

# The Village Medical Centre

## Quality Report

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

## Ratings

### Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Village Medical Centre on 20 June 2017.

GP Care Services Ltd acquired The Village Medical Centre in February 2017 which was rated Inadequate at a previous inspection in September 2016 when operated by another provider. The new provider has carried out significant improvements since taking over the practice and also recognise that they are on an improvement journey, with further improvements still required.

Following the inspection in September 2016 the practice was rated as overall Inadequate with the following domain ratings:

Safe – Inadequate

Effective – Inadequate

Caring – Good

Responsive – Requires improvement

Well led - Inadequate

At that time concerns were found in respect of:

- The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. No risk assessments had been carried out in relation to health and safety, fire safety, infection control or legionella.
- Not all recruitment checks on staff had been undertaken prior to their employment and staff were not DBS checked.
- There were no records to show whether staff were immunised against infectious diseases.
- There were no clear records to show that staff had received mandatory training and staff acting as chaperones had not received training in the role.
- Staff were not clear about reporting incidents, near misses and concerns and there was no evidence of learning and communication with staff.
- Patient outcomes were hard to identify as no reference had been made to audits or quality improvement.

# Summary of findings

- The practice had no clear leadership structure, insufficient leadership capacity, no day to day supervision and support of staff and no formal governance arrangements.
- There were no policies and procedures which had been personalised to the practice.
- There was no repeat prescribing policy available and no policy or process for dealing with safety alerts.

Following this inspection the practice is now rated as requires improvement

Our key findings across all the areas were as follows:

- GP Care Services Ltd had carried out a total refurbishment of two treatment rooms bringing them up to the required standards. Other improvements included work on the paths outside for patient safety and had a phase two refurbishment planned.
- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- The provider had introduced clearly defined systems to minimise risks to patient safety.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Patients we spoke with and completed CQC comment cards said they were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.

- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients we spoke with said they found it easy to make an appointment with a named GP with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt strongly supported by GPs and 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 must make improvements are

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

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

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

When we inspected the practice on 5 September 2016 there were a number of issues affecting the delivery of safe services to patients. No risk assessments had been carried out in relation to health and safety, fire safety or infection control and there were no records regarding staff immunisation against infectious diseases. There was no repeat prescribing policy or process for dealing with safety alerts. Recruitment checks were not carried out prior to recruitment and staff were unclear about reporting incidents.

At that time we rated the practice as inadequate for providing safe services.

The new provider had made improvements when we carried out an inspection on 20 June 2017.

The provider is now rated as requires improvement for providing safe services.

At this inspection we found :

- From the sample of documented examples we reviewed, we found an effective system for reporting and recording significant events had been implemented by the new provider and lessons were shared to make sure action was taken to improve safety in the practice, however we were told of one complaint that had not been logged as a significant event. When things went wrong patients were informed as soon as practicable, received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again. The practice discussed these on an informal basis and planned to share them in future practice meetings.
- The practice had introduced clearly defined systems and processes to minimise risks to patient safety. These processes had yet to be embedded, however staff had received training and were aware of the new systems. For example there was now a repeat prescribing policy that had been implemented which all staff issuing repeat prescriptions had access to.
- The practice did not have a system in place to log the collection of prescriptions of controlled drugs.
- Staff demonstrated that they understood their responsibilities and all clinical and non clinical staff had received training on safeguarding children and vulnerable adults to level three.
- The practice had adequate arrangements to respond to emergencies and major incidents.

**Requires improvement**



# Summary of findings

- All staff that required it had now been immunised for Hepatitis B.
- The new provider had introduced a medication policy which included a repeat prescribing policy and was easily accessible to staff.
- A multi-disciplinary team had been created which included a newly recruited lead GP, a female GP and a full time clinical pharmacist who had also been recently recruited. The team had responsibility for checking all medication including a review of historical prescribing.
- We saw evidence to show that 33% of patients (564) on repeat medication had been reviewed since the new provider had acquired the practice. This process was ongoing and the practice had a plan for completion.

## Are services effective?

When we inspected the practice on 5 September 2016 we found that no clinical audit cycles were in place and staff had not received training such as chaperone or health and safety or had appraisals. At that time the practice was rated as inadequate.

The new provider had made improvements when we carried out an inspection on 20 June 2017.

The provider is now rated as requires improvement for providing effective services.

At this inspection we found:

- Data from the Quality and Outcomes Framework which showed patient outcomes was not available as this is a new provider. The practice was able to demonstrate that they were improving the coding of the clinical system and had reduced the rate of exception reporting by 6.7% which had improved the quality of data provided.
- Staff were aware of current evidence based guidance.
- The practice had recruited a clinical pharmacist who was to start clinical audits which would demonstrate quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of aspirational interviews and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.

## Requires improvement



# Summary of findings

- The provider had completed care plans for 372 patients since it had taken over the practice, this was an ongoing process as not all patients that required them had a care plan.

## Are services caring?

The practice is still rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice was comparable to others for several aspects of care. This data showed results from both the previous provider and the new provider.
- The provider had completed care plans for 372 patients since it had taken over the practice, this was an ongoing process as not all patients that required them had a care plan.
- Patients told us and practice survey information we reviewed showed that patients felt they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice carried out fortnightly comfort visits to its patients on the palliative care register.
- The practice had made a quiet area available for patients that preferred this.

## Are services responsive to people's needs?

When we inspected the practice on 5 September 2016 we found that there was no evidence that learning from complaints had been shared with staff. At that time the practice was rated as requires improvement.

The new provider had made improvements when we carried out an inspection on 20 June 2017.

The provider is now rated as good for providing responsive services.

At this inspection we found:

- The practice surveyed its patients, worked with the patient participation group and were building ties with the local community to understand its population profile, using this information to plan the needs of its population.
- The practice were aiming to carry out patient surveys every quarter and analyse and compare the results and make improvements where appropriate.

Good



# Summary of findings

- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with said they found it easy to make an appointment with a named GP and urgent appointments available the same day. The practice told us that they were able to offer patients an appointment within 48 hours when required.
- In response to patients comments the incoming telephone lines had been increased and monitored by the practice.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from three examples of verbal complaints reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff, when appropriate and other stakeholders.

## Are services well-led?

When we inspected the practice on 5 September 2016 we found that there was no clear leadership structure, insufficient leadership capacity, no day to day supervision and support of staff and no formal governance arrangements. There were no policies and procedures which had been personalised to the practice. At that time the practice was rated as inadequate.

The new provider had made significant improvements when we carried out an inspection on 20 June 2017.

The provider is now rated as good for being well led.

At this inspection we found:

- GP Care Services had acquired the practice in February 2017 and had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt strongly supported by management. The practice had introduced new policies and procedures to govern activity and had regular governance meetings planned until the end of the year.
- The new provider had carried out many improvements since taking over the practice and recognised that they were on an improvement journey, with further improvements still required.
- An overarching governance framework supported the delivery of the strategy and good quality care and plan for improvement. This included arrangements to monitor and

Good



# Summary of findings

improve quality and identify risk. However we found some test results that were unmatched to patients in the clinical system. We were told that these patients were not registered with the practice.

- We were told that one of the locum GPs was not using a smart card to log into the system therefore was unable to request blood tests and use the electronic prescribing process. However blood tests were requested by a staff member. Following the inspection the practice told us that the GP was now using a smart card to log in.
- New staff had received inductions and aspirational interviews had taken place with all existing staff to gain an understanding of their personal and training requirements and competencies.
- Staff attended regular staff meetings and a training plan had been put in place which staff had started to complete through face to face training and e-learning.
- The practice had buddied up with another local practice where staff shadowed each other as an additional learning opportunity.
- There was a focus on continuous learning and improvement at all levels. Staff training was a priority and was built into staff rotas and staff given protected time to carry out e-learning.
- The provider was aware of the requirements of the duty of candour. In three examples we reviewed we saw evidence the practice complied with these requirements.
- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and informally sharing the information with staff and ensuring appropriate action was taken. This was a standing item on the staff meeting agenda but had yet to be formally discussed in staff meetings.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The incoming telephone lines had been increased and the paths outside had been repaired after these had been highlighted by patients.
- The practice engaged with the patient participation group and were building stronger ties with the community by hosting stalls at community events to provide health education, information on carers support and providing first aiders during the events.



# 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

There were aspects of the practice which require improvement and this relates to all population groups. The practice is rated as requires improvement for the care of older patients. However

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population. It was in the process of completing care plans for patients over the age of 75. We saw that 193 care plans had been put in place since the takeover of the practice.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice offered longer appointments of 15 minutes for patients over the age of 75 years.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care and supporting those that chose to receive end of life care at home.
- The practice was making contact with other teams such as district nurses to invite them to multi-disciplinary team meetings.
- The practice followed up on older patients discharged from hospital and ensured that they had care plans and that they were updated to reflect any extra needs.
- Where older patients had complex needs, the practice shared summary care records with local care services.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible.

**Requires improvement**



### People with long term conditions

There were aspects of the practice which require improvement and this relates to all population groups. The practice is rated as requires improvement for the care of people with long term conditions. However:

**Requires improvement**



# Summary of findings

- Each clinical area had a named clinical lead and were actively working to increase prevalence of long term conditions and reduce exception reporting.
- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- Data from the Quality and Outcomes Framework was unavailable for this new provider as the practice had been acquired in February 2017, published data would not be available until late 2018. They were able to show us that the percentage of patients with diabetes, on the register, in whom the last HbA1c was 64mmol/mol or less in the preceding 12 months was 64% compared to the CCG average of 77% and national average of 78%. A priority was to improve this in the recall process.
- The practice was able to show us that they were improving data quality and had reduced the rate of exception reporting by 6.7% by inviting patients for screening for long term conditions and using correct codes.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that care plans were in place and updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Longer appointments and home visits were available for patients that needed them.
- Patients, diagnosed with asthma or COPD, that were able were issued with an emergency pack for use when they had exacerbations. Packs included relevant antibiotics and steroids.

## Families, children and young people

There were aspects of the practice which require improvement and this relates to all population groups. The practice is rated as requires improvement for the care of families, children and young people. However:

**Requires improvement**



# Summary of findings

- From the sample of documented examples we reviewed we found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies. Same day appointments were available for children when required.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.
- Breast feeding and baby changing facilities had been made available to patients that required them.

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

There were aspects of the practice which require improvement and this relates to all population groups. The practice is rated as requires improvement for the care of working age people (including those recently retired and students) However:

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were more accessible, flexible and offered continuity of care, for example, appointments with the nurse prescriber were available from 7.30am Monday and Tuesday mornings.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Text messages were sent to patients to remind them of appointments and to invite them to attend for health reviews and relevant vaccinations.
- Telephone consultations were available to patients that were unable to attend the surgery during normal working hours.
- Patients were able to attend teaching sessions in order to have access to their medical record.

Requires improvement



# Summary of findings

- Electronic prescribing was available to patients which meant that they were able to nominate a pharmacy of their choice where the practice would send prescriptions, making it more convenient for the patients. In 4 months the practice had increased sign up to this service from 17% to 87%.
- Patients were able to access the local hub for seven day access to a GP and nurse including evenings and bank holidays.

## People whose circumstances may make them vulnerable

There were aspects of the practice which require improvement and this relates to all population groups. The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. However:

- The practice held a register of patients living in vulnerable circumstances including homeless people, asylum seekers and those with a learning disability.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They 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.
- Staff were able to signpost patients to an emergency food bank run from another local practice.
- The practice were looking at ways to identify social isolation, offer support and signpost patients to other organisations.

Requires improvement



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

There were aspects of the practice which require improvement and this relates to all population groups. The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). However:

Requires improvement



# Summary of findings

- The practice carried out advance care planning for patients living with dementia.
- The practice were able to show us that 82% of patients diagnosed with dementia had a care plan in place and 44% of patients suffering from mental health problems had a care plan in place. This was an ongoing process and the practice had a plan for completion to ensure that all those who required a care plan had one in place.
- The practice specifically considered the physical health needs of patients with poor mental health and dementia.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs. This system was being reviewed in line with NICE guidelines. The new pharmacist was to review all prescribing for patients suffering from mild and moderate depression. All historical repeat prescribing had been stopped to enable medication reviews to take place before any new prescriptions were initiated.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2017. The survey showed results from both the previous and the new provider and were mixed when compared with local and national averages. 333 survey forms were distributed and 122 were returned. This was a completion rate of 37% and represented 3% of the practice's patient list.

- 71% of patients described the overall experience of this GP practice as good compared with the CCG average of 84% and the national average of 85%.
- 88% of patients described their experience of making an appointment as good compared with the CCG average of 79% and the national average of 84%.
- 58% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 77%.

The practice had carried out one survey of its patients and planned to carry out future surveys every quarter. Generally patients were happy with the practice but a small number did express concern about the continuity of the GPs. The practice told us that they have now permanent GPs in place and using one female GP locum as there is one GP on maternity leave.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 32 comment cards which were all positive about the standard of care received. Some patients said that they were happy with the improvement of the environment and gave particular praise to certain members of staff.

We spoke with 10 patients during the inspection, two of these were members of the patient participation group. All 10 patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

We spoke with two members of the PPG who said that they felt involved in the practice and the links into the community. They worked with other services such as Carers Trust, University of the 3rd Eye, local colleges and Littleborough Events and Association Forum (LEAF) to develop services within the practice. Both members of the group said they felt valued.

Results from the Family and Friends questionnaire showed that 66% of patients were extremely likely or likely to recommend the practice to others.

## Areas for improvement

### Action the service MUST take to improve

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

# The Village Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

A CQC Lead Inspector and included a GP specialist adviser, a Practice Manager specialist adviser and an Expert by Experience.

## Background to The Village Medical Centre

The Village Medical Centre, Peel Street, Littleborough, OL15 8AQ provides primary medical services in Littleborough near Rochdale from Monday to Friday. The practice was taken over in February 2017 from a previous provider which was rated Inadequate following a CQC inspection in September 2016.

The practice is now part of GP Care Services Ltd who also provide domiciliary and paediatric phlebotomy throughout the borough. The practice benefits from high level support and leadership from the provider as well as access to human resources.

At the time of the inspection the surgery was part way through a refurbishment programme to improve its facilities and improve disabled access.

The surgery is open Monday to Friday:

Monday and Tuesday 7.30am to 6.30pm.

Wednesday, Thursday and Friday 8am to 6.30pm.

The Village Medical Centre is situated within the geographical area of Heywood, Middleton and Rochdale Commissioning Group (CCG).

The practice has a Personal Medical Services (PMS) contract. The PMS contract is the contract between general practices and NHS England for delivering primary care services to local communities.

The Village Medical Centre is responsible for providing care to 4274 patients.

The practice consists of two male GPs and is currently being supported by a female locum doctor covering for maternity leave. There is one nurse prescriber, a clinical pharmacist, a health care assistant and phlebotomist. The practice is supported by a practice manager and an administration team that includes receptionists.

When the practice is closed patients are directed to the out of hour's service which is provided by BARDOC.

The practice belongs to a group of local practices who provide access to a GP and practice nurse at evenings and weekends.

## Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

# Detailed findings

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 20 June 2017. During our visit we:

- Spoke with a range of staff including GPs, practice nurse, practice manager, members of the administration and reception team and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area 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.
- 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 living 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 which was published prior to GP Care Services Ltd taking over the practice. We cannot, therefore measure achievement relating to this practice at present.



# Are services safe?

## Our findings

When we inspected the practice on 5 September 2016 there were a number of issues affecting the delivery of safe services to patients. No risk assessments had been carried out in relation to health and safety, fire safety or infection control and there were no records regarding staff immunisation against infectious diseases. There was no repeat prescribing policy or process for dealing with safety alerts. Recruitment checks were not carried out prior to recruitment. At that time we rated the practice as inadequate.

The new provider had made improvements when we carried out an inspection on 20 June 2017.

The provider is now rated as requires improvement for providing safe services.

### Safe track record and learning

There was a system for reporting and recording significant events.

- 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).
- From the sample of three documented examples we reviewed 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, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again. However we were told of one complaint that had not been logged as a significant event.
- We reviewed safety records, incident reports, patient safety alerts and minutes of one meeting where significant events were discussed. The practice carried out a thorough analysis of the significant events.
- We saw evidence that lessons were shared informally and action was taken to improve safety in the practice. For example relevant staff had received training in the associated paperwork for the e-referral service.

- The practice had plans to monitor trends in significant events and evaluate any action that they would take.
- The practice told us although significant events were a standing agenda item, they had not discussed them formally in every meeting due to taking over the practice four months earlier and meetings were used for training, aspirational interviews, updates and progress reports. We were told that complaints and significant events would be shared in future meetings.

### Overview of safety systems and processes

The practice had newly introduced, clearly defined systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. We found that the GPs would attend safeguarding meetings when possible or provide reports where necessary for other agencies
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and all had received e-learning and face to face training on safeguarding children and vulnerable adults. GPs and all other staff were trained to child protection or child safeguarding level three.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were recently trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had

# Are services safe?

received up to date training. An IPC audit had been carried out and we saw evidence that action was taken to address any improvements identified as a result. Annual audits had been planned going forward.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being handed to patients and there was a reliable process to ensure this occurred. All historical repeat prescribing had been stopped to enable medication reviews to take place before any new prescriptions were initiated. This was an ongoing task and the practice had a clear plan for this to be completed.
- The practice had recently recruited a clinical pharmacist and had a plan in place to carry out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Due to risk identified by the practice, they had started an audit in the prescribing of opiates and planned to re-audit after six months.
- Blank prescription forms and pads were securely stored and there were systems to monitor their use.
- The practice nurse had qualified as an Independent Prescriber and could therefore prescribe medicines for clinical conditions within their expertise. They received mentorship and support from the medical staff for this extended role.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines and patient specific prescriptions or directions from a prescriber were produced appropriately.

We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, for newly recruited members of staff, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate

professional body and the appropriate checks through the DBS. The provider had carried out a DBS check for all staff that had transferred from the previous provider and ensured that proof of ID was in each file. All staff had started a course of Hepatitis B immunisation.

## Monitoring risks to patients

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

- There was a health and safety policy available.
- The practice had carried out a fire risk assessment and had recently carried out a fire drill and had future regular drills planned. There were designated fire marshals within the practice who had been trained for the role. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was new and the practice had a plan in place to check and calibrate it regularly to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients. The practice had recruited additional staff members including a GP, a clinical pharmacist and a receptionist. There was a long term female locum to cover one of the permanent GPs who was on maternity leave.
- When the new provider acquired the practice they had initially carried on using the locums already in place to ensure some continuity for patients until they had recruited permanent GPs.

## Arrangements to deal with emergencies and major incidents

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

## Are services safe?

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff had recently received basic life support training and there were emergency medicines available.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

When we inspected the practice on 5 September 2016 we found that no clinical audit cycles had been undertaken and staff had not received training such as chaperone or health and safety or had appraisals. At that time the practice was rated as inadequate.

The new provider had made significant improvements when we carried out an inspection on 20 June 2017.

The provider is now rated as requires improvement for providing effective services.

### Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through discussion at informal meetings and a system held by the practice manager. They planned to also monitor through audits carried out by the newly recruited clinical pharmacist.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent results (2017/18) on the practice clinical system showed that they had increased from 39% to 78% of the total number of points available since February 2017 to date, compared with the clinical commissioning group (CCG) average of 96% and national average of 95%.

The practice were aware of the priority areas and had a robust recall process in place, they had improved the prevalence, reduced the rate of exception coding by 6.8% and improved the coding of the clinical system.

There was evidence of quality improvement including clinical audit:

- Due to risk identified by the practice they had started an audit in the prescribing of opiates and planned to re-audit after six months.
- The practice had recruited GPs and a clinical pharmacist and had a plan in place to start a programme of audits and re-audits and findings would be used by the practice to improve services and information about patients' outcomes was going to be used to make improvements.
- The practice had removed all repeat prescription dates for disease modifying ant-rheumatic drugs (DMARDs) as patient records showed that they had not previously had a medication review. As patients contacted the practice for a repeat prescription they were invited for a medication review before the prescription was issued, DMARDs were then added to the repeat list in the patient record with a next date for medication review.
- The practice had started to increase prevalence of patients with long term conditions. Patients were called for review and the clinical system updated and coded accordingly, improving the quality of data held.
- The CCG had commissioned a new provider to provide the anti-coagulant service in the CCG area which included the prescribing of warfarin. The new anti-coagulant service were not passing information to practices who were unable to update their records with blood test results or medication prescribed. The practice told us that this had been raised with the new anti-coagulant provider.

### Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could

# Are services effective?

## (for example, treatment is effective)

demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

- The learning needs of staff were identified through a system of aspirational 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, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses.
- All staff had received an aspirational meeting when GP Care Services acquired the practice. There was a plan in place for all staff to have an annual appraisal and regular one to one meetings.
- Where staff had expressed an interest in additional roles and opportunities, where possible this had been implemented. For example one of the cleaners was to take up an apprentice receptionist role, one of the receptionists had become head receptionist and the practice nurse had started a diabetes course.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff were given protected time for learning and had access to and made use of e-learning training modules, face to face training and in-house training. The practice had buddied up with another local practice and staff in both practices were able to shadow each other as an additional training opportunity.

### 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, medical records and investigation and test results.
- The provider had completed care plans for 372 patients since it had taken over the practice, this was an ongoing process as not all patients that required them had a care plan.
- From the sample of documented examples we reviewed 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. Information was shared between services, with patients' consent, using a shared care record. Meetings were planned to take place with other health care professionals on a monthly basis when care plans would be routinely reviewed and updated for patients with complex needs.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was to be monitored through patient records audits.

### 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:

- 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 drug and alcohol abuse.
- A dietician was available on the premises and smoking cessation advice was available from a local support group.

The practice's clinical system showed that uptake for the cervical screening programme was 92%, which was above the CCG average of 80% and the national average of 81%.

# Are services effective?

(for example, treatment is effective)

Childhood immunisations were carried out in line with the national childhood vaccination programme. Information supplied by the practice showed that uptake rates for the vaccines given were comparable to CCG and national averages. For example, rates for the vaccines given to under two year olds ranged from 90% to 100% and five year olds were 100%.

There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The

practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. There were failsafe systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

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



# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect. We noted that staff were passionate and committed to working with the new team.

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

All of the patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with 10 patients including two members 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.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice had mixed results for its satisfaction scores on consultations with GPs and nurses. For example:

- 77% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 82% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 86%.
- 82% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.

- 75% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 86%.
- 88% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 91% and the national average of 91%.
- 91% of patients said the nurse gave them enough time compared with the CCG average of 92% and the national average of 92%.
- 94% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 97% and the national average of 97%.
- 85% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 86% of patients said they found the receptionists at the practice helpful compared with the CCG average of 87% and the national average of 87%.

These results were not wholly the new providers and they were working towards improving them.

The practice had carried out one patient survey and planned to carry out quarterly surveys and make improvements where required. In response to patients comments the practice had increased its incoming telephone lines and made improvements to the paths outside the surgery.

Results from the Family and Friends questionnaire showed that 66% of patients were extremely likely or likely to recommend the practice to others.

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

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that a process was in place to ensure that care plans were personalised.

Children and young people were treated in an age-appropriate way and recognised as individuals.

## Are services caring?

Results from the national GP patient survey showed patients mixed responses to questions about their involvement in planning and making decisions about their care and treatment. Results were lower than local and national averages. For example:

- 76% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 86% and the national average of 86%.
- 67% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 86% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 90% and the national average of 90%.
- 79% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

These results were not wholly the new providers and they were committed to improving patient satisfaction.

Patients we spoke to responded positively to questions about their involvement in planning and making decisions about their care and treatment.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. Two of the GPs were able to speak other languages if required.
- Information leaflets were available in easy read format.

- The NHS e-referral service (formerly Choose and Book) was used with patients as appropriate. (the NHS e-referral is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.

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

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. Information about support groups was also available on the practice website. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 327 patients as carers (8% of the practice list). Written information was available to direct carers to the various avenues of support available to them. Older carers were offered timely and appropriate support.

A member of staff acted as a carers' champion to help ensure that the various services supporting carers were coordinated and effective. The PPG were working together with the Carers Trust and were to hold a themed event at the practice regarding dementia to raise awareness.

Staff told us that if families had experienced bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

When we inspected the practice on 5 September 2016 we found that staff were not clear about reporting incidents and there was no evidence that learning from complaints had been shared with staff. At that time the practice was rated as requires improvement.

The new provider had made improvements when we carried out an inspection on 20 June 2017.

The provider is now rated as good for providing responsive services.

### Responding to and meeting people's needs

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 Monday and Tuesday morning with the nurse prescriber from 7.30am for working patients who could not attend during normal opening hours.
- The practice were part of a local hub who offered appointments with a GP and nurse at evenings, weekends and bank holidays.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice sent text message reminders of appointments and invitation for health reviews.
- Patients were able to receive travel vaccines available on the NHS, those only available privately were referred to other clinics.
- There were accessible facilities, which included a hearing loop, and interpretation services available.
- The practice was planning to install automatic doors in line with the Disability Discrimination Act as part of the phase two refurbishment.

- The practice was aiming for the Pride in Practice award which meant that the practice had demonstrated its commitment to ensuring a fully inclusive patient centred service.
- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services.
- The practice had a policy and has considered and implemented the NHS England Accessible Information Standard to ensure that disabled patients receive information in formats that they can understand and receive appropriate support to help them to communicate.
- The practice were working with the patient participation group and were building ties with the local community to understand its population profile and were using this understanding to plan the needs of its population.

### Access to the service

The practice was open between:

7.30am to 6.30pm Monday and Tuesday

8am to 6.30pm Wednesday to Friday.

Appointments were from:

7.30am to 11.30am and 2pm to 6.20pm Monday and Tuesday.

8am to 11.30am and 2pm to 6.20pm Wednesday to Friday.

In addition to pre-bookable appointments that could be booked up to one month in advance, urgent appointments were also available for patients that needed them. Telephone consultations were also available for those that required them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 71% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 76% and the national average of 76%.
- 71% of patients said they could get through easily to the practice by phone compared to the national average of 71%.

# Are services responsive to people's needs?

(for example, to feedback?)

- 88% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 79% and the national average of 84%.
- 85% of patients said their last appointment was convenient compared with the CCG average of 77% and the national average of 81%.
- 68% of patients described their experience of making an appointment as good compared with the CCG average of 68% and the national average of 73%.
- 61% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 59% and the national average of 58%.

Patients told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system to assess:

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

Information of the request was passed to one of the GPs for an informed decision to be made on prioritisation according to clinical need. 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 a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available in the patient leaflet and a poster in the reception area to help patients understand the complaints system.

We looked at one complaint received since the new provider was in place and found that it was satisfactorily handled, dealt with in a timely way with openness and transparency. Lessons were learned from individual concerns and complaints and action was taken to as a result to improve the quality of care.

# 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 inspected the practice on 5 September 2016 we found that there was no clear leadership structure, insufficient leadership capacity, no day to day supervision and support of staff and no formal governance arrangements. There were no policies and procedures which had been personalised to the practice. At that time the practice was rated as inadequate.

The new provider had made significant improvements when we carried out an inspection on 20 June 2017.

The provider is now rated as good for being well led.

### Vision and strategy

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

- The practice had a mission statement which was displayed in the reception office and waiting areas and staff knew and understood the values. Staff had been involved in the development of the mission statement.
- The practice had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- Staff had been and updated throughout the transition period and they told us that they felt involved, appreciated and valued.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas.
- We saw that one of the locum GPs did not use a smart card to log in to the system, however we were told that following the inspection the GP was using a smart card.
- Practice specific policies were implemented and were available to all staff. These were new and the provider planned to update and review them regularly. Policies were discussed in staff meetings so that staff were aware of them and had an understanding of them.

- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice.
- A programme of continuous clinical and internal audit had been started to monitor quality and to make improvements.
- Although the practice had completed care plans for 372 patients this was an ongoing process and the practice had a plan to ensure that all patients that required a care plan had one.
- The practice had replaced the old clinical system with a new system and ensured that staff were fully trained. A personal development record had been created for all staff with regular monitoring and updates.
- All personnel records were updated and included proof of ID and a check with the Disclosure and Barring Service.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However we were told of one complaint that had not been recorded as a significant event.
- We saw evidence from minutes of one meeting that the provider allowed for lessons to be learned and shared following significant events and complaints.

Most of the meetings held to date had been to update staff on the progress of the takeover, for mandatory training sessions and training on a new clinical system which had replaced an old system. Plans were in place now that all new staff had been recruited to introduce multi-disciplinary meetings for palliative patients, safeguarding meetings and to discuss significant events and complaints as standing agenda items.

### Leadership and culture

On the day of inspection the GPs and management team in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. Leaders recognised that it was a significant challenge to improve quality at the practice but were committed to the ongoing transformation. They told us they prioritised safe, high quality and compassionate care. Staff told us the GPs and management team were

# Are services well-led?

Good 

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

approachable, extremely supportive and always took the time to listen to all members of staff. Staff said that they now felt valued and were able to contribute to staff meetings.

The provider 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). This included support training for all staff on communicating with patients about notifiable safety incidents. The GPs and management team encouraged a culture of openness and honesty. From the sample of one documented example we reviewed we found that the practice had systems to ensure that when things went wrong with care and treatment:

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

There was a clear leadership structure and staff felt strongly that they were supported by the GPs and management.

- The practice planned to hold and minute a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, would meet with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Minutes were comprehensive and were available for practice staff to view.
- Staff said they felt respected, valued and supported by the GPs and management in the practice and at GP Care Services. All staff were involved in discussions about how to run and develop the practice, and management encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- patients through the patient participation group (PPG) and through surveys and complaints received. The PPG had met three times and had a calendar of meetings and events planned for the next six months. They submitted proposals for improvements to the practice management team. For example, the number of incoming telephone lines to the surgery had been increased and the paths outside had been made safe.
- the NHS Friends and Family test, complaints and compliments received
- staff through a recent staff survey and generally 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.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice was

- Increasing on line access for appointments, repeat prescriptions and access to medical records.
- Implementing phase two of refurbishment including automatic doors in line with the Disability Discrimination Act.
- Starting a cycle to work scheme for staff.
- To improve historical prescribing including the use of the use of a blood test machine measuring for infection which would reduce the prescribing of unnecessary antibiotics. Staff have been trained in the use of the machine for this.
- Starting in July the practice will take part in the REACH programme which gives refugee and asylum seeker GPs who want to work as a GP a one week taster placement shadowing the GPs in the surgery.
- The practice and its PPG had a diary of community events for 2017 where they were building on community ties by opening the surgery doors for community use, hosting stalls to provide health education, information on carers support, healthy eating advice and provide first aiders.
- Introduce a health promotion board with a monthly health theme giving health advice to patients.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <p>The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:</p> <ul style="list-style-type: none"><li>• they did not have a system in place to record the collection of controlled drugs.</li><li>• they did not have a system in place to deal with unmatched blood tests in the clinical system.</li><li>• they did not have a formal process to discuss and share complaints and significant events</li></ul>