

Belmont Medical Centre

Quality Report

Belmont Medical Centre
Eastholme Avenue
Hereford
Herefordshire
HR2 7XT

Tel: 01432 354366

Website: www.belmontmedicalcentre.co.uk

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

Letter from the Chief Inspector of General Practice

We previously carried out an announced comprehensive inspection at Belmont Medical Centre on 25 January 2017. The practice was rated requires improvement for providing safe, effective and responsive services, good for providing caring services and inadequate for being well-led with an overall rating of requires improvement. The full comprehensive report on the inspection carried out in January 2017 can be found by selecting the 'all reports' link for Belmont Medical Centre on our website at www.cqc.org.uk.

On 24 August 2017 we carried out an announced, comprehensive follow-up inspection to confirm the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 25 January 2017. This report covers our findings in relation to those requirements.

We found the practice had carried out a detailed analysis of the previous inspection findings, and had made

extensive changes which had resulted in significant improvements. A comprehensive action plan detailed the actions taken and the processes that had driven improvements since our previous inspection.

Our key findings were as follows:

- Risks to patients were assessed and managed through practice meetings and through discussions with the multi-disciplinary teams.
- The practice had clearly defined systems to minimise risks to patient safety.
- The structured, open and transparent approach to the reporting and recording of significant events and complaints had been maintained and further developed since our previous inspection. Six monthly analyses identified themes and trends. Staff were aware of and understood their responsibilities to report these. Learning was shared with staff at team meetings.
- Arrangements for managing medicines kept patients safe.

Summary of findings

- Staff were aware of current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment, including regular training updates.
- The practice had appropriate arrangements to identify patients who were carers to enable them to receive care, treatment and support that meets their needs. They worked in conjunction with Herefordshire Carers Support agency to achieve this.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Patients' satisfaction with how they could access care and treatment was lower than local and national averages according to the National GP Patient Survey results published July 2017. Patients told us they were happy with the arrangements and could always get appointments as they needed them.
- Information about services and how to complain was available in a range of languages. Improvements were made to the quality of care as a result of complaints, concerns and patient feedback.
- There was effective oversight, planning and responses to practice performance.

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

The areas where the provider should make improvement are:

- Continue to encourage patients to engage in national screening programmes for breast and bowel cancer.
- Continue to strive to improve the patient experience around access to appointments.

The practice is now rated as good for providing safe, effective, caring and well-led services, and requires improvement for providing responsive services. The overall rating for the practice is now good.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There were effective systems to report and record significant events. Staff demonstrated they knew the process and their responsibilities to raise concerns, and to report any incidents and near misses. Significant events were discussed with staff to ensure that learning was shared and improvements made where applicable. Reviews of incidents were carried out to ensure staff learning was embedded.
- The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- When things went wrong patients were offered support. They were given explanations as well as information about any action the practice had taken to prevent similar things happening again. Apologies were given where these were appropriate.
- Risks to patients were assessed and well-managed. The practice had made improvements to the management of patient safety alerts; ensuring all patients prescribed with high risk medicines received regular monitoring; staff recruitment processes; managing risks relating to staff chaperoning; and protection from risk of contracting Legionella, as a result of concerns we identified at the previous inspection.
- The practice had appropriate systems, processes and practices in place to keep patients safe and safeguarded from abuse. Staff were trained to an appropriate level in safeguarding and we saw evidence that child and adult safeguarding issues were managed.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average. The practice had achieved 100% of available QOF points in 2015/16. This was above the Clinical Commissioning Group (CCG) average of 98%. The practice's

Summary of findings

overall exception reporting rate was 13.5% compared with the CCG average of 9% and the national average of 10%. Unpublished data showed the practice had achieved 99% for 2016/2107.

- Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and used it routinely.
- Clinical audits demonstrated quality improvement. The practice had implemented a structured programme for quality monitoring activities. We looked at a range of audits the practice completed since our last inspection, three of which were completed audits. For example, a medicines audit was conducted in February 2016 with a re-audit done in July 2017.
- Staff had received training to ensure they had the skills, knowledge and experience to deliver effective care and treatment. Completion of staff appraisals had been overdue at the last inspection. An appraisal programme had been established and plans were on track for all staff to have been appraised by the end of the year. We saw copies of appraisals that had been completed to date.
- Staff worked with other health care professionals 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 published in July 2017 showed patients rated the practice in line with or above others for all aspects of care.
- Information for patients about the services available was comprehensive, easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Feedback from patients about their care and treatment was positive. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- The practice had made improvements in how they identified patients with caring responsibilities. Carers identified had increased from 52 to 156, which represented 2% of the practice population (previously 0.6%). Measures were in place to identify, respond to and support their needs.

Good



Are services responsive to people's needs?

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

Requires improvement



Summary of findings

- Services were planned and delivered in ways to ensure the needs of different patient groups were given flexibility, choice and continuity of care.
- Home visits were offered for those whose circumstances resulted in difficulty for them to attend the practice premises.
- There was continuity of care with urgent appointments available the same day.
- There were longer appointments available for patients who needed them, for example patients with a learning disability, elderly patients, and patients with complex needs.
- Although the results from the National GP Patient Survey (July 2017) showed that some slight improvements had been made on the previous year, results remained below local and national averages. For example, in relation to patients' satisfaction with how they could access care and treatment 64% of patients said they found it easy to get through to this practice by telephone, compared with the CCG average of 81% and the national average of 71%; 69% of patients described their experience of making an appointment as good (68% in 2016), compared with the CCG average of 80% and the national average of 73%.
- The practice had made changes to improve patient access to services but these had been implemented outside the survey period. A practice survey was due to be carried out in November 2017 to obtain feedback from patients.
- Information about how to complain was available in a range of languages and was easy to understand. Evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

- The practice's statement of purpose included an objective to deliver safe, effective and empathetic care in a clean environment, by staff who had the skills, training and experience to carry out their duties. The objective included placing the patient as the focus of primary care rather than their condition.
- Improvements had been made since our previous inspection to ensure that staff had the full training necessary to carry out their roles.
- The practice had engaged with the Clinical Commissioning Group (CCG) to consider and develop plans to meet the needs of the local population.

Good



Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice had a range of policies and procedures to govern activity and held regular governance meetings.
- At the last inspection we found that governance arrangements were not effective or always fully implemented. Improvements had been made and arrangements were comprehensive and effectively implemented.
- Improvements in the arrangements for identifying, recording and managing risks, issues and implementing mitigating actions had been needed as some risks to patients had not been recognised. At this inspection we found there was an overarching framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- A comprehensive understanding of the performance of the practice was maintained and shared with staff and stakeholders.
- Although the practice did not have an active Patient Participation Group (PPG) we saw that an on-going recruitment campaign was in place to recruit members to the group. A virtual PPG had also been initiated in order to gain patients' views.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of and complied with the requirements of the duty of candour.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older patients in its population and offered longer appointments where needed.
- They were responsive to the needs of older patients. Home visits were offered and urgent appointments for those patients unable to access the practice.
- The practice provided enhanced services for older people which included risk profiling, care planning and over 75s health checks.
- The practice held regular meetings with the multi-disciplinary team (MDT) for the planning and delivery of palliative care for patients approaching their end of life. The practice knew how many patients they had who were receiving palliative care and kept a palliative care register.
- The practice directed older patients to appropriate support services.

People with long term conditions

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

Good



- The practice held registers of those patients with long-term conditions.
- GPs were supported by the practice nurses in their lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medicine 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.
- Performance for overall diabetes related indicators was 100% which was above the CCG average of 95% and national average of 90%. Overall exception reporting was 19% which was above the CCG average of 11% and above the national average of 12%.

Summary of findings

Reviews of exception reporting showed that national guidance was followed. Patients had been encouraged to attend a structured education programme about the importance of screening, but a number of patients had not responded.

Families, children and young people

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

- Children and young people were seen on the same day if they needed an appointment.
- There were systems to identify and follow up children who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- Immunisation rates were high for all standard childhood immunisations.
- Children and young people were treated in an age-appropriate way and were recognised as individuals. We saw evidence to confirm this including care planning.
- Performance for cervical screening indicators was in line with CCG and national averages. For example the percentage of women aged 25-64 receiving a cervical screening test in the last five years was 80%, compared with CCG average of 80% and the national average of 81%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of engagement and joint working with midwives and health visitors.

Good



Working age people (including those recently retired and students)

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

- 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 worked as part of a federation that offered appointments to patients outside of usual working hours. Patients could access services from 6pm to 8pm on weekdays and from 8am to 8pm on weekends and bank holidays at a local surgery one mile away.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.

Good



Summary of findings

People whose circumstances may make them vulnerable

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

Good



- The practice held registers of patients living in vulnerable circumstances.
- We saw evidence that circumstances were considered in care planning and treatment for vulnerable patients and the practice regularly worked with other health care professionals to deliver care and treatment.
- The practice had a dedicated list of patients (39) registered as having a learning disability. Nurses had completed training and had recently commenced health checks for these patients. Invites had been sent to 31 patients and health checks had been completed for 11 patients in the last two months. The practice used information to support care planning and offered longer appointments for patients with a learning disability.
- The practice provided help and support for patients with caring responsibilities, liaising closely with Herefordshire Carers Support Agency to achieve this.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff were trained and knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

Good



- Longer appointments were available for those patients with mental health needs or dementia.
- The practice worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- 100% of patients with a mental health condition had a documented care plan in place in the previous 12 months. This was above the CCG average of 90% and above the national average of 89%. Exception reporting was 15.6% which was above the CCG average of 12.7% and above national average of 12.7%.

Summary of findings

- 82% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months. This was slightly below the CCG average of 83% and national average of 84%. The practice had not exception reported any patients.
- Patients experiencing poor mental health (including those with dementia) were placed on a register, had a care plan in place and were invited to see a GP for a comprehensive review at least once a year.
- A dementia nurse was attached to the practice and held clinics when required and undertook home visits to see patients and carers. The nurse acted as a link between primary and secondary care and signposted patients to holistic services including a singing group.

Summary of findings

What people who use the service say

The latest available National GP Patient Survey results were published in July 2017, which reflected results of surveys completed during January to March 2017. 305 survey forms were distributed and 118 returned, which represents a response rate of 39% and 1.5% of the practice population.

Results from the 2017 National GP Patient Survey demonstrated results that were lower or in-line with local and national averages when compared with the results from 2016. For example:

- 64% of patients said they found it easy to get through to someone at the practice by telephone (63% in 2016), compared with the Clinical Commissioning Group (CCG) average of 81% and the national average of 71%.
- 78% of patients said they were able to get an appointment the last time they tried (85% in 2016) compared with the CCG average of 87% and the national average of 84%.
- 81% of patients described their overall experience of the practice as good (83% in 2016), compared with the CCG average of 80% and the national average of 73%.

- 83% of patients said the last GP they saw or spoke to was good at involving them in decisions about their care (89% in 2016), compared with the CCG average of 87% and the national average of 82%.
- 71% of patients said they would recommend the practice to someone who has moved to the local area (70% in 2016), compared with the CCG average of 83% and the national average of 77%.

Results from the NHS Friends and Family test showed that patients had provided mainly positive feedback with 82% of patients from 184 responses recommending the practice to others.

We asked for CQC comment cards to be completed by patients prior to our inspection. We received six completed comment cards which were all completely positive about the standard of care received. Patients described staff as caring, supportive and compassionate. Many of the patients stated that they and their families had been with the practice for many years and were very complimentary about their care and experiences they had received.

Areas for improvement

- Continue to encourage patients to engage in national screening programmes for breast and bowel cancer.
- Continue to strive to improve the patient experience around access to appointments.

Action the service SHOULD take to improve

Belmont Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead inspector and included a GP specialist adviser.

Background to Belmont Medical Centre

Belmont Medical Centre is located in Hereford, a cathedral city and county town of Herefordshire. It is approximately 16 miles east of the border with Wales, 24 miles southwest of Worcester and 23 miles northwest of Gloucester. There is access to the practice by public transport from surrounding areas. There are also parking facilities on site. The practice currently has a list size of 7946 patients.

The practice holds a General Medical Services (GMS) contract with NHS England. The GMS contract is held between general practices and NHS England for delivering primary care services to the local communities. The practice provides GP services commissioned by NHS Herefordshire Clinical Commissioning Group (CCG). A CCG is an organisation that brings together local GPs and experienced health professionals to take on commissioning responsibilities for local health services.

The practice is situated in an area with mid average levels of deprivation with a higher number of patients registered at the practice who are unemployed (11%) compared with the local CCG average (4%) and national average (5%). The practice has a slightly higher than national average number of babies, young children, teenagers and adults in their 20's, 30's and 40's. The premises are modern and purpose built. Patient services are all available on the ground level

of the building. The practice premises form part of a complex which includes a pharmacy, physiotherapy and rehabilitation centre, a centre for natural health and a library.

The practice is currently managed by two GP partners (both male). The partners also employ three salaried GPs (all female). Two regular sessional locums (male and female) also work in the practice. They are supported by five practice nurses, one Health Care Assistant, a practice manager, an assistant practice manager, reception manager and a team of administrative and clerical staff. One of the GP partners also works as the CCG primary care prescribing lead.

On weekdays, the practice opens at 8am and closes at 6pm. The practice has a local arrangement with the CCG to close at 6pm. GP consultations generally commence at 8.10am to 11.30am, 2pm to 3pm and 4.30pm to 6pm on weekdays. The practice is part of a federation of 24 practices which offers extended hours GP appointments. Practice patients could therefore pre-book appointments and attend a surgery approximately 1 mile away from the practice. Appointments are available between 6pm and 8pm on weekdays and 8am to 8pm on weekends and bank holidays. The practice has opted out of providing out-of-hours services to its own patients. When the practice is closed patients are directed to Primerecare via the 111 service.

Why we carried out this inspection

We undertook a comprehensive inspection of Belmont Medical Centre on 25 January 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated requires improvement for

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providing safe, effective and responsive services, good for providing caring services and inadequate for being well-led. The overall rating for the practice was requires improvement.

The full comprehensive report on the on 25 January 2017 inspection can be found by selecting the 'all reports' link for Belmont Medical Centre on our website at www.cqc.org.uk.

On 24 August 2017 we carried out an announced, comprehensive follow-up inspection to confirm the practice had carried out their plans to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 25 January 2017. This report covers our findings in relation to those requirements.

How we carried out this inspection

Before our inspection of Belmont Medical Centre we reviewed a range of information we held about this practice and asked other organisations to share what they knew. We carried out an announced inspection on 24 August 2017. During our inspection we:

- Reviewed policies, procedures and other information the practice provided before the inspection.
- Spoke with a range of staff that included managerial, clinical and non-clinical staff.
- Looked at procedures and systems used by the practice.
- Observed how patients were assisted by staff when they attended the practice and talked with carers and family members.

- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards we had supplied prior to the inspection where patients and members of the public shared their views and experiences of the service.

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

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

We also looked at how well services are provided for specific groups of patients' 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).

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

At our previous inspection on 25 January 2017, we rated the practice as requires improvement for providing safe services. This was because:

Patients were at risk of harm because some systems and processes were not in place to keep them safe. This included the management of patient safety alerts, ensuring all patients prescribed with high risk medicines received regular monitoring; staff recruitment processes; managing risks relating to staff chaperoning; and the protection from the risk of contracting Legionella.

We found these arrangements had significantly improved when we undertook a comprehensive follow up inspection on 24 August 2017. The practice is now rated as good for providing safe services.

Safe track record and learning

There was a system for reporting and recording significant events.

- We reviewed safety records, incident reports and minutes of meetings where these were discussed.
- There was a significant events protocol for all staff to follow in reporting incidents. Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received support, information, a written apology and were told about any actions taken to improve processes to prevent a recurrence.
- We viewed 11 incidents that had been reported during 2016/2017. Practice management told us that staff discussed issues raised from significant events in protected learning time meetings held every three months. Minutes of these meetings now included details of discussions about incidents. We reviewed a sample of incident recording forms and saw that these were updated during these meetings. For example, an

incident had identified a training need for staff. Since the last inspection the practice had completed reviews of significant events to ensure changes made and learning had been fully embedded.

Patient safety and medicine alerts were effectively managed.

- We reviewed safety records, incident reports, Medicines and Healthcare products Regulatory Agency (MHRA) alerts, patient safety alerts and minutes of meetings where these were discussed. The practice had a documented alerts protocol to identify, share and respond to any alerts.
- The practice manager was responsible for responding to and sharing information relating to safety and medicines alerts.
- All medicine and medical device alerts received were summarised in a spreadsheet format which included details of patient searches completed, when staff had received and acknowledged the alerts, and details of subsequent actions recorded (or no action required) with their completion date.
- Information was shared by email and in practice meetings. Staff told us they had frequent discussions relating to alerts when this was required.
- We saw that action had been taken following a recent alert regarding medicine prescribed for patients with epilepsy. All patients prescribed this medicine were identified promptly and medicine reviews had been arranged for the two patients identified.

Overview of safety systems and process

The practice had 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. These arrangements reflected relevant legislation and local requirements.
- Policies were accessible to all staff. The policies outlined who to contact for further guidance if staff had concerns about a patient's welfare. Two GP partners were the lead members of staff for safeguarding. They attended safeguarding meetings when possible and provided reports where necessary for other agencies.
- Staff demonstrated they understood their responsibilities and had received training relevant to their role. GPs had completed level three training for safeguarding children.

Are services safe?

- Chaperones were available for patients when requested. A notice was displayed in the waiting room and in all consultation rooms advising patients of this service. Staff we spoke with and training records confirmed that all staff who acted as chaperones were trained for the role. Disclosure and barring checks (DBS) had been completed for staff members who undertook the role of chaperone within their duties. (DBS checks identify whether a person has a criminal record or is on an official list of patients barred from working in roles where they may have contact with children or adults who may be vulnerable).

Appropriate standards of cleanliness and hygiene were maintained.

- We observed the premises to be visibly clean and tidy during the inspection.
- One of the practice nurses was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. One of the actions taken included the decluttering of items within clinical treatment rooms to ensure effective cleaning in all areas.
- The collection of clinical waste was contracted to an external company and records showed that regular collections were made. There was suitable locked storage available for waste awaiting collection.

There were suitable arrangements for managing medicines, including emergency medicines and vaccines to ensure patients were kept safe.

- This included obtaining, prescribing, recording, handling, storing, security and disposal of medicines.
- The practice carried out medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescriptions were securely stored and there were systems in place to monitor their use. Two of the nurses had qualified as independent prescribers and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines

in line with legislation. PGDs are documents which permit the supply of prescription-only medicines to groups of patients without individual prescriptions. The Health Care Assistant was trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber. Patient specific directions are instructions to administer medicines to individually named patients.

- At the previous inspection we found that patients prescribed high risk medicines requiring regular blood tests had not been monitored effectively. The practice had made improvements and demonstrated at this inspection that effective monitoring systems had been implemented and all patients were kept under regular review. We reviewed a sample of anonymised patient records and saw that appropriate blood tests had been carried out for these patients within the correct timescales.
- The practice partners told us that a historical decision was made not to hold supplies of controlled drugs (medicines that require extra checks and special storage because of their potential misuse). At the last inspection controlled drugs were awaiting destruction. We found during this inspection that no controlled drugs were held and the old stocks had been safely removed for destruction.
- There was a system in place for cold chain management which included external reporting and liaison with manufacturers on safe vaccine storage. Cold chain procedures were kept under regular review with detailed records to show effective stock management and handling of all vaccines.
- Systems confirmed that staff were protected against Hepatitis B. There was a sharps injury policy and staff knew what action to take if they accidentally injured themselves with a needle or other sharp medical device. A laminated poster was clearly displayed in treatment rooms to guide staff should this become necessary.

The practice had appropriate recruitment policies and procedures.

- We reviewed four personnel files which included a locum GP file. We found that appropriate recruitment checks had been undertaken prior to employment. For example, qualifications, proof of identity, registration with the appropriate professional body, references and the appropriate checks through the DBS for those staff who required these checks.

Are services safe?

- Arrangements were made for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Administrative and reception staff worked fixed hours and provided cover for each other when required. Two regular locum doctors were utilised within the practice to ensure there were enough GPs to provide patient care. The practice employed five nurses and staffing was co-ordinated.
- Staff told us they worked flexibly to cover for each other when they were on leave or when staff were unexpectedly absent.

Monitoring risks to patients

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

- There was a health and safety policy available. The practice had up to date fire risk assessments and had carried out fire drills.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. This was last tested in June 2017.
- The practice also had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health, infection prevention and control (IPC) and Legionella (a bacterium which can contaminate water systems in buildings). The Legionella risk assessment had been completed in February 2017.

Arrangements to deal with emergencies and major incidents

There were arrangements to enable the practice 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 basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator (which provides an electric shock to stabilise a life threatening heart rhythm) available on the premises with adult pads available. We noted at the last inspection that children's pads were not held. The practice had risk assessed their decision not to hold children's pads for use with the defibrillator. We saw this had been discussed with all clinical staff with details of action to take in the event of an emergency clearly documented. Oxygen was available with adult and children's masks.
- A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- There was a system to ensure all medicines and equipment was safe to use at all times. For example, all equipment was checked on a weekly basis or following use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and copies were held off site by management.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 25 January 2017, we rated the practice as requires improvement for providing effective services. This was because:

- Annual health checks were not offered to patients who had a learning disability.
- Staff appraisals had not been completed since 2014.

We found these arrangements had significantly improved when we undertook a comprehensive follow up inspection on 24 August 2017. The practice is now rated as good for providing effective services.

Effective needs assessment

The practice reviewed needs and provided care that met with current evidence based guidance and standards. This included National Institute for Health and Care Excellence (NICE) best practice guidelines.

- Systems ensured all clinical staff were kept up to date. Staff told us they could access guidelines from NICE electronically, and that this information was used to deliver care and treatment appropriate to patients' needs.
- We checked a sample of recent NICE updates and saw that action had been taken where appropriate, for example by conducting clinical audits and random sample checks of patient records. Clinical staff discussed updates during clinical meetings.
- GPs attended local education events to improve practise in relation to new guidance and standards.

Management, monitoring and improving outcomes for people

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards.

- The practice participated in the Quality and Outcomes Framework (QOF). The QOF is a voluntary incentive scheme for GP practices in the UK intended to improve the quality of general practice and reward good practice.
- Results for 2015/2016 showed the practice had achieved 100% of the total number of points available which was above the local average of 98% and the national average of 95%. The practice overall exception reporting rate was 14%. The Clinical Commissioning Group (CCG) average rate was 9% and national average was 10%.

(Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). Unpublished data for 2016/2017 showed that the practice had achieved 99.4% of the QOF points available.

Data for 2015/2016 showed:

- Performance for overall diabetes related indicators was 100% which was above the CCG average of 95% and national average of 90%. Overall exception reporting was 19% which was above the CCG average of 11% and above the national average of 12%.
- 100% of patients newly diagnosed with diabetes were referred to a structured education programme, which was above the CCG average of 96% and the national average of 92%. Exception reporting was 32% however, which was above the CCG average of 14% and national average of 23%.
- 96% of patients with lung diseases known as chronic obstructive pulmonary disease (COPD) had received a confirmed diagnosis. This was above the CCG average of 91% and national average of 89%. Exception reporting was 1%, which was below the CCG average of 5% and national average of 9%.
- 81% of patients with a diagnosis of depression had received a review after their diagnosis. Performance was below the CCG average of 87% and national average of 83%. Exception reporting was 24%, which was similar to the CCG average of 23% and the national average of 22%.
- 100% of patients with a mental health condition had a documented care plan in place for the previous 12 months. This was above the CCG average of 90% and national average of 89%. Exception reporting was 16% which was above the CCG and national averages of 13%.

We noted that high QOF achievement and low exception reporting had occurred within some clinical indicators, with higher exception reporting in areas such as diabetes. We were informed that efforts had been made to encourage patients to attend a structured education programme, but a number of patients had not responded. Our review of the practice's exception reporting processes showed that the practice followed national guidance.

Are services effective?

(for example, treatment is effective)

There was evidence of quality improvement including clinical audit. The practice had implemented a programme of continuous clinical audit, which included completed audit cycles to assess the effectiveness of improvements made.

- Audits had been carried out when NICE guidance had been updated so that the practice could be sure they followed the latest guidance at all times. This was evident in the audits we looked at.
- We sampled three of the eight clinical audits undertaken in the last year with a second cycle audit completed for one of these. A range of topics was covered such as audits based on guidance for prescribing specific medicines for patients with diabetes, and the use of specific medicines for patients with dementia. Outcomes of audits showed that where potential risks to patients had been identified changes had been made to improve patient care.
- We saw that audit findings had been reviewed and documented as part of clinical meetings.
- The practice participated in local audits, national benchmarking and accreditation.

Effective staffing

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 demonstrated how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. We spoke with two nurses who had updated their skills in asthma, family planning and ill child examination.
- 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 demonstrated how they stayed up to date with changes to the immunisation programmes, for example, by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of daily management monitoring and reviews of practice development needs.

- Staff had access to training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation, and support for revalidating GPs.
- Staff received training that included safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.
- The learning needs of staff were identified through appraisals and reviews of practice development needs. This included ongoing support during meetings, clinical supervision and facilitation. At this inspection it was evident that a programme of appraisals for all staff had been implemented, and completed for seven of 11 staff at the end of June 2017. Arrangements had been made for appraisals for the remaining staff and this was confirmed by staff we spoke with.

Coordinating patient care and information sharing

Staff were provided with the information they needed through the practice's patient record system and their intranet system.

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

There were systems to enable the practice to work effectively with other services to provide the care patients needed.

- Clinical staff worked 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. For example, when patients were referred to other services such as secondary care and following their discharge from hospital.
- Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

Practice staff obtained patients' consent to care and treatment in line with legislation and guidance.

- Staff had access to guidance on obtaining consent for treatment, immunisation or investigation.

Are services effective?

(for example, treatment is effective)

- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance. We saw evidence that showed informed consent was documented. Completed forms were scanned to patient records.
- At this inspection we saw that all clinical staff had completed Mental Capacity Act 2005 training and demonstrated they understood the relevant consent and decision-making requirements of legislation and guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GPs or nurses assessed the patient's capacity and where appropriate, recorded the outcome of the assessment.
- When providing care and treatment for children and young patients, assessments of capacity to consent were also carried out in line with relevant guidance.

Supporting patients to live healthier lives

The practice identified patients who needed additional support and were pro-active in offering help.

- The practice kept a register of all patients with a learning disability and ensured that longer appointments were available for them when required.
- At the previous inspection we found the practice had not carried out annual reviews for patients with a learning disability as the trained nurse who completed these had left the practice. Since then the practice nurses had completed appropriate training to enable them to carry out health checks and these had recommenced. Invites had been sent to 31 patients and 11 (out of 39 patients on the register) had received a health check in the last two months.
- Patients who needed extra support were signposted to relevant organisations such as those receiving end of life care, carers and those at risk of developing a long-term condition.
- The practice promoted a diabetes prevention programme and an Expert Patients Programme for those with long term health conditions.
- Patients requiring smoking cessation advice were invited to attend an in-house clinic.

Cervical screening and child immunisation results showed the practice achieved results which were in line with local and national averages.

- The practice's uptake for the cervical screening programme was 80%, which was in line with the CCG and the national averages of 80% and 81%. There was a policy to offer reminders for patients who did not attend for their cervical screening test. Alerts were also placed on patient records for opportunistic testing if they attended the practice but had not responded to reminders.
- Childhood immunisation rates for the vaccinations given to under two year olds exceeded national expectations of 90% achievement. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 95% to 98%. Five year old vaccinations ranged from 94% to 98% within the practice whereas the CCG average ranged from 88% to 94%.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening, with results which were lower than local and national averages.

- Data showed that uptake for bowel cancer screening in the previous 30 months was 54% which was lower than the CCG average of 62%.
- Data from 2015 showed that uptake for breast cancer screening in the previous 36 months was 66% which was lower than the CCG average of 73%.

The practice followed up patients with text, email, letters and telephone call reminders to attend or participate in screening programmes. Staff followed an established recall protocol and told us that reminder messages were added to patient records so that they could take the opportunity to remind patients about the importance of screening.

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

Are services caring?

Our findings

At our previous inspection on 25 January 2017, we rated the practice as good for providing caring services. The practice remains rated as good for providing caring services.

Kindness, dignity, respect and compassion

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

- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them the use of a private room to discuss their needs.
- Curtains were provided in treatment rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Treatment room doors were closed during consultations; we noted that conversations taking place in these rooms could not be overheard.
- Patients could be treated by their choice of male or female clinical staff.

Results from the National GP Patient Survey published in July 2017 showed that the practice scored results that were in line with or above local and national averages in relation to patients' experience of the practice and the satisfaction scores on consultations with GPs and nurses. For example:

- 94% of patients said the GP was good at listening to them (the same as in 2016) which compared with the Clinical Commissioning Group (CCG) average of 92% and the national average of 89%.
- 89% of patients said the GP gave them enough time (91% in 2016) compared with the CCG average of 89% and the national average of 86%.
- 96% of patients said they had confidence and trust in the last GP they saw (95% in 2016) compared with the CCG average of 97% and the national average of 95%.
- 88% of patients said the last GP they spoke to was good at treating them with care and concern (92% in 2016) compared with the CCG average of 89% and the national average of 86%.
- 91% of patients said the last nurse they spoke to was good at treating them with care and concern (the same as results in 2016) compared with the CCG average of 92% and the national average of 91%.

- 85% of patients said they found the receptionists at the practice helpful (88% in 2016) compared with the CCG average of 91% and the national average of 87%.

We received completed comment cards from patients. All of the comments on the six comment cards were positive about the standard of care received by patients. Patients commented that staff were supportive and always listened to them. Patients were very complimentary about the practice and felt that they received an excellent service, that staff were friendly and polite, and that nothing was too much trouble for any of the team.

Results from the NHS Friends and Family test were mainly positive with 79% of patients so far in 2017 recommending the practice to others. Feedback from the one entry recorded on the NHS Choices website for 2017 described staff as fantastic, providing the best care with no difficulty in accessing appointments.

Care planning and involvement in decisions about care and treatment

Patients told us they were fully involved in their treatment including making decisions about their care and treatment options.

- They commented that they were given time during their consultations with the clinical staff to help them make an informed decision about treatment options available to them.
- Patients said that receptionists were polite, friendly and knew patients by name.
- Interpreter and translation services were provided should patients need these.
- Care plans were completed for patients with a learning disability and for patients who were diagnosed with asthma, dementia and mental health concerns.

Results from the National GP Patient Survey published during July 2017 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Although some results showed a reduction on the scores achieved for 2016 many of the results for 2017 remained in line with or above CCG and national averages. For example:

- 86% of patients said the last GP they saw or spoke to was good at explaining tests and treatments (91% in 2016) compared with the CCG average of 90% and the national average of 86%.

Are services caring?

- 83% of patients said the last GP they saw or spoke to was good at involving them in decisions about their care (89% in 2016), compared with the CCG average of 86% and the national average of 82%.
- 85% of patients said the last nurse they saw or spoke to was good at involving them in decisions about their care (84% in 2016), compared with the CCG average of 88% and the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care. Staff told us that translation services were available for patients who did not have English as a first language.

Patient and carer support to cope emotionally with care and treatment

The practice provided support for patients and carers in a number of ways:

- Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. This information was available in a range of languages on the practice website.
- The practice's computer system alerted GPs if a patient was also a carer. At the previous inspection the practice had identified 52 patients as carers (0.6% of the practice list). This had increased at this inspection to 156, which was 2% of the practice list. The practice worked closely with Herefordshire Carers Support Agency (HCSA), referring patients for appropriate support. The practice had nominated a member of staff as the carer's lead. They attended quarterly carer's leads meetings organised by the HCSA, who provided information to the leads on how to identify carers and the variety of support and help available. We saw information for carers displayed in the practice reception area. Carers were also offered the flu vaccination.
- Staff told us that if families had suffered bereavement they were contacted by their usual GP. This contact was followed by the offer of a patient consultation or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 25 January 2017, we rated the practice as requires improvement for providing responsive services. This was because:

- Results from the National GP Patient Survey published in July 2016 showed the practice had lower than average satisfaction scores regarding patients' experience of and access to appointments by telephone than those of the Clinical Commissioning Group (CCG) and national averages.

At this inspection we found that significant changes had been made to improve patients' experience of the service. These effect of these changes however, were not reflected in the results of the National GP Patient Survey for July 2017 as they were implemented outside this survey period. The practice is still rated as requires improvement for providing responsive services.

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 Commission Group (CCG) to secure improvements to services where these were identified.
- The practice provided a range of services that ensured these were easily accessible for their patients. This included phlebotomy (taking blood); 24 hour blood pressure monitoring; spirometry (a test that can diagnose various lung conditions and monitor severity), travel vaccinations and minor surgery including the removal of lesions and joint injections.
- The practice offered testing for patients prescribed with warfarin (a blood thinner used to prevent heart attacks, strokes and blood clots in veins and arteries). This meant patients could receive results from tests at the time they were taken.
- Weekly nurse led clinics were provided for patients with long term conditions such as diabetes, heart disease and high blood pressure.
- Patients had access to an in-house physiotherapist who worked in the premises two days a week. Patients experiencing musculoskeletal injuries and disorders (such as muscles, tendons, ligaments, nerves, and discs) were referred to the physiotherapist to help manage their conditions.

- Patients could book appointments and order repeat prescriptions on line. The practice participated in the electronic prescription service, enabling patients to collect their medicines from their preferred pharmacy without having to collect the prescription from the practice.
- There were longer appointments available for patients who needed them, for example patients with a learning disability, carers, elderly patients, and patients with complex needs.
- The practice offered home visits for those whose circumstances resulted in difficulty for them attending the practice.
- The practice offered same day appointments for patients with urgent needs. Requests for these appointments were assessed using a clinician led triage system. Patients were contacted by telephone by a nurse practitioner or GP and a same day appointment was given to those who were identified as needing to attend a face to face appointment.
- There was a hearing loop and translation services available. The practice premises and all facilities were fully accessible for wheelchair users and patients who were less mobile.

Access to the service

On weekdays, the practice opened at 8am and closed at 6pm. The practice informed us they had a local agreement with the CCG to close at 6pm. After 6pm an arrangement was in place whereby calls were diverted to the out of hours provider. GP consultations generally commenced at 8.10am to 11.30am, 2pm to 3pm and 4.30pm to 6pm on weekdays.

The practice was part of a federation of 24 practices which offered extended hours GP appointments. Practice patients could therefore pre-book appointments and attend a surgery approximately one mile away from the practice. Appointments were available between 6pm and 8pm on weekdays and 8am to 8pm on weekends and bank holidays.

In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for people that needed them.

The practice had implemented a policy whereby patients who had moved out of the practice boundary area could still remain registered with the practice to receive care, if they chose to do so.

Are services responsive to people's needs?

(for example, to feedback?)

Results from the National GP Patient Survey published during July 2017 showed that patients' satisfaction with how they could access care and treatment were the same as or lower than the previous years' results and lower than current local and national averages:

- 64% of patients said they found it easy to get through to this practice by telephone (63% in 2016), compared with the CCG average of 81% and the national average of 71%.
- 78% of patients were able to get an appointment to see or speak to someone the last time they tried compared (85% in 2016) to the CCG average of 87% and national average of 84%.
- 69% of patients described their experience of making an appointment as good (68% in 2016), compared with the CCG average of 80% and the national average of 73%.
- 63% of patients were satisfied with the practice's opening hours (68% in 2016) compared to the CCG average of 78% and national average of 76%.
- 31% of patients said they felt they did not have to wait too long to be seen (40% in 2016), compared with the CCG average of 63% and national average of 58%.
- 42% of patients usually got to see or speak to their preferred GP (61% in 2016), compared with the CCG average of 58% and national average of 56%.

Patient comment cards we received indicated that patients were able to get an appointment when required.

We discussed the findings of the survey with practice management. They told us they had analysed the survey results and taken action that included:

- Increased appointment times from 10 to 15 minutes per patient, which had helped to prevent appointments over-running and reduced the next patient's waiting time after their arrival.
- Increased pre-bookable appointments from two to three weeks.
- The practice had introduced a rule whereby patients with prescription enquiries were required to call a dedicated line, to ensure the appointment telephone line was used for this purpose only.
- An additional member of staff had been utilised to answer telephone lines at peak times of the week to increase the number of calls being answered.

The practice management told us they considered these measures were proving to be effective and results should

be evident in the next patient survey carried out. They had devised a practice survey form with questions that aligned with the National GP Patient Survey for comparison. The survey was due to commence in November 2017 to allow for feedback on the effectiveness of the changes.

The practice had a system in place to assess:

- Whether a home visit was clinically necessary; and
- The urgency of the need for medical attention.

The practice used its clinician led triage system to manage requests for home visits. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had an effective system for handling concerns, complaints and feedback from patients and others.

- The practice had a complaints policy and associated procedures and these were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person (the practice manager) for all complaints made to the practice. The practice manager was responsible for overseeing and monitoring complaints and the practice's response.
- We saw that information was available to help patients understand the complaints system including information in the waiting area. This included information in a range of languages.
- Staff told us they would explain the complaints process to any patient wishing to make a complaint. Feedback forms were available to patients in the reception area. Patients told us that they knew how to make complaints if they wished to do so.

We reviewed a sample of complaints and found that each of these were handled in a satisfactory and timely way. Complainants were responded to in each case and apologies had been given where appropriate.

We saw evidence that lessons were learnt from individual concerns and complaints. From the analysis of trends we

Are services responsive to people's needs?

(for example, to feedback?)

saw that action had been taken to improve the quality of care. We saw that complaints were discussed as part of staff meetings with learning points shared throughout the practice.

Are services well-led?

Good 

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

Our findings

At our previous inspection on 25 January 2017, we rated the practice as inadequate for being well-led. This was because:

- Governance arrangements were not effective or always fully implemented.
- Improvements in the arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were needed as some risks to patients had not been recognised.

We found these arrangements had significantly improved when we undertook a comprehensive follow up inspection on 24 August 2017. The practice is now rated as good for being well-led.

Vision and strategy

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

- The practice's statement of purpose included an objective to deliver safe, effective and empathetic care in a clean environment, by staff who had the skills, training and experience to carry out their duties. The objective included placing the patient as the focus of primary care rather than their condition. Improvements had been made since our previous inspection to ensure that staff had the full training necessary to carry out their roles.
- The practice had implemented a business plan for 2015-2018. Documents showed that the partners met regularly to discuss practice matters. They also attended meetings with the Hereford City Locality Group where potential plans for the future were discussed. The practice was part of a federation of 24 local providers.

Governance arrangements

At our previous inspection we found that improvements were needed to governance arrangements.

- At this inspection we found the practice had a comprehensive governance framework which supported the delivery of good quality and safe care, and the identification and management of risks. Practice staff had embraced responsibility for embedding and maintaining these improvements, and we saw a positive approach to performance and improvement throughout.

- There was a clear staffing structure and that staff were aware of their own and each other's roles and responsibilities.
- Current, practice-specific policies and procedures were in place, and these were easily accessible to all staff. Staff demonstrated they were aware of their content and where to access them. We saw evidence of effective version control of documents, and the policies we saw had been updated in the last six months.
- Internal procedures for responding to nationally recognised guidance such as patient safety alerts from the Medicines and Healthcare products Regulatory Agency (MHRA) alerts were in place and effectively applied.
- A comprehensive understanding of the performance of the practice was maintained. This included discussion of performance at a range of meetings and the sharing of information and learning points with staff and other stakeholders.
- The practice had a programme of continuous clinical and internal audits which was used to monitor quality and help make improvements.
- There were arrangements for identifying, recording and managing risks and issues, and implementing mitigating actions. Effective oversight and monitoring of risk assessment and management was in place.
- The practice had systems for overseeing and monitoring staff training. We reviewed staff training logs and saw that these had been fully documented and were up to date. All staff had received the necessary training and updates and details were documented appropriately.
- At our previous inspection we had concerns that staff appraisals had not been completed since 2014. At this inspection it was evident that a programme of appraisals for all staff had been implemented, and completed for seven of 11 staff at the end of June 2017. Arrangements had been made for appraisals for the remaining staff and this was confirmed by staff we spoke with.

Leadership and culture

During the inspection the lead GP and the practice manager demonstrated that:

- They had the experience, capacity and capability to run the practice and ensure high quality care.
- The partners told us they prioritised safe, high quality and compassionate care.

Are services well-led?

Good 

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

- Staff told us the GPs and managers were approachable and always took the time to listen to, involve and encourage all members of staff.
- The practice partners told us they did not adopt a hierarchical approach and they valued all their staff.
- The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). Staff had received training on the duty of candour.

There was a clear leadership structure and staff told us that they felt supported by the GPs and managers.

- Staff told us the practice held regular practice meetings which included discussion of significant events, complaints and patient feedback.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at meetings, or directly with a GP or practice manager. Staff said they felt confident and supported in doing so. Staff were encouraged to identify and raise concerns or ideas to help benefit the practice and the service provided to patients.
- Staff said they felt respected, valued and supported by the GPs, practice manager and their colleagues.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

Despite their efforts to form a Patient Participation Group (PPG) the practice had not been successful. A PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care. The practice had followed up on contact details identified during the local Healthwatch visit and had retained these until they had recruited additional members so that a group could be established. The practice had continued to

advertise to recruit members since the last inspection, and had promoted the option of an on-line virtual group to patients, which they had commenced from October 2017. From their action plan we could see that practice staff had been encouraged to recruit PPG members (with incentives where this was successful). The practice manager told us they had also produced leaflets which GPs were giving to patients to encourage recruitment to the PPG.

The practice had reviewed feedback from the National GP Patient Surveys, the NHS Friends and Family test and from complaints received. As a result of the feedback changes had been made which included; staff training where this had been identified; changes to appointment system to provide more flexibility; worked with the CCG and the federation to achieve additional routine appointment availability for evenings and weekends at the nearby hub.

The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run in the best interests of the patients. They also told us they could informally provide feedback if necessary and discuss any concerns or issues with colleagues or management.

Continuous improvement

The practice told us they:

- Maintained their commitment to continuous learning and improvement through regular meetings, training events, protected learning time as well as making time to reflect on practice to consider further improvements.
- Continued to work proactively with the CCG, the GP federation and other practices to develop their services.
- The practice had signed up to an educational programme called Seven Steps to Safety in GP practice. This was scheduled to commence in October 2017 with key members of staff aiming to build a culture of safety within the team. Learning time was protected for this training.