguarding.

Requires improvement



People experiencing poor mental health (including people with dementia)

The provider was rated as requires improvement for safety, effective, responsive and well-led, and good for caring. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice ran a “Wellbeing clinic” which they had set up to provide care and treatment to patients suffering anxiety, depression, eating problems, mood disorders and long term management of chronic conditions such as schizophrenia.
- 79% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average of 84%.
- 74% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record, in the preceding 12 months, this was lower than the national average of 88%.
- Most clinical staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Requires improvement



Summary of findings

- Staff we spoke with demonstrated a clear understanding of patient consent and they were able to provide evidence where this had been recorded. One GP had not received Mental Capacity Act 2005 training; the practice had identified this as a training need.

Summary of findings

What people who use the service say

The national GP patient survey results were published on January 2016. The results showed the practice was performing in line or below national averages. There were 302 survey forms distributed and 111 were returned. This represented 0.67% of the practice's patient list and a response rate of 37%.

- 53% of patients found it easy to get through to this surgery by phone compared to a national average of 76%.
- 65% of patients were able to get an appointment to see or speak to a GP or nurse the last time they tried (national average 76%).
- 75% of patients described the overall experience of their GP surgery as good (national average 85%).

- 61% of patients said they would recommend their GP surgery to someone who has just moved to the local area (national average 79%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 30 comment cards which were all positive about the standard of care received. Patients said they felt the practice offered an excellent service and staff were professional, empathetic and attentive. Out of the 30 comment cards there were seven which expressed less positive comments, which all related to appointment booking and waiting times.

We spoke with five patients during the inspection. All patients said they were happy with the care they received and thought staff were approachable, committed and caring. Three of the patients spoke negatively about the telephone and appointment system.

Areas for improvement

Action the service MUST take to improve

- Ensure that there are robust processes for reporting, recording, acting on and monitoring significant events, incidents and complaints. Ensure that lessons learnt from complaints and significant events are communicated to the appropriate staff to support improvement at all levels.
- Ensure that all staff complete relevant and appropriate training; including for adult and child safeguarding, the Mental Capacity Act (MCA) 2005, infection control and information governance.
- Improve policies and procedures to ensure the security and tracking of blank prescriptions at all times.
- Ensure that all Patient Specific Directions are recorded and completed correctly, in line with legislation.
- Review the arrangements for the disposal of clinical waste in all treatments rooms, to ensure waste is disposed of safely and securely in order to minimise the risks to staff, patients and visitors to the practice.
- Ensure that all building risk assessments and recommended actions are completed, monitored and acted on in a timely manner; including for health and safety, Legionella and electrical safety.
- Ensure arrangements are in place to regularly check and calibrate all equipment to satisfy the practice it is fit for use.
- Ensure sufficient numbers of suitably qualified, competent, skilled and experienced staff are deployed in order to meet patients' care and treatment needs, particularly during periods of absence.
- Continue to ensure that all staff who act as chaperones receive a Disclosure and Barring Service check (DBS check) or that an adequate risk assessment is completed. (DBS checks identify

Summary of findings

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).

- Carry out an on-going audit programme to show that continuous improvements have been made to patient care in a range of clinical areas as a result of clinical audit.
- Ensure that patient care plans are recorded, accessible and monitored.
- Continue to review, assess and improve access to and availability of appointments

Action the service SHOULD take to improve

- Review the arrangements to share information with health visitors when children repeatedly do not attend immunisations, to ensure their safety and welfare is being considered.

- Consider the training needs of all staff and whether protected time could be allocated for mandatory or appropriate certified training courses.
- Display information that translation services are available to patients who do not have English as a first language, and ensure all staff are aware of these services.
- Continue to improve support for carers and proactively identify patients who are carers.
- Review the facilities and equipment provided to assist patients with a hearing impairment, and improve where necessary.
- Provide arrangements for all staff to attend formal meetings, and improve information sharing from management meetings with staff at all levels.

Outstanding practice

The practice ran an innovative “Wellbeing clinic” which they set up to provide care and treatment to patients suffering anxiety, depression, eating problems, mood disorders and long term management of chronic

conditions such as schizophrenia. The practice had conducted a survey of patients who had used the clinic, which showed that 84% would recommend the clinic to friends or family.

Saxonbrook Medical

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Saxonbrook Medical

Saxonbrook Medical is located in a residential area of Crawley and provides primary medical services to approximately 16455 patients.

Services are provided from two locations, the main practice building at:

Saxonbrook Medical, "Maidenbower Surgery",
Maidenbower Square, Crawley, West Sussex, RH10 7QH.

And the branch surgery at:

Saxonbrook Medical, "Northgate Surgery", Cross Keys House, 14 Haslett Avenue West, Crawley, West Sussex, RH10 1HS.

There are three GP partners and nine salaried GPs (five male, seven female). Collectively they cover 79 sessions per week. The practice also employs two full time physician associates. (Physician associates are medically trained to support doctors in the diagnosis and management of patients). The practice is registered as a GP training practice, supporting medical students and providing training opportunities for doctors seeking to become fully qualified GPs.

There are seven female members of the nursing team; six practice nurses and one health care assistant. GPs and nurses are supported by the practice manager, an operations manager, and a team of reception/administration staff.

Data available to the Care Quality Commission (CQC) shows the practice serves a higher than average number of patients who are aged 0 to 18 years old when compared to the national average. The number of patients aged 65 and over is slightly lower than average. The number of registered patients suffering income deprivation is below the national average.

Both surgeries are open from Monday to Friday between 8am and 6:30pm. The telephone lines are closed at lunchtime between 12:30pm and 1:30pm. An emergency telephone service is provided during this time. Extended hours appointments are offered at the Maidenbower surgery every Tuesday and Wednesday morning from 7am to 8am, and every Tuesday evening from 6pm to 8pm. Appointments can be booked over the telephone, online or in person at the surgery. Patients are provided information on how to access an out of hours service by calling the surgery or viewing the practice website.

The practice runs a number of services for its patients including; chronic disease management, weight management, smoking cessation, maternity services, and holiday vaccines and advice.

The practice has a Personal Medical Services (PMS) contract with NHS England. (PMS is one of the three contracting routes that have been available to enable commissioning of primary medical services). The practice is part of NHS Crawley Clinical Commissioning Group.

Detailed findings

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service 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?

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

- Older people
- People with long-term conditions
- Families, children and young people

- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

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 visit on 15 March 2016. During our visit we:

- Spoke with a range of staff including; two GP partners, two salaried GPs, one student GP, one physician associate, four practice nurses (including one clinical manager and one lead nurse), the practice manager, and 11 receptionists/administrators (including one lead administrator and two senior receptionists). We also spoke with five patients who used the service, including one member of the patient participation group.
- 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.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Made observations of the internal and external areas of both the main premises and the branch surgery.
- Reviewed documentation relating to the practice including policies and procedures.

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

There was an effective system in place for reporting and recording significant events, but we found this could be improved.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out an analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. We also saw the log of significant events that the practice had implemented and maintained to monitor that actions were completed, and we were told this was available to all staff electronically. Lessons were shared with partners and managers, and to other staff if appropriate. This was to improve safety in the practice and we saw examples of this within meeting minutes. For example, a patient was receiving injectable medicine that was being self-administered on a repeat prescription. The practice took immediate action to remove this medicine and two others from the repeat medicine list. A significant event was then recorded, investigated and discussed at a meeting. As a result, the repeat template used for all patients was amended to prevent these medicines being issued. We also saw in the practice meeting minutes that all clinical staff were trained on how to correctly record medicine instructions on the practice system. In addition, we saw that the practice planned to undertake an audit to ascertain which patients had injectable medicines on their repeat templates, and amend the instructions appropriately.

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.

It was noted that none of the administrative/secretarial staff were aware of any recent significant events appropriate to their role, aside from those they had raised themselves. Additionally, two members of staff stated they had not received an update or feedback following their submission of a significant event or incident.

Overview of safety systems and processes

The practice had 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. We saw that the practice had an adult safeguarding policy and child safeguarding policy that were accessible to all staff, and had been recently reviewed. The clinical manager was the lead for safeguarding and all staff knew who to contact when this person was absent. We were told that safeguarding concerns were discussed at the monthly team meeting and we saw evidence of this in minutes. We saw evidence of a comprehensive alert that had been recorded on the practice system. The GPs and clinical manager attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Children and adults at risk were also identified on the practice computer system using an alert on their record, for example those at risk of harm, subject to safeguarding procedures or on a child protection plan.
- GPs and the clinical manager were trained appropriately to child safeguarding level three. One GP had not completed an annual update. Staff demonstrated they understood their responsibilities and most had received child safeguarding training relevant to their role, with the exception of one recently joined physician associate who had not yet completed the training. Staff had also received training on adult safeguarding, except three (one GP, one physician associate and one health care assistant). The practice had a recording system to track the training needs of all staff and they were aware of these requirements.
- Notices in consulting rooms and in the waiting rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had either received a Disclosure and Barring Service check (DBS check) or were in the process of doing so. (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

Are services safe?

be clean and tidy. The lead nurse was the infection control clinical lead and had completed training for this role. Certified training had not yet been undertaken. Two of the nurses we spoke with were keen to update their continuous professional development, but reported difficulties due to their workload, time constraints, and having to use their annual leave for such purposes. The practice told us that all nurses and GP's are entitled to 5 independent, paid study days per year. The lead nurse liaised with the local infection prevention teams and the clinical commissioning group to keep up to date with best practice. There was an infection control policy in place and most staff had received up to date training. Annual infection control audits were completed, the most recent was completed in January 2016 at the main practice and December 2015 at the branch surgery. We saw evidence that action was taken to address any improvements identified as a result.

There were some arrangements for managing medicines, including emergency medicines and vaccines, which kept patients safe (including obtaining, prescribing, recording, handling, storing and security).

- The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Alerts were used on the practice system to indicate patients requiring monitoring for high risk medicines, for example to inform blood tests with the phlebotomist. Prescription pads were securely stored during opening hours, but we were told there was no process to lock away blank prescriptions when the practice was closed. Specifically, they remained unsecured in the printer trays and in clinical rooms that were accessed by unsupervised contractors. Additionally, at the time of inspection the practice was not able to demonstrate that there were systems in place to routinely record, track and monitor prescriptions.
- The practice did not have Independent Prescribers however two existing nurses were completing nurse prescribing diplomas to undertake this role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care

Assistants to administer vaccines after specific training when a doctor or nurse were on the premises. We looked at a sample of these and noted that not all had been signed and dated correctly by a GP, and instead had been signed by other nurses in the practice.

- All of the sharps bins we saw were correctly assembled and labelled. Not all treatment rooms had sharps bins available, we were told these were rooms where injections were not often administered.
- We reviewed three personnel files and found appropriate recruitment checks had been 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 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

Some risks to patients were assessed and well managed.

- There was a health and safety policy available which identified local health and safety representatives. Not all risks to patients and staff had been assessed as the practice had not conducted a health and safety risk assessment. For example we saw blinds that had loop cords at the branch surgery, which presented a strangulation risk to children.
- The practice had up to date fire risk assessments and carried out regular fire drills that were comprehensively recorded.
- An electrical safety test had been conducted in January 2016 and several urgent actions had been identified but were not completed at the time of inspection. The practice told us they were in the process of completing these.
- All electrical equipment had been checked at both sites to ensure the equipment was safe to use.
- We saw that almost all of the clinical equipment had been checked and calibrated to ensure it was working correctly. We noted a spirometer at the branch surgery was overdue a service, which had last been completed in 2013.

Are services safe?

- 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 and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). We noted a risk assessment for legionella had been completed in February 2016 for both sites. Almost all recommended actions had been recorded as completed, with the exception of two. The practice was not able to evidence that these two procedures to minimise the risk of legionella had been completed.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. The practice had a policy and there was a rota system in place for different staffing groups to ensure that enough staff were on duty, but this system was not working well enough to cover all staff on leave. The GPs covered each other's leave in order to minimise the use of locums. Where locums were used we saw evidence that appropriate recruitment checks had been completed prior to their use. However, some nursing and administrative staff told us that there was not always enough staff to cover leave. We were given example of roles that were not completed when the staff member responsible was absent, as no other staff member had been trained to undertake these roles.

Arrangements to deal with emergencies and major incidents

The practice had 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.
- 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 practice ensured that a hard copy was available behind reception and this included emergency contact numbers for staff.

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.

- 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 used their clinical practice meeting for education and to discuss latest guidance, protocols, circulars and patient safety alerts. They also invited outside attendees to promote services and/or raise awareness on topics such as mental health. We saw evidence of many such examples in meeting minutes.
- 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 and reward good practice). The most recent published results were 91% of the total number of points available. This practice was not an outlier for most QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators were comparable or below the national average. For example, patients with diabetes had a blood pressure reading in the preceding 12 months of 140/80mmHg or less was 68% compared with a national average of 78%; and the percentage of patients with diabetes who had a record of a foot examination and risk classification within the preceding 12 months was 59% compared with a national average of 88%. The practice told us that foot examinations were not completed for 10 months as the

task was not covered during staff absence. They also told us that a number of patients failed to attend their booked appointment, which increased once the practice moved.

- The percentage of patients with hypertension having regular blood pressure tests was 79% which was below the national average 84%.
- Performance for mental health related indicators were comparable or below the national average. For example, 74% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the last 12 months compared with a national average of 88%.
- The percentage of patients diagnosed with dementia whose care had been reviewed in the preceding 12 months was 79% which was below the national average of 84%.

Clinical audits demonstrated quality improvement.

- The practice provided evidence of two clinical audits that had been completed in the last two years. The practice did not provide evidence of any completed audit cycles.
- We also saw in the practice meeting minutes that two further audits and findings were discussed.
- The practice told us they participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, an audit was completed to determine whether a certain type of examination was being performed according to best practice guidelines, and whether patients were then managed appropriately according to the results. The audit found that there was a lack of detail present in the medical documentation so it was not always clear whether guidelines were being followed. Within the findings obtained, it was deduced that the examination was overused due to clinicians wishing to be confident that all tests were completed. As a result, a clear flowchart was created to assist clinicians in decision making and management of the results, which was emailed to all clinical staff. The audit findings were also presented in a practice meeting along with an educational session.

Effective staffing

Are services effective?

(for example, treatment is effective)

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those staff 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, discussions with colleagues and updates cascaded via email.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Most staff had access to appropriate training to meet their learning needs and to cover the scope of their work. Ongoing support was provided 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.
- Most, but not all, staff had received training that included: infection control, 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

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. However, when asked the practice did not provide evidence that structured annual reviews and care plans were routinely reviewed and updated.
- Information such as NHS patient information leaflets were available.

- The practice shared relevant information with other services in a timely way, for example, when referring patients to other services.

Staff worked together and with other health and social care 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 every two weeks and clinical staff from other agencies were regularly invited, such as health visitors and school nurses.

The practice told us they held monthly palliative care meetings with attendance by a hospice representative to discuss patients and their needs. However we were only shown minutes from September 2015. The practice told us they also attended a weekly Proactive care meeting to discuss and review end of life cases with complex medical needs (Proactive care is a team consisting of representatives of community agencies).

Consent to care and treatment

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

- Most of the clinical staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. One GP had not received Mental Capacity Act 2005 training; the practice had identified this as a training need.
- 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.

Supporting patients to live healthier lives

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

Are services effective?

(for example, treatment is effective)

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- Advice on patients' diet and smoking cessation advice was available from the health care assistant.

The practice's uptake for the cervical screening programme was 71%, which was comparable to the CCG average of 72% and the national average of 74%. The practice sent a letter and/or text message to patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. They also encouraged patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable or above CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 95% to 99% and five year olds from 92% to 98%. We received conflicting evidence regarding the practice policy if a child did not attend their immunisation. The nursing team told us that if an appointment was missed three times then a letter was sent to the patients' family/carer and the health visitor was informed for a follow up. The administrative team told us a letter was sent out but a health visitor was not informed.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

Throughout our inspection we observed that members of staff were courteous, friendly and respectful with patients both in person and on the telephone. Within consulting rooms we noted that disposable curtains were provided so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.

Staff told us that a room could be made available at both sites if patients wanted to speak confidentially away from the reception area. A room had been made available at the main practice site that they had named the "Enhanced Care Lounge", which was decorated with consideration to be a calm space. This was used for situations such as when a patient at reception wanted to discuss sensitive issues or appeared distressed, therefore they could be offered the room to discuss their needs. It was also used when a patient may be awaiting an ambulance, if deemed appropriate, or for third party professionals to meet with patients.

All of the 30 patient Care Quality Commission comment cards we received were positive about the care and treatment experienced. Patients said they felt the GPs were welcoming, caring, attentive and informative. They said staff were polite, respectful and helpful. Out of the 30 cards there were seven less positive comments, which all related to appointment booking and waiting times.

We spoke with one member of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 90% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 87% and national average of 87%.
- 87% of patients said the GP gave them enough time (CCG average 85% and national average 87%).
- 97% of patients said they had confidence and trust in the last GP they saw (CCG average 94% and national average 95%).
- 83% of patients said the last GP they spoke to was good at treating them with care and concern (national average 85%).
- 90% of patients said the last nurse they spoke to was good at treating them with care and concern (national average 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 local and national averages. For example:

- 86% of patients said the last GP they saw was good at explaining tests and treatments compared to the Clinical Commissioning Group (CCG) average of 82% and national average of 86%.
- 86% said the last GP they saw was good at involving them in decisions about their care (national average 81%)
- 81% said the last nurse they saw was good at involving them in decisions about their care (national average 85%)

Most of the staff told us that translation services were available for patients who did not have English as a first language. They told us there was a good mix of languages spoken amongst the GPs. We did not see notices in the

Are services caring?

reception areas informing patients that a translation service was available. In the waiting room we saw that the digital check in system had a number of different languages available.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations, along with advice or guidance, for example; carers support groups, diabetes and child meningitis. We noted that in the main practice a number of leaflets had been made available away from the waiting room to provide additional privacy for patients, such as information on various methods of contraception.

The practice told us they recorded if a patient was also a carer, but were not able to demonstrate how many of the practice list were a carer. They told us this was an area of development and had taken steps to improve; for example a 'carers champion' had recently been appointed in order to proactively identify and support carers. We saw in the practice minutes that a charity head had recently been invited to attend, to promote their services and raise awareness.

Staff told us that the practice did not have a formal protocol for supporting families that had suffered bereavement. They told us that if requested, a GP would offer patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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, a nearby surgery had recently closed and the practice assisted by accepting approximately 3000 additional patients as a result.

- The practice offered extended appointments every Tuesday and Wednesday morning from 7am to 8am, and every Tuesday evening from 6pm to 8pm for patients who could not attend during normal opening hours. Telephone consultations were also available.
- There were longer appointments available for patients who needed them.
- Home visits were available for older patients and patients who had difficulty attending the practice.
- Same day appointments were available for children and those with serious medical conditions.
- The practice offered a range of online facilities on their website including booking or cancelling appointments, and an electronic prescription service.
- Appointments were offered to patients with no fixed address. Staff told us that homelessness was prevalent in the branch surgery area, and they supported those patients by registering them with a temporary address.
- Patients were able to receive travel vaccines available on the NHS.
- There were disabled facilities and baby changing facilities available.
- A hearing loop was available for those with a hearing impairment. We saw a sign for a hearing loop in the reception area of the main practice, but the reception staff we spoke with did not believe one was available and could not locate it.
- Patients in the waiting room were alerted to their appointment in person by the GP or nurse. The message screen to inform patients at the main practice of their appointment was not working at the time of inspection. The practice told us their computer system did not support the message screen and that patients preferred to be called in person.
- The practice ran a number of clinics, including well-being, asthma, diabetes and hypertension clinics.

Access to the service

The main practice and branch surgery were open from Monday to Friday between 8am and 6pm. Extended hours appointments were offered at the main practice every Tuesday and Wednesday morning from 7am to 8am, and every Tuesday evening from 6pm to 8pm. In addition to pre-bookable appointments that could be booked up to four weeks in advance, appointments were available on the day. Urgent appointments were also available all day for patients that needed them, for example children below one year old, those on the admissions avoidance scheme and palliative care patients.

Prior to the inspection we received information regarding a number of complaints relating to the telephone system and lack of appointments. Results from the national GP patient survey corroborated these views and showed that patient's satisfaction with how they could access care and treatment was worse than national averages.

- 62% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 53% of patients said they could get through easily to the surgery by phone (national average 76%).
- 24% of patients said they always get to see or speak to the GP they prefer (national average 36%).

We spoke with five patients on the day of the inspection and received mixed experiences. Two felt that the appointment booking system, availability of appointments and waiting time were satisfactory. The remaining three commented that there was a long wait on the phone, or a lack of appointments, or that appointments were not always on time. Out of these three, two patients specifically mentioned being advised to visit the hospital or walk-in clinic as there were no more appointments available.

Out of the 30 comment cards we received, seven (23%) were less positive and these all related to the appointment booking system and waiting times. They commented that it was difficult to make an appointment and the waiting time on the phone was frustrating and excessive.

The practice had responded to patient feedback by planning to install a new telephone system and staff we spoke with felt positive about this improvement. They also told us a consultation had taken place amongst the reception staff to bring in a new rota system to ensure peak times were covered.

Are services responsive to people's needs?

(for example, to feedback?)

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns.

- The complaint policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice. The practice had an allocated complaints administrator who told us about the complaints procedure; including how and when complaints were responded to and by whom.

- We saw that information was available to help patients understand the complaints system on notice boards in the waiting rooms and on the practice website.

We looked at six complaints received in the last 12 months. The practice did not provide evidence that the person received an apology in every case, if appropriate. We found that they were not all dealt with satisfactorily or in a timely way. We were told that complaints were discussed at the practice meeting and we saw evidence of this in the meeting minutes.

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 vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed on practice communications such as letters, posters and the practice website. Staff knew where to find this information.
- The practice had a strategy and supporting business plan which reflected the vision and values.
- We found details of the practice aims and objectives values in their statement of purpose. This included that they aim to; involve patients in their own care and be given appropriate choices, treat patients with dignity and respect, and work in collaboration with other NHS healthcare providers to ensure appropriate pathways are devised giving patients easier access to services closer to home.

Governance arrangements

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

- Many of the staff we spoke to commented that the practice had been through a dramatic change as a result of moving to new premises, the increase of list size, a recent management re-structure and a number of new staff. At the time of inspection, changes were still on-going with new systems and procedures having been only recently implemented as part of this process. A revised staffing structure was put in place in January 2016, which was explained in two meetings that all staff were invited to. We found that, although staff understood their own roles, they were unsure of who their new supervisor was, or what the roles and responsibilities were within the new structure.
- We reviewed a number of practice specific policies that were implemented and available to all staff. These included a whistleblowing policy, chaperone policy and an information governance policy. Staff told us they

each had a staff handbook, which included sections on grievances and equal opportunities. Staff knew where to find these policies and confirmed their understanding of them.

- An understanding of the performance of the practice was maintained. The practice lead nurse had responsibility for the oversight of QOF (Quality Outcome Focus) performance. Indicators were regularly monitored and discussed with the practice, and appropriate audits were conducted in response.
- Although some clinical audits had been carried out, we found a lack of evidence to support that audits were driving improvement in performance to improve patient outcomes.
- There were some arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, there was a lack of oversight for the completion of recommended actions from risk assessments, significant events, and practice meetings.

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The 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 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 people 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 leadership structure in place and most staff felt supported by management.

- Staff told us the practice management and GPs held regular meetings. This included a monthly management

Are services well-led?

Requires improvement 

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

meeting and we saw evidence of minutes from the past year. The meeting included a variety of topics for discussion such as; significant events, complaints, CPD, audit findings and safeguarding. We saw a number of actions being made at these meetings, but the practice did not demonstrate a system to ensure actions had always been completed. We were told the minutes were disseminated to staff. We received mixed experiences from staff in regards to the communication within the practice. For example, the nursing staff felt well supported, and appreciated the level of communication from their team and clinical manager via meetings or emails. However, some GPs and administrative staff we spoke with felt they were not kept updated and felt changes were poorly communicated..

- Most of the staff told us there was an open culture within the practice and almost all of the staff spoke positively about working at the practice. Almost all felt they had the opportunity to raise any issues and felt confident in doing so.
- Most staff said they felt respected, valued and supported, particularly by the partners in the practice. Staff told us that they felt positively about the new management structure, and believed this had started to improve how the practice was run and developed. Staff told us the partners encouraged and welcomed members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. The practice proactively 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. There was an active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, during the

consultation phase of moving to new premises, the practice sought feedback from patients and worked with the PPG to gather their ideas to assist with the move. This included that the PPG suggested, and it was agreed by the practice, to offer mini buses for patients to receive transport from the old site to the new premises. The practice had also worked with the PPG to discuss improvements such as appointment availability.

- The practice had gathered feedback from staff through appraisals and one to one meetings, for example all reception staff were consulted with individually regarding a new rota system. Staff told us they would give feedback and discuss any concerns or issues with colleagues and management. Staff told us they recently felt involved and engaged to improve how the practice was run.
- The practice had completed a survey to gain feedback from patients who had used the wellbeing clinic. We saw the results of this survey of 26 patients and it showed many positive results including; 39% of patients said their mental health improved, 91% of patients felt supported and listened to, and 84% would recommend the clinic to friends and family.

Continuous improvement

The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. This included that the practice ran a "Wellbeing clinic" which they set up to provide care and treatment to patients suffering anxiety, depression, eating problems, mood disorders and long term management of chronic conditions such as schizophrenia. Patients were offered a 20 minute consultation with a mental health professional for an assessment and subsequent completion of referrals to talking therapies, medication and low level cognitive behavioural therapy coping strategies in house. Patients were able to self-refer to the clinic or be referred through a GP. The practice had a protocol to ensure that if a patient did not attend their appointment then they were automatically booked in for a telephone consultation to maintain continuity of care.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">• We found that the registered provider had not always ensured that effective systems were in place to assess the risks to the health and safety of service users of receiving care or treatment and had not always done all that was reasonably practicable to mitigate such risks. This included that we found risk assessments and the recommended actions had not always been completed, monitored and recorded.• The provider had not ensured that blank prescriptions were tracked throughout the practice.• We found that the registered provider could not demonstrate that all Patient Specific Directions were completed correctly and in line with legislation. <p>This was in breach of regulation 12(1)(2)(a)(b)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

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>How the regulation was not being met:</p> <ul style="list-style-type: none">• We found that the registered provider could not demonstrate robust arrangements to ensure that all staff were involved in the ongoing assessment, monitoring and improvement of quality and safety of services provided by the practice. This included that significant events and complaints were not always thoroughly recorded and shared with all staff, and that the practice did not demonstrate an on-going audit programme that involved all clinical staff.

This section is primarily information for the provider

Requirement notices

This was in breach of regulation 17(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

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

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

How the regulation was not being met:

- We found that the registered provider had not ensured systems and processes were in place to ensure that
- We found that the registered provider had not ensured systems and processes were established and operated effectively to ensure all staff had received training at the suitable level for their role, including safeguarding.

This was in breach of regulation 18(1)(2)(a)(b)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.