

# Dr C Stephenson & Partners

## Quality Report

Harley Street Medical Centre  
Hanley  
Stoke on Trent  
Staffordshire  
ST1 3RX

Tel: 01782 268365 (Main practice) 0300 1231765

(Branch)

Website: [www.harleystreetmedicalpractice.org.uk](http://www.harleystreetmedicalpractice.org.uk)

Date of inspection visit: 5 September 2017

Date of publication: 13/10/2017

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

## Ratings

### Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We previously carried out an announced comprehensive inspection at Dr C Stephenson and Partners (formally registered as Drs Przyslo and Partners) on 12 September 2016. The overall rating for the practice was Requires Improvement. We rated the practice as requires improvement for four of the five key questions we inspect against and issued three requirement notices. The practice provided us with an action plan detailing how they were going to make the required improvements in relation to:

- Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014: Safe care and treatment.
- Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Receiving and acting on complaints.
- Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.

You can read the report from our inspection on 12 September 2016 by selecting the 'all reports' link for Dr C Stephenson and Partners on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook an announced comprehensive follow up inspection of Dr C Stephenson and Partners on 5 September 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements. The findings of the inspection were that whilst the provider had taken action to meet the requirement notices, they were not always sufficient to make a significant improvement and as a result the practice continues to be rated as requires improvement.

Our key findings were as follows:

- Improvements had been made to the way significant events were managed. Staff understood and fulfilled their responsibilities to raise concerns. There was a strong culture to report incidents and near misses.

# Summary of findings

Events were recorded, investigated and shared. However, there was no systemised way of summarising learning from events for quality improvement.

- The practice had safeguarding procedures in place. Staff demonstrated that they understood their responsibilities and most had received training on safeguarding children and vulnerable adults relevant to their role.
- There were systems in place for identifying, assessing and mitigating most of the risks to the health and safety of patients and staff. However, some health and safety checks had not been carried out at the recommended frequency.
- There were systems in place for the effective monitoring and prescribing of high risk medicines.
- Data continued to show that the practice had a significant number of patients who had been recorded as clinical exceptions to receiving treatment or interventions.
- Staff had been trained to provide them with the skills, knowledge and experience to deliver care and treatment.
- Patients said they were treated with kindness, dignity and respect and they were involved in their care and decisions about their treatment.
- Data from the national GP patient survey published in July 2017 showed patients rated the practice in line with others for most aspects of care.
- Improvements had been made to the investigation of and learning from complaints.
- Patients we spoke with told us it was easier to contact the practice by telephone following the recent implementation of the new telephone system and there was improved access to appointments.
- There was a staffing structure in place and staff were aware of their own roles and responsibilities.
- There had been significant changes in staffing and challenges within the team since the last inspection. New clinical leadership and structure was being developed and implemented but not yet fully

embedded. Key roles and responsibilities had been developed across the team. Staff reported significant improvement in staff morale, the support they received and team working and were starting to enter a period of stability with the change in partnership and a review of staff skillset.

The areas where the provider must make improvement are:

- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.

The areas where the provider should make improvements are:

- Review the process for the monitoring of uncollected prescriptions.
- Ensure information regarding staff physical health or mental health is obtained as part of the recruitment process and copies of all other required documents are readily accessible.
- Include emergency contact numbers for staff within the practice's business continuity plan.
- Ensure alerts are placed on the electronic records of children whose parents are subject to domestic abuse to ensure clinicians are alerted to the situation.
- Consider providing chaperone training for staff that undertake this role.
- Ensure fire drills are carried out at the recommended frequency.
- Carry out a regular analysis of significant events for purposes of quality improvement.
- Continue to investigate the reasons for higher than average clinical exception reporting data.
- Develop a programme of clinical audit to evidence improved patient outcomes.
- Consider making local safeguarding contact details more readily accessible.

**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.

- The practice method of investigating significant events had improved. Staff felt able and encouraged to raise both positive and negative events. Events were discussed, recorded and investigated and shared to enable practice wide learning. However, there was no systemised way of summarising learning from events for quality improvement.
- The practice had safeguarding procedures in place. Staff demonstrated that they understood their responsibilities and had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had the equipment and had since obtained all of the recommended medicines to assist in the event of a medical emergency. However, checks made on expiry dates of needles were not effective.
- There were systems in place for identifying, assessing and mitigating most of the risks to the health and safety of patients and staff. However, some health and safety checks had not been carried out at the recommended frequency.
- Not all the required recruitment documentation had been obtained prior to employment.
- The storage and handling of blank prescriptions was secure and a system for the management of prescriptions for controlled drugs had been implemented to safeguard patients and staff. However, the monitoring of uncollected prescriptions required review.
- There were systems in place for the effective monitoring and prescribing of high risk medicines.

**Requires improvement**



### Are services effective?

The practice is rated as Requires Improvement for providing effective services.

- Data continued to show that clinical exception reporting in national performance indicators was significantly higher than local and national levels.
- There was a lack of clinical audit to demonstrate practice quality improvement in patient outcomes.
- There was evidence of appraisals and personal development plans for all staff.

**Requires improvement**



# Summary of findings

- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- Staff were aware of and worked in line with current evidence based guidance.
- Staff had the skills and knowledge to deliver care and treatment and were working through e-learning modules.

## Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey published in July 2017 showed patients rated the practice in line with others for most aspects of care.
- 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 was easy to understand and accessible.
- Staff treated patients with kindness and respect, and maintained confidentiality.
- The practice had identified 206 (2%) of the patient list as carers and signposted them to local services offering support and guidance.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice understood its population profile and had used this understanding to meet the needs of its population. The practice offered extended hours on a Thursday morning from 7.30am and on a Saturday morning from 9am to 12 noon at the main practice.
- Patients could get information about how to complain in a format they could understand. Evidence reviewed showed the practice responded to issues raised and had made improvements in the investigation and recording of complaints. An analysis of complaints had been undertaken to identify common trends and aid learning.
- The practice provided good facilities and was equipped to treat patients and meet their needs.
- Data in the national GP patient survey showed patient satisfaction with contacting the practice continued to be lower than local and national averages. For example, 33% (previously 56%) of patients found it easy to contact the practice by telephone compared to the local clinical commissioning group (CCG) average of 67% and the national average of 71%.

# Summary of findings

However, a new telephone system had been implemented in July 2017 in light of the negative feedback received and the majority of patients we spoke with told us it was now easier to contact the practice by telephone.

## Are services well-led?

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

- The practice had a vision and strategy to deliver high quality care and staff were clear about the vision and their responsibilities in relation to it.
- There had been significant changes in staffing and challenges within the team since the last inspection. New clinical leadership and structure was being developed and implemented. Key roles and responsibilities had been developed across the team and staff were provided with opportunities for learning and personal development. Staff reported significant improvement in staff morale, the support they received and team working and were starting to enter a period of stability with the change in partnership and review of staff skillset. The business plan had been reviewed to ensure alignment with the services provided.
- Whole team meetings had been implemented and the nursing team were now involved in clinical meetings held. Meetings held were better recorded to include actions and learning points.
- Governance within the practice had improved. Although some areas of risk had been mitigated others relating to performance, patient outcomes, experiences and service delivery required further improvement.

Good



# Summary of findings

## The six population groups and what we found

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

### Older people

The practice is rated as requires improvement for the care of older people. The practice was rated as good for caring, responsive and well-led services and this includes this population group. The practice was rated as requires improvement for safe and effective services. The concerns that led to these ratings affect all patients who use the practice including this population group.

- The practice offered proactive, personalised care to meet the needs of the older patients in its population. For example the practice had a system of call and recall for frail older patients considered to be at risk and these patients were invited for an annual review.
- The practice was responsive to the needs of older patients and requests for home visits were available if patients were unable to attend the practice, including for review of long term conditions and for diagnostic tests. The practice had access to an acute visiting service which allowed more timely assessment by a GP reducing unnecessary 999 and A&E attendance.
- The practice followed up and reviewed older patients frequently admitted to hospital or on an unplanned basis with a view to reducing admissions and gaining feedback about their experience.
- The practice offered medication reviews to patients both at home and in the practice with active involvement of the pharmacist in accounting for medication and promoting safety.

**Requires improvement**



### People with long term conditions

The practice is rated as requires improvement for the care of people with long term conditions. The practice was rated as good for caring, responsive and well-led services and this includes this population group. The practice was rated as requires improvement for safe and effective services. The concerns that led to these ratings affect all patients who use the practice including this population group.

- There was a system to recall patients for ongoing monitoring and regular review to check their health and medicines needs were being met streamlined to patients birthday month. The practice was looking to provide patients with a face to face medication review with the practice pharmacist. However, the practice clinical exception reporting across the range of long-term conditions was higher than local and national

**Requires improvement**



# Summary of findings

averages. Clinical exception rates allow practices not to be penalised, where, for example, patients do not attend for a review, or where a medicine cannot be prescribed due to side effects.

- Practice nurses had areas of special interest in specific long term conditions.
- For those patients with the most complex needs, the practice worked with relevant health and care professionals to deliver a multidisciplinary package of care and held to include the voluntary and community services drop-in service which provided opportunity for these patients to seek additional support from third sector organisations via a central information base.
- The practice was planning to shortly provide a diabetic retinopathy screening outreach service for patients in order to try to improve the uptake of this service.

## Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people. The practice was rated as good for caring, responsive and well-led services and this includes this population group. The practice was rated as requires improvement for safe and effective services. The concerns that led to these ratings affect all patients who use the practice including this population group.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and children who were at risk, for example, children and young people who had a high number of unplanned hospital attendances.
- Immunisation rates for the vaccinations given were above standard for childhood vaccinations for children aged two and comparable to the Clinical Commissioning Group (CCG) for children aged five.
- Same day appointments were available for children with urgent medical need.
- A maternity clinic was provided once a week by a visiting community midwife in addition to child immunisation clinics being provided by nurses at the practice.
- The practice's uptake for the cervical screening programme was 91% compared to the clinical commissioning group (CCG) average of 79% and the national average of 81%. However, the practice clinical exception reporting rate was 24% compared to the CCG average of 5.5% and the national average of 6.5%.

**Requires improvement**





# Summary of findings

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

The practice is rated as requires improvement for the care of working age people (including those recently retired and students). The practice was rated as good for caring, responsive and well-led services and this includes this population group. The practice was rated as requires improvement for safe and effective services. The concerns that led to these ratings affect all patients who use the practice including this population group.

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible and flexible. For example, a nurse led clinic was provided on a Thursday morning from 7.30am at the main practice and a Saturday morning surgery with a GP and nurse was held from 9am to 12 noon.
- The practice had a large proportion of patients in this group and provided services via a branch practice at a local university for students that was open Monday to Friday 8am to 5pm and 8am to 1pm on a Thursday.
- The practice was proactive in offering online services as well as a range of health promotion and screening that reflected the needs for this age group.
- The practice offered an electronic prescribing service (EPS) and with the support of the pharmacist was moving towards implementing a repeat dispensing service.
- Telephone consultations were available to benefit patients that worked away from home.
- New patient health checks in addition to NHS Health checks for patients aged 40 to 74 years were available.

Requires improvement



## People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The practice was rated as good for caring, responsive and well-led services and this includes this population group. The practice was rated as requires improvement for safe and effective services. The concerns that led to these ratings affect all patients who use the practice including this population group.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered nurse led outreach reviews for patients with a learning disability in addition to GP appointments at the practice and longer appointments for patients with complex needs.

Requires improvement



# Summary of findings

- The practice had information available for patients about how to access various support groups and voluntary organisations and also held drug liaison clinics within the practice and were continuing to try to increase the safety of this group of patients via liaison with the drug services relating to prescribing.
- Staff we spoke with knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable and staff had received training appropriate to their role.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.

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

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The practice was rated as good for caring, responsive and well-led services and this includes this population group. The practice was rated as requires improvement for safe and effective services. The concerns that led to these ratings affect all patients who use the practice including this population group.

- The practice worked with multi-disciplinary teams to include student counselling service in the case management of patients experiencing poor mental health.
- The practice offered longer appointments for patients with mental health problems and invited all patients who had unplanned hospital attendances following episodes of self-harm to attend the practice for a review. Where appropriate, patients were referred to the mental health access team for urgent review in addition to being signposted to Healthy Minds, a consortium made up of specialist mental healthcare providers that provide treatment for people with depression, anxiety and other mental health issues.
- The practice had information available to signpost patients experiencing poor mental health and referred patients with concerns about dementia to the memory clinic for further diagnosis and support.
- Clinical exception reporting for patients experiencing poor mental health including dementia continued to be higher than local and national averages. For example, the percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the last 12 months was 75%, which was lower than the CCG average of 84% and the

## Requires improvement



# Summary of findings

national average of 84%. The practice clinical exception rate of 28%, which was higher than the local CCG average of 7% and the national average of 7%, meaning more patients were excluded.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published on 7 July 2017. The survey invited 385 patients to submit their views on the practice and 106 surveys were returned. This gave a return rate of 28%. The results of the survey showed patients satisfaction levels were comparable in relation to the experience of their last GP appointment. For example:

- 96% of patients had confidence and trust in the last GP they saw or spoke with compared to the CCG and national averages of 95%.
- 82% of patients said that the GP was good at giving them enough time compared to the clinical commissioning group (CCG) and national averages of 86%.
- 90% of patients said that the last GP they saw was good at listening to them compared with the CCG average of 88% and the national average of 89%.
- 81% of patients said the last GP they saw or spoke to was good at involving them in decisions about their care compared with the CCG and the national averages of 82%..

Survey results for patient satisfaction with nurses had improved since the last inspection and were comparable to local and national averages. For example:

- 98% of patients had confidence and trust in the last nurse they saw or spoke with compared to the CCG and national averages of 97%.
- 91% said that the nurse was good at giving them enough time compared to the CCG and the national averages of 92%.
- 92% of patients said the nurse was good at listening to them compared to the CCG average of 92% and the national average of 91%.
- 88% of patients said the last nurse they saw or spoke to was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 85%.

Survey results continued to show lower levels of patient satisfaction in relation access to appointments when compared to local and national averages:

- 33% of patients found it easy to contact the practice by telephone compared to the CCG average of 67% and the national average of 71%.
- 76% of patients said they were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 83% and the national average of 84%.
- 58% of patients felt they did not have to wait too long to be seen which was the same as the CCG and the national average.
- 58% of patients described their experience of making an appointment as good compared to the CCG and the national averages of 73%.

Seventy two percent of patients described their overall experience of this surgery as good compared to the local CG average of 84% and the national average of 85%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 15 completed comment cards. All of these were very positive about the standard of care received with the exception of three comment cards that mentioned the difficulties experienced with access to appointments. Staff were cited as 'helpful', 'approachable' and 'friendly' and 'caring'. All the cards contained positive comments in relation to the care, treatment and service received from the practice. Three people shared concerns in relation to booking appointments by telephone. One person commented that the new telephone system was a 'huge improvement'.

We spoke with 12 patients during the inspection including three representatives of the Patient Participation Group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required although.

Since the last inspection 21 patients had reviewed the practice on NHS Choices. A website providing opportunity for patients to leave their feedback on their experiences

# Summary of findings

of NHS services. Feedback showed a trend of being less positive but had significantly improved for all seven reviews posted from June 2017, with these reviews being rated the maximum of five stars.

## Areas for improvement

### Action the service **MUST** take to improve

Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.

### Action the service **SHOULD** take to improve

Review the process for the monitoring of uncollected prescriptions.

Ensure information regarding staff physical health or mental health is obtained as part of the recruitment process and copies of all other required documents are readily accessible.

Include emergency contact numbers for staff within the practice's business continuity plan.

Ensure alerts are placed on the electronic records of children whose parents are subject to domestic abuse to ensure clinicians are alerted to the situation.

Consider providing chaperone training for staff that undertake this role.

Ensure fire drills are carried out at the recommended frequency.

Carry out a regular analysis of significant events for purposes of quality improvement.

Continue to investigate the reasons for higher than average clinical exception reporting data.

Develop a programme of clinical audit to evidence improved patient outcomes.

Consider making local safeguarding contact details more readily accessible.

# Dr C Stephenson & Partners

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Dr C Stephenson & Partners

Dr C Stephenson and Partners (known as Harley Street Medical Practice) is located in Stoke-on-Trent and is registered with the CQC as a partnership provider. The provider holds a General Medical Services contract with NHS England and is a member of the NHS Stoke-on-Trent Clinical Commissioning Group (CCG). A GMS contract is a contract between NHS England and general practices for delivering general medical services and is the most common form of GP contract.

The practice has approximately 8,600 registered patients. A decrease of approximately 1,000 patients since the last inspection following a list cleansing with regards to patients residing outside of the practice area. The area is one of higher deprivation when compared with the national average. The practice has 11% of unemployed patients compared to the local average of 7% and the national average of 4%. The practice age distribution is lower than local and national averages for patients aged 25 and over but higher than local and national averages for patients aged 15-29 years. The practice has 59% of patients with a long standing health condition compared to the local average of 57% and the national average of 53%.

Patients who are students can access services at either of the providers two locations at their convenience:

- Harley Street Medical Centre, Harley Street, Stoke-on-Trent, ST1 3RX (main practice).
- Staffordshire University Student Health Service, 20 Leek Road, Stoke-on-Trent, ST4 2YJ (branch practice for university students only).

The practice is an accredited teaching and training practice for medical students.

The main practice is open between 8.00am and 6.30pm Monday to Friday and from 7am to 6.30pm on a Thursday and from 9am and 12 noon on a Saturday. The branch practice is open between 8am to 5pm Monday to Friday with the exception of Thursday when it closes at 1pm. Extended opening hours are provided on a Thursday morning and a Saturday morning at the main practice. GP appointment times are generally from 9am to 12 noon and from 2pm to 5pm. Nurse appointment times are generally from 8am to 5pm. Routine appointments can be booked in person, by telephone or on-line.

The practice has had a change in partnership since the last inspection. The staffing currently comprises of:

- Two GP partners, two salaried GPs (2 male and two female GPs) plus two long-term locum GPs giving a whole time equivalent (WTE) of 4.
- One female prescribing lead pharmacist and one male pharmacist (1 WTE).
- The practice nursing time includes three female practice nurses, a male advanced nurse practitioner/independent prescriber (3.4 WTE) and a female healthcare support worker (.75 WTE).
- The practice manager (business partner) is assisted by a team leader and leads a team of 12 staff including a secretary and administrative/reception staff.
- Three foundation doctors currently provide 1 WTE of clinical sessions.

# Detailed findings

A part time female salaried GP is due to commence employment on 11 September 2017 in addition to an urgent care practitioner on 23 October 2017.

The practice has opted out of providing cover to patients in the out-of-hours period. During this time services are provided by Staffordshire Doctors Urgent Care, patients access this service by calling NHS 111.

## Why we carried out this inspection

We previously undertook a comprehensive inspection of Dr C Stephenson and Partners (formally registered as Dr Przynslo and Partners) on 12 September 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as Requiring Improvement overall with requiring improvement in providing safe, effective, responsive and well-led services. The full comprehensive report following the inspection on 12 September 2016 can be found by selecting the 'all reports' link for Dr C Stephenson and Partners on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a comprehensive follow up inspection of Dr C Stephenson and Partners on 5 September 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

## How we carried out this inspection

We carried out a comprehensive inspection of Dr C Stephenson and Partners on 5 September 2017. Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We also reviewed information the practice provided us in preparation for the inspection. During our visit we:

- Visited the main practice site only as the branch practice was closed until 17 September 2017.

- Spoke with a range of staff including two GPs, an advanced nurse practitioner, two nurses, a health care support worker, pharmacist, the practice manager and six administrative and reception staff.
- Spoke with 12 patients who used the service, including three members of the Patient Participation Group (PPG).
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed a sample of 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.
- Reviewed online information where patients and members of the public shared their views and experiences of the service, and looked at survey information.
- Looked at information the practice used to deliver care and treatment plans.

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

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

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

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

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



# Are services safe?

## Our findings

When we previously inspected the practice on 12 September 2016 we identified issues affecting the delivery of safe services to patients. At that time we rated the practice as requires improvement. This was because:

- The provider did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. They did not operate an effective significant event process to investigate and learn from incidents. Staff could not recall significant events or describe how changes to services had mitigated the risk of reoccurrence.

We issued a requirement notice in respect of these issues. Improvements were also required around the need to review the cold chain policy to reflect any changes in guidance or practice in addition to expanding the emergency medicines held to include anti-histamine medicine or risk assess why this was not necessary.

We found these arrangements had improved when we undertook a follow up inspection of the service on 5 September 2017. However we identified some further shortfalls in providing safe services. Therefore the practice continues to be rated as requiring improvement for providing safe services.

### Safe track record and learning

The system for reporting, recording and investigating significant events had improved.

- There was a protocol in place for significant event monitoring. Staff we spoke with understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. They told us they felt able and encouraged to raise both positive and negative events and there was a no-blame culture embedded within the team to raise and report events. There was a standard recording form available on the practice's computer system and staff were able to access a database of significant events. We saw significant events were well documented, shared and actions reviewed. However, an annual review of significant events had not been undertaken for the purposes of quality improvement and learning.
- Sixty one significant events had been recorded in the previous 12 months. These were both positive and negative occurrences. Common theme related to staff

and patient communication and this was being addressed through line management support and team meetings. We saw where necessary changes had been implemented to minimise the chance of reoccurrence. For example, we saw the practice had received a letter from social services about a child on a child protection plan but the child was no longer registered at the practice. As a result of this, the practice had reviewed their procedure so that they informed social services of any child leaving the practice with a child protection plan in place. Staff spoken with were able to share an example of a significant event that had occurred and the action taken.

- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings. We found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, information, an apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice had a process and was able to demonstrate that they had taken action on recent medicines alerts from the Medicines and Healthcare products Regulatory Agency (MHRA) that may affect patient safety. Patient safety alerts were a standard agenda item and discussed at clinical meetings held.

### Overview of safety systems and process

The practice had a number of processes in place to minimise risks to patient safety.

- The practice had safeguarding procedures in place. Staff demonstrated that they understood their responsibilities and most had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child safeguarding level three and nurses level two. Policies were accessible to all staff on the computer system with the exception of a safeguarding adults policy; however a copy of the policy was later shared with us shortly following the inspection. Staff were aware of the GP lead and deputy GP lead for safeguarding should they have any concerns. Staff spoken with understood their responsibilities regarding safeguarding. Contact details for external agencies were available on the computer system but



## Are services safe?

were not displayed in consulting and treatment rooms and office areas. A GP shared with us an example of a potential safeguarding concern and the action they had taken.

- Staff were made aware of children and adults with safeguarding concerns by computerised alerts on their records. Although we saw the GP had recorded information in a patient's records that had been subject to domestic abuse, no entry had been made in the child of the victim's records to ensure clinicians were alerted to the situation.
- Notices advising patients that chaperones were available were displayed in the waiting rooms, treatment and consulting rooms. A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure. Discussions with patients showed they were aware and a number had been offered this service. Only the nursing team acted as chaperones. However, they had not received specific training for this role but had a Disclosure and Barring Service (DBS) check undertaken. (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).
- There were systems in place for the management and monitoring of infection prevention and control. The cleaning was outsourced to an external contractor and cleaners visited the practice on a daily basis. We observed the main practice to be clean and tidy. Clinical rooms were well equipped and staff had access to personal protective equipment such as disposable gloves and aprons.
- The advanced nurse practitioner (ANP) was the infection prevention and control (IPC) clinical lead. Discussions with them demonstrated they were aware of their responsibilities and had mitigated risks effectively. There was an infection control policy in place and staff had received training. An infection control audit had been carried out and kept under review.
- There were arrangements in place for managing medicines, including emergency medicines and vaccinations, (including obtaining, prescribing, recording, handling, storing and security). Patient Group Directions (PGDs) had been adopted by the practice to

allow practice nurses to administer immunisation and vaccines in line with legislative requirements. Patient Specific Directions (PSDs) were in place for the healthcare support worker.

- The practice had a repeat prescribing policy in place and we saw processes were in place for handling repeat prescriptions. The storage and handling of blank prescriptions was secure and a system for the management of prescriptions for controlled drugs had been implemented to safeguard patients and staff. However, the monitoring of uncollected prescriptions required review to ensure prescriptions were collected in a timely manner, particularly for vulnerable patients and those with complex health needs.
- We saw patients now had access to the electronic prescribing service (EPS), allowing prescriptions to be sent direct to pharmacies through the IT system used in the practice. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- There were systems in place for the effective monitoring and prescribing of high risk medicines.
- We reviewed four staff personnel files and found all of the required information with the exception of some staff qualifications, proof of identity, appropriate checks through the Disclosure and Barring Service (DBS) and information regarding any physical or mental health conditions. However, information was not readily accessible on the staff files we reviewed. Evidence of the outstanding DBS and some evidence of staff qualifications were later forwarded to us following the inspection.

### Monitoring risks to patients

The practice had some procedures in place to deal with risks to patients, staff and visitors.

- There was a health and safety policy available. A fire risk assessment had been completed covering both sites. The practice had plans and equipment in place to deal with the fire risks. Weekly fire alarm testing was carried out and a written log of these checks was maintained. A fire evacuation procedure was in place and drills were carried out but not at the recommended frequency.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- The practice had a variety of other risk assessments in place to monitor safety of the premises such as infection

## Are services safe?

control. A Legionella risk assessment had been completed by an external contractor but this was slightly overdue. However, records showed a water sampling test had been completed in addition to regular checks on water outlets.

- There were arrangements in place to cover for staff sickness and leave to ensure appropriate staffing levels were maintained. We saw the practice had implemented an action plan for when the practice was short staffed in August 2017 and cover arrangements had been discussed in a doctors meetings held. There were suitable arrangements in place to cover periods of holiday leave across the team.
- At our previous inspection we observed the increased risk of patients not being able to contact the practice by telephone. At times one member of staff was answering four incoming telephone lines. We saw the volume of incoming calls was high and placed the staff member under increased pressure. During this inspection we saw additional staff had since been recruited to help manage the situation and a new telephone system installed.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- Staff had received basic life support training to prepare them in the event of a medical emergency.
- The practice had emergency equipment which included automated external defibrillators (AEDs), (An AED provides an electric shock to stabilise a life threatening heart rhythm), oxygen and pulse oximeters (to measure the level of oxygen in a patient's bloodstream).
- Emergency medicines were available . We saw that the practice now had anti-histamine medication as one of the follow up medicines to treat an allergic reaction. Medicines were stored securely, were in date and staff knew of their location. However, we found a number of needles were out of date but were immediately removed at the time of the inspection.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. A copy of the plan was kept off site but did not include emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

When we previously inspected the practice on 12 September 2016 we identified issues affecting the delivery of effectively services to patients. At that time we rated the practice as requires improvement. This was because:

The practice had recorded clinical exception reporting figures in the Quality and Outcomes Framework (QOF) significantly higher than local and national averages.

We issued a requirement notice in respect of these issues. We found these arrangements had not significantly improved when we undertook a follow up inspection of the service on 5 September 2017. Therefore the practice continues to be rated as requiring improvement for providing effective services.

### Effective needs assessment

Staff told us they 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.

- Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. NICE was a standing item agenda and discussed at meetings held.
- Staff told us they were aware of their individual responsibility to keep up to date professionally with changes to guidelines and guidance.

### 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). QOF results for 2015/16 showed the practice:

- Achieved 99% of the total number of points available. This was higher than the Clinical Commissioning Group (CCG) average of 97% and the national average of 95%. Clinical exception reporting was 21%, which was significantly higher than the CCG average of 9% and the national average of 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). Generally lower rates indicate more patients had received the treatment or medicine.

- The percentage of patients on the diabetes register, in whom a specific blood test was recorded, was 84% compared with the CCG and the national average of 78%. However, the practice exception reporting rate of 17% was higher than the CCG average of 9% and the national average of 12.5%.
- The percentage of patients with asthma, on the register, who had an asthma review in the preceding 12 months, was 81%, compared to the CCG and the national average of 76%. The practice exception reporting rate of 29% was higher than the CCG average of 7% and the national average of 8%.
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 92%, which was higher than the CCG average of 90% and the national average of 89%. However, the practice clinical exception rate of 62% was significantly higher than the CCG average of 12% and the national average of 13%.
- The percentage of patients with hypertension in whom the last blood pressure reading was measured in the preceding 12 months was 84%, which was the same as the CCG average and comparable with the national average of 83%. The practice clinical exception rate of 6% was higher than the CCG average of 3% and the national average of 4%.

We spoke with the practice team about the high rates of clinical exception reporting. The practice told us in their action plan they had identified via the Clinical Commissioning Group (CCG) data facilitator, the patients who had been exception reported and looked at a percentage of these and found no abnormalities. Following the inspection the provider told us they had now implemented a policy on exception reporting and that other than influenza immunisation, no patient would be exception reported from QOF without reference to a GP partner.

There was a lack of completed and planned clinical audit to demonstrate quality improvement.

At the time of the inspection there was limited evidence of clinical audit due to significant staffing issues, the changes in partnership, staff sickness and difficulties with recruiting

# Are services effective?

## (for example, treatment is effective)

GPs. Therefore the practice had limited opportunity to complete audits or develop a programme of audit going forward. One GP we spoke with had undertaken a one cycle audit on mirabegron and blood pressure measurement, however, this had yet to be presented to the practice and it was not available on the practice shared drive. Shortly following the inspection the practice provided us with a detailed audit undertaken from July 2014 to September 2017. The audit had been carried out to establish if the prescribing of a particular antibiotic had been appropriate. This audit had completed four cycles showing performance improvement and a reduction in prescribing with the exception of the most recent audit that showed prescribing had increased in the first six months of 2017. One hundred and eleven patients had received a prescription for this period compared with a total 133 patients for the previous 12 months. The practice planned to re-audit in 2018 to determine whether the trend is reversed.

### Effective staffing

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

- The practice had an induction in place for all newly appointed staff and we saw a locum pack had been produced to assist locums when working at the practice. The same locum staff were booked in advance to provide patients with consistency of care. Staff had access to and made use of e-learning training modules.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, the former lead nurse had been supported to undertake specific training to become an advanced nurse practitioner (ANP) and independent prescriber. The Health Care Support Worker had completed a course in spirometry (a test that can help in the diagnosis of different lung conditions) in addition to a training course in providing B12 injections to include observation and continuous assessment. The nursing team had lead roles and had received additional training to support them in their work.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support from colleagues and facilitation and support for revalidating GPs and nurses. Staff had received an appraisal of their work and arrangements were in place to provide clinical

supervision to the ANP and medical students to include daily educational debriefing sessions with a GP to discuss and review patient consultations. Staff told us their appraisal included reflection and discussion on what they aimed to achieve in the forthcoming 12 months.

### 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.
- We found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals to discuss and review patients with complex needs.

### Consent to care and treatment

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

- Clinical staff understood the relevant consent and decision-making requirements of legislation and guidance including the Mental Capacity Act 2005 and a policy was in place.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Staff we spoke with were able to share examples of how they sought and obtained patient consent. For example, verbal consent obtained for all nurse delivered processes and written consent obtained for child immunisations.

### Supporting patients to live healthier lives

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

# Are services effective?

(for example, treatment is effective)

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and or substance misuse.
- We saw patients had access to appropriate support, health screening and checks. These included new patient checks, NHS health checks and lifestyle advice. However, the practice acknowledged that health checks was an area for improvement. Patients with long-term conditions were invited to attend the practice usually within their birthday month for a review of their condition with the practice nurses. The practice offered travel advice and vaccinations available on the NHS.
- The practice website provided patients with information in relation to family health, how to stop smoking, pregnancy and bowel cancer screening.

The practice's uptake for the cervical screening programme was 91%, which was higher than the Clinical Commissioning Group (CCG) average of 79% and the national average of 81%. However, the practice exception reporting was 23.6% (372 patients) which was significantly higher than the CCG average of 5.5% and the national average of 6.5%. We raised this with the provider at the time of the inspection and they were able to show us evidence they had encouraged patients to attend for screening. Following the inspection the provider carried out an audit and sent us a detailed report following a

review of cervical screening for 2016-17 and their exception reporting. They told us they proposed to carry out a re-audit in 12 months and in the interim they would compare the figures with the QOF data for 2016-17.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

- 74% of female patients aged 50 to 70 years had attended screening to detect breast cancer in the last 3 years. This was higher than the CCG average of 72% and the national average of 72.5%.
- 49% of eligible patients aged 60-69 had been screened for symptoms that could be suggestive of bowel cancer in the last 30 months compared with the CCG average of 54% and the national average of 58%. The practice website provided information on the bowel cancer screening test and bowel cancer facts, which was available in a number of languages.
- The practice offered family planning advice and regular midwife clinics.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were above the 90% standard. For example, rates for the vaccines given to under two year olds ranged from 98.3% to 98.5%. The uptake rates for vaccines given to five year olds were above the CCG and national averages and ranged from 95.9% to 97.3%.



# Are services caring?

## Our findings

At our previous inspection on 12 September 2016, we rated the practice as good for providing caring services. When we undertook a follow up inspection on 5 September 2017 and continued to rate the practice as good for providing caring services.

### Kindness, dignity, respect and compassion

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

- Privacy curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We saw consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.

We spoke with 12 patients during the inspection and invited patients to complete Care Quality Commission (CQC) comment cards to tell us what they thought about the practice. We received 15 completed cards that highlighted a high level of patient satisfaction in relation to the care and treatment received. Patients commented that the service they received was good or very good, that staff were approachable, polite, helpful and friendly. Patients commented that their privacy and dignity was always respected. We spoke with three representatives of the Patient Participation Group (PPG). They also told us they were very satisfied with the care they received from the practice and would recommend the practice.

We reviewed the national GP patient survey results, which were published on 7 July 2017. The survey invited 385 patients to submit their views on the practice, 106 forms were returned giving a completion rate of 28%. Results showed patients felt they were treated with compassion, dignity and respect. The practice scores were comparable to the Clinical Commissioning Group (CCG) and national averages for its satisfaction on consultations with GPs and nurse consultations. For example:

- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG and the national averages of 95%.
- 90% of patients said the GP was good at listening to them compared to the CCG average of 88% and the national average of 89%.

- 85% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average of 86%.
- 82% of patients said the GP gave them enough time compared to the CCG and the national averages of 86%.
- 92% of patients said the last nurse they saw or spoke with was good at listening to them compared to the CCG average of 92% and the national average of 91%.
- 91% of patients said the last time they saw or spoke with a nurse they were good at giving them enough time compared to the CCG and the national averages of 92%.

The survey also showed that 85% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

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

All of the patients we spoke with on the day of the inspection 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 from the comment cards we received was also positive and aligned with these views.

Results from the National GP Patient Survey, published on 7 July 2017, showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment particularly regarding their experience with nurses. For example:

- 85% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 87% and the national average of 86%.
- 81% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG and national averages of 82%.
- 89% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 91% and the national average of 90%.
- 88% of patients said the last nurse they saw or spoke to was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 85%.
- The practice provided facilities to help patients be involved in decisions about their care:

## Are services caring?

- Staff told us that translation services were available for patients who did not have English as a first language. The practice website had a translate page for non-English speaking patients.
- Patients told us that GPs and the nursing team were good at explaining about their condition.
- The practice provided a hearing loop to assist patients who had a hearing impairment and provided access to a sign language interpreter.

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

The practice's computer system alerted staff if a patient was also a carer. The practice had identified 206 patients as carers (2% of the practice list). This was an increase of 66 patients since the last inspection. We saw information was displayed in the waiting room and on the practice website to direct carers to the various avenues of support available.

Information in times of bereavement was available on the practice website.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

When we previously inspected the practice on 12 September 2016 we identified issues affecting the delivery of responsive services to patients. At that time we rated the practice as requires improvement. This was because:

The practice had recorded lower than average satisfaction rates in the national GP patient survey for patient experience in contacting the practice by telephone since 2012. Any improvements made had not been effective as the most recent results published in July 2016 showed further performance deterioration.

The provider did not operate an effective system to investigate and take proportionate action following complaints. We saw records of actions from handling complaints that did not take into consideration the underlying reasons or contributing factors in relation to the complaint subject.

We issued requirement notices in respect of these issues.

We found these arrangements had improved when we undertook a follow up inspection of the service on 5 September 2017. The practice is now rated good for providing responsive services.

### Responding to and meeting people's needs

The practice continued providing services to a large student contingent, which meant it had seasonal variations on demand patterns. Services had been adapted to meet the needs of patients in the following ways:

- The practice offered nurse led early morning appointments on a Thursday morning and GP and nurse led appointments Saturday morning at the main practice.
- In response to significant issues experienced with the retention and recruitment of GPs, the provider had reviewed its staff skill set and moved towards a less GP centric team. They had skilled up a clinician to an Advanced Nurse Practitioner (ANP) role, acquired a clinical pharmacist in addition to an urgent care practitioner (UCP) who was due to commence working at the practice shortly.
- Following the continued lower than average satisfaction rates in the national GP patient survey in relation to

contacting the practice by telephone, a new telephone system had been installed in June 2017, providing an increased number of telephone lines and staff availability to answer and manage calls.

- Appointments could be booked in person, by telephone or on line for those patients who had registered for this service. Same day appointments were released at 8am with routine appointments available within 48 hours. Saturday appointments could be booked from the Wednesday beforehand. The practice provided a text messaging appointment reminder service.
- Patients had access to two part-time pharmacists regarding any medication queries.
- There were longer appointments available for those that needed them including patients with a learning disability and complex medical needs in addition to home visits where appropriate.
- Online services were available for booking appointments, ordering repeat prescriptions and requesting a summary of care records.
- Patients were able to receive travel advice and vaccinations available on the NHS through a travel clinic provided.
- A variety of services were available for people to access. These included flu clinics, health promotion, child health surveillance and immunisations, family planning, a phlebotomist service for the over 65s or those unable to attend the local outreach clinics and disease management clinics.
- There were translation services available in the practice and on the practice website.
- The practice had adapted some areas of the main practice building to meet the needs of patients and visitors with poor mobility. There were automatic opening doors and corridors were wide. The reception desk was relatively high and had no lowered areas for a patient who used a wheelchair to speak easily with staff. The practice told us they were awaiting a quotation from a builder to modify the reception desk to provide greater accessibility to the reception staff. Currently patients could access a side room where a lowered desk is available next to the reception.
- The practice had a practice website page and in addition to a social media page providing information to patients.



# Are services responsive to people's needs?

(for example, to feedback?)

## Access to the service

The main practice was open between 8.00am and 6.30pm Monday to Friday and from 7am to 6.30pm on a Thursday. The branch practice was open between 8am to 5pm Monday to Friday with the exception of Thursday when it closed at 1pm. Students could be seen at either practice.

- Extended hours were provided at the main practice from 9am to 12 noon on a Saturday. Appointments were pre-bookable from the previous Wednesday.
- GP surgery times are generally from 9am to 12 noon and from 2pm to 5pm. Nurse surgery times are generally from 8am to 5pm. Routine appointments could be booked in person, by telephone or on-line.

At the previous inspection we identified patients were experiencing difficulty in accessing appointments that met their needs. This was also reflective of the lower than average satisfaction rates in the national GP patient survey for patient experience in contacting the practice by telephone since 2012. The most recent results published in July 2017, for patients surveyed from January 2017 to March 2017 showed further performance deterioration. However, based on the continued patient dissatisfaction in contacting the practice by telephone, a new telephone system had been installed in June 2017 providing additional telephone lines and increased number of staff available to manage telephone calls.

Discussions held with patients, three members of the patient participation group (PPG) and staff members on the day of the inspection indicated access to the practice had improved following the recent installation of the new telephone system. We were told there were fewer people queuing at the practice to access appointments as it was now easier to telephone the practice. This was also reflective of the majority of CQC comment cards. All 15 cards were very positive about the standard of care received with the exception of three comment cards that mentioned the difficulties experienced with access to appointments expressing concern in relation to booking appointments by telephone. One person commented that the new telephone system was a 'huge improvement'. Three other people told us the telephone system had 'definitely improved' patient access in addition to appointments offered through the new Advanced Nurse Practitioner (ANP) role, who was an independent prescriber. The PPG told us they had not received any complaints regarding the telephone access.

Results from the National GP Patient Survey published in July 2017, prior to the installation of the new telephone system and during a period of staffing difficulties, showed that patient satisfaction with how they could access care and treatment continued to be lower when compared to local and national averages.

- 33% of patients said they could get through easily to the practice by phone compared with the CCG average of 67% and the national average of 71%.
- 70% of patients said the last appointment they made was convenient compared to the CCG and the national averages of 81%.
- 58% of patients described their experience of making an appointment as good compared to the CCG and the national averages of 73%.
- 85% of patients said they found receptionists helpful compared to the CCG average of 86% and the national average of 87%.
- 75% of patients were satisfied with the practice's opening hours compared with the CCG average of 79% and the national average of 76%.

The practice was undertaking an internal patient satisfaction survey to gain a greater insight into patient's current experiences in relation to accessing the service.

We reviewed the appointment system and saw urgent appointments were available on the day of the inspection. The next routine appointment with a GP was 6 September 2017 and a nurse appointment 7 September 2017.

## Listening and learning from concerns and complaints

At our previous inspection in September 2016 we found the provider did not operate an effective system to investigate and take proportionate action following complaints. During this inspection we found that improvements had been made.

- The practice manager was the designated responsible person who handled all complaints in the practice.
- Patients we spoke with were aware of the complaints procedure, although none of them had made a complaint.
- Standard NHS complaint forms were available and a practice specific complaint form was sent to us following the inspection.
- The complaints procedure was detailed on the practice website and in the practice leaflet.

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

The practice had received nine complaints in the last 12 months. We reviewed these and found complaints were recorded, monitored and actioned. A brief analysis of complaints had been completed following the last

inspection to identify any common themes and trends. The main theme was around patient and staff communication and this had been actioned. We saw complaints were now shared with staff during meetings held.

# Are services well-led?

Good 

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

## Our findings

When we previously inspected the practice on 12 September 2016 we identified issues affecting the delivery of well-led services. At that time we rated the practice as requires improvement. This was because:

The provider had not assessed, monitored or improved the quality and safety of the services provided in relation to the overall governance of the service. This included the lack of assessing and mitigating risks to the health and safety of patients, the lack of an effective complaints system, the significantly higher clinical exception reporting in the Quality and Outcomes Framework, the lower than average satisfaction rates in the national GP survey in relation to telephone access and the lack of detail in the recording of meeting minutes.

Requirement notices were issued in respect of these issues.

We found most of these arrangements had improved when we undertook a follow up inspection of the service on 5 September 2017. The practice is now rated as good for providing well-led services.

### Vision and strategy

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

- The practice had a written mission statement with their aim being to provide a high standard of safety, effectiveness, caring, responsiveness and good leadership in general practice. We saw the mission statement had been displayed and shared across the practice. S
- The practice had experienced significant financial and workforce issues in relation to the retention and recruitment of GPs, changes in partnership and staff sickness since the last inspection. They had taken action to address the difficulties experienced and developed a strategy moving forward. New clinical leadership and structure was being developed and implemented but not yet fully embedded. Key roles and responsibilities had been developed across the team. Staff reported significant improvement in staff morale, the support they received and team working and were starting to enter a period of stability with the change in partnership and a review of staff skillset. The practice had

approached and engaged with NHS England Supporting Change in General Practice Team to undertake a full review of practice and a full assessment was performed by the team in February 2017.

### Governance arrangements

Following our previous inspection there had been improvements in the governance processes within the practice.

- There was a clear leadership structure and staff were aware of their own roles and responsibilities.
- We saw significant events were now well documented, shared and actions reviewed. Staff were able to recall a significant event and describe the changes made to reduce the risk of reoccurrence. The cold chain policy had been updated and all of the emergency medicines as recommended had been obtained. Improve the investigation of, and learning from, patient complaints. The quality of record keeping for the management of delivering services, for example the recording of meeting minutes had improved the investigation of, and learning from patient complaints. Following the recent installation of a new telephone system in June 2017, the practice had improved patient experiences of accessing the practice by telephone and were undertaking a patient survey to review progress in this area. The practice was awaiting a quotation to improve access at the reception desk for patients who were wheelchair users. The business plan had also been updated.
- Staff training was mainly delivered through an e-learning programme. Staff were currently working through the e-learning modules.

We did identify some additional areas of governance where arrangements need to be improved:

- Due to the significant staffing issues experienced, the partners had had limited opportunity to evidence or develop a programme of clinical audit to drive improvement in patient outcomes.
- There was no systemised way of summarising learning from significant events for quality improvement.
- There was a lack of overview of some health and safety checks to include the expiry dates of needles, the frequency of fire drills, the monitoring of uncollected prescriptions and the availability to evidence all of the required recruitment checks.

# Are services well-led?

Good 

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

- Policies and procedures were available but some staff experienced difficulty with accessing them on the day of the inspection.
- Data continued to show that clinical exception reporting in national performance indicators was significantly higher than local and national levels.

## Leadership and culture

During the inspection we spoke with a range of staff to include non-clinical and clinical staff. They told us as a team they had experienced significant challenges since the last inspection but considered improvements had been made and they were kept well informed. They told us staff morale had improved and they felt encouraged to share suggestions for improvement with the management team. We saw the GPs and practice management team were visible and staff we spoke with told us they were approachable and always took the time to listen to them. They felt valued and supported within their role. The practice manager told us they were looking to attend business coaching courses as part of their personal development within the practice.

The partners and practice management team was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). Staff told us the partners encouraged a culture of openness and honesty.

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

The practice had a desire to increase patient feedback and participation to increase engagement with the patient community and improve the quality of informal feedback.

- The practice encouraged and valued feedback from patients. The practice had an established Patient Participation Group (PPG) of around six to 10 active members and held six weekly meetings. A new

Chairperson had recently been appointed. During the inspection we met with them and two other members of the PPG. Discussions with them showed they were aware of the challenges the practice had experienced and the plans moving forward. They told us partners were very open and honest and they considered the new telephone system had improved patient experiences of getting through to the practice and improved access with the revised skill set. The PPG representatives told us they were actively trying to recruit new members to better represent the patient population and would recommend the practice.

- The practice had an active social media page to advertise services provided and promote health screening and lifestyle advice for patients.
- Staff feedback was sought through a range of meetings held.

## Continuous improvement

There was a focus on continuous learning and improvement. The partners acknowledged both patients and staff had experienced significant challenges but were confident they were entering a period of stability that would enable them to respond to varying healthcare needs and allow for succession planning within the next five to 10 years. They were looking to evolve by having a skill mix of clinicians to meet patient demand. The partners engaged with various external partners to include a local university, the GP Federation, NHS England and the Clinical Commissioning Group (CCG). The practice was taking on an urgent care practitioner (UCP) from October 2017 with a view to becoming a UCP training hub. The UCP will help with triaging patients and dealing with acute problems. The practice were due to shortly commence in the CCG care navigation project. Reception staff had started to receive training to become care navigators, to help them direct patients to the most appropriate sources of help within the practice, other NHS providers or the wider care and support sector.

## 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 Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p><b>How the regulation was not being met:</b></p> <p>The registered person's recruitment procedures did not ensure that potential employees had the necessary qualifications, competence, skills and experience before starting work. In particular: no evidence of qualifications and proof of identification had been obtained for all staff and the recruitment procedures did not establish whether staff were able, by reasons of their health and after reasonable adjustments, to properly perform tasks intrinsic to the work for which they would be employed.</p> <p>This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>