

Colby Medical Centre Ltd

Inspection report

The Bluebell Centre
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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 location

Good 

Are services safe?	Good 
Are services effective?	Good 
Are services caring?	Good 
Are services responsive?	Requires improvement 
Are services well-led?	Good 

Overall summary

This practice is rated as Good overall. (Previous rating September 2017 - Inadequate)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Requires Improvement

Are services well-led? – Good

We carried out an announced comprehensive inspection at Colby Medical Centre on 12 September 2018 as a follow-up inspection on breaches of regulations.

This was the third follow-up comprehensive inspection completed at the service.

At an inspection in January 2016 we rated the practice as 'requires improvement' in providing safe, effective and well led services. The practice was therefore rated as 'requires improvement' overall. We issued two requirement notices to the provider relating to recruitment and staffing levels. The provider sent us an action plan and assurances that they would mitigate any risks identified.

We carried out a follow-up inspection to that inspection out on 28 September 2017 to check whether that the provider had met their plan to meet the legal requirements, the report was published in March 2018. The findings were that whilst the provider had taken some action to meet the legal requirement notices, other issues highlighted in the previous 2016 report had not been addressed and there were other areas of concern identified. As a result, the practice was rated as inadequate in the safe and well-led domains and requires improvement in the effective domain. This meant the practice was rated inadequate overall and placed into special measures. The provider sent us an action plan and assurances that they would mitigate the risks identified.

We carried out a comprehensive follow-up inspection on 12 September 2018 to check that the provider had met their plan to meet the legal requirements and review whether there were sufficient improvements to take the practice out of special measures.

The findings of this inspection were sufficient improvements to take the practice out of special measures and the practice is now rated as Good overall.

- The practice had improved systems to manage risk.
- Improvements had been made to ensure clinical support arrangements were recorded, however these records could be documented more formally.
- Improvements had been to the management of significant events and were recorded so that trends could be identified. We saw that the provider recognised and acted on significant events. When incidents did happen, the practice learned from them and improved their processes.
- Medicines management had improved. Recent medicines alerts had been actioned and there was a clear process for managing uncollected prescriptions which was understood by staff. All patients on high risk medicines had been reviewed in a timely manner and emergency medicines expiry dates were monitored.
- Safeguarding systems had been improved to ensure relevant information was placed on patients records to alert clinicians when a child was subject to any part of the child protection process.
- Processes were now in place to ensure clinicians had ready access to the most up to date guidance to support the appropriate and safe treatment of patients. Adherence to best practice was audited and action taken to review this with internal staff.
- Processes for dealing with correspondence had been improved and systems were in place to ensure all instructions were actioned by the appropriate clinician or administrative staff. The processes were understood by staff and the effectiveness of the changes in ensuring patients received the necessary treatment was monitored.
- A programme of clinical audits had been introduced to review the effectiveness of care and identify possible areas for improvement.
- The system for dealing with complaints needed to improve.
- We found that staff felt supported at the practice and were provided with training opportunities to develop their skills.
- There were regular clinical and team meetings and processes to improve communication in the practice had been developed.
- Patients said they were treated with dignity and trusted the staff.
- The provider had a good relationship with the wider multidisciplinary team members.

Overall summary

- The practice routinely reviewed the effectiveness and appropriateness of the care it provided and ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they could access care when they needed it.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

The areas where the provider **must** make improvements as they are in breach of regulations:

- Ensure there is an effective system for identifying, receiving, recording, handling and responding to complaints by patients and other persons in relation to carrying on of the regulated activity. Ensure any complaint received is investigated and appropriate action is taken in response to any failure identified by the complaint or investigation.

The areas where the provider **should** make improvements are:

- Consider how best to educate patients and prompt staff about signs, symptoms and treatment for sepsis.
- Ensure that the investigation of incidents is based on the policy and guidance relating to the incident and appropriate remedial action always taken.
- Ensure there are clear protocols for managing the performance of locum or temporary staff which are consistently followed.
- Review the competencies needed by staff to ensure the improvements made are sustained and built on.
- Complete a premises risk assessment specific to their staff and patients.
- Review access and availability to emergency equipment and oxygen.

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

Population group ratings

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

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser (SpA), a

practice manager adviser and second CQC inspector for part of the inspection. There was also new specialist advisor who was been mentored by the CQC practice manager SpA.

Background to Colby Medical Centre Ltd

Colby Medical Centre is managed by Colby Medical Centre Ltd and is registered with the Care Quality Commission to provide primary care services. The practice is situated at The Blue Bell centre Blue Bell Lane, Liverpool, L36 7XY. The practice is part of the Knowsley Clinical Commissioning Group and holds a primary medical services (PMS) contract.

This was the third inspection for this practice to follow-up on areas of concern from two previous inspections.

The practice is registered for the following regulated activities:

- Diagnostic and screening procedures
- Maternity and midwifery services
- Treatment of disease, disorder or injury

The practice has a register of 2,355 patients and is situated in an area of high deprivation when compared to other practices nationally.

The practice is run by a nurse clinician and GP partner. There is also an advanced nurse practitioner employed. The practice also employs a regular locum doctor when required.

The clinical team are supported by a full-time practice manager, a part time practice manager employed on a consultancy basis, administration and reception staff.

The practice is open 8am to 6.30pm Monday to Friday. Extended hours are available until 8pm each Wednesday. Urgent appointment slots are also reserved each day.

Patients can also access evening and weekend appointments with doctors at a nearby clinic, this is a part of a special arrangement for patients in the local area. When the practice is closed patients are directed to contact NHS111 or attend the local walk-in centre.

Are services safe?

We rated the practice as good for providing safe services.

At our previous inspection 28 September 2017, we rated the practice as inadequate for providing safe services. At that time, we found improvements were needed in systems to manage medicines and correspondence safely and ensure clinicians followed up to date best practice guidance to treat patients. We found improvements at this follow-up comprehensive inspection.

The practice is now rated as good for providing safe services because:

- Medicines were managed safely.
- Systems in place ensured all correspondence was dealt with appropriately and patients received the care and treatment required without delay.
- Processes had been introduced to ensure clinicians could readily access most recent guidance for best practice.

Safety systems and processes

The practice had clear systems to keep people safe and safeguarded from abuse.

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role and knew how to identify and report concerns. Since the previous inspection the provider had introduced an alert to inform appropriate staff when there were plans to discuss whether a child was needed to be entered onto the at-risk register.
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- Staff who acted as chaperones were trained for their role and had received a 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.)
- There was an effective system to manage infection prevention and control.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.

- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety.

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- There was an induction system for temporary staff tailored to their role, a GP locum induction pack was also available but this needed to be reviewed.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis. Staff gave examples of proactive care and treatment for patients with suspected sepsis, however signs and symptoms of sepsis posters were not displayed anywhere in the practice.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff. There was a documented approach to managing test results and all correspondence received at the practice. This was an improvement since the previous inspection.
- Systems for managing correspondence included scanning all correspondence into the record management system and sending a task alert to the appropriate member of staff. The practice introduced a policy that the correspondence box was empty at the end of each day and all correspondence confirmed as 'read'. This new process was monitored and we saw that action was taken in response to the findings.
- Clinicians made referrals which met best practice protocols.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
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Are services safe?

Appropriate and safe use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- At the previous inspection we found systems for monitoring patients who were prescribed high risk drugs needed to improve. At this follow-up inspection we found that improvements had been made since the previous inspection.
- At the previous inspection we found that the processes for monitoring emergency medicines needed to improve. At this inspection we found that improvements have been made. A system was in place to ensure all medicines were in date and medicines were replaced when required. We noted that children's emergency medicines and medicines for anaphylaxis shock were not separated out to enable quick access.
- Emergency oxygen was situated on the ground floor of the health centre and shared with other practices. Staff had received practical training in how to access this equipment.
- We saw that the effectiveness of new systems was discussed at team meetings and audited by provider.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its antibiotic prescribing and acted to support good antimicrobial stewardship in line with local and national guidance. The data results for antibiotic prescribing was worse than the local and national averages. The provider was aware of this and had reviewed prescribing and acted to make improvements.

Track record on safety

- Since the previous inspection the provider had made improvements in the processes for receiving and responding to national safety alerts. The provider was now signed up to receive alerts from many organisations. Relevant alerts were flagged to staff and the action taken in response was recorded. For example, medical record searches were run or the equipment used in the practice was checked and cross referenced.
- The practice monitored and reviewed activity.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so and since the previous inspection, staff had received additional training in reporting incidents.
- Incidents were reported on a spread sheet so the provider had an over view of all incidents reported.
- There were systems for reviewing and investigating when things went wrong. The practice learned and shared lessons and looked-for themes.
- Action was taken to improve safety in the practice.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

Please refer to the Evidence Tables for further information.

Are services effective?

We rated the practice as good for providing effective services overall and across all population groups.

At the previous inspection on 28 September 2017 we rated the practice as required improvement for providing effective services and issued with requirement notices as arrangements for ensuring clinicians followed the most up to date best practice guidance were not in place. We found improvements at this follow-up comprehensive inspection.

The practice is now rated as good for effective because:

- Systems were in place to ensure clinicians had access to up to date best practice guidance.
- Patients' needs were appropriately assessed and responded to.
- Audits were in place to ensure best practice guidance was followed.
- Clinical staff had completed appropriate training.

Effective needs assessment, care and treatment

- The practice had introduced systems to ensure clinicians had access to the most recent best practice guidance. The systems included providing direct links to this information each computer in the consulting rooms. The most recent publications about prescribing medicines was also available in each room.
- We saw that systems were in place to ensure and check whether clinicians employed assessed needs and delivered care and treatment in line with current legislation, standards and guidance. Clinicians were supported by clear clinical pathways and protocols. All the clinicians interviewed demonstrated how they accessed up to date best practice guidance.
- The provider also checked periodically that best practice guidance had been followed, however we found that on one occasion insufficient action was taken when best practice guidance was not followed.
- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw that follow-up for patients was timely and supported safe care and treatment.
- We saw no evidence of discrimination when making care and treatment decisions.
- All staff, including receptionists, had been trained to use a recognised pain assessment tool to help determine the appropriate advice, care or treatment to offer patients.

- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

This population group was rated good for effective because:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medicines.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs and had completed dementia awareness training.

People with long-term conditions:

This population group was rated good for effective because:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care. There were regular meetings with the community matron to ensure care and treatment was coordinated.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services.
- Adults with newly diagnosed cardiovascular disease were offered statins for secondary prevention. People with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice could demonstrate how it identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension)

Are services effective?

- The practice's performance on quality indicators for long term conditions were mostly in line with local and national averages and the area which differed had been reviewed as appropriate and no additional action was needed.

Families, children and young people:

This population group was rated good because:

- Childhood immunisation uptake rates were higher than the target percentage of 90%.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

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

This population group was rated good for effective because:

- The practice's uptake for cervical screening was 73%, which was comparable with local and national averages.
- The practice's uptake for breast and bowel cancer screening was below the national average. This finding was discussed at multidisciplinary team meetings and an action taken included identifying how to advertise mobile screening units and ensure patients were given information about how to access these services.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

This population group was rated good for effective because:

- End of life care was delivered in a coordinated way which considered the needs of those whose circumstances may make them vulnerable. Clinicians attended local Gold standard framework (GSF) meetings to ensure patients nearing the end of their lives received

well-coordinated care from the practice. The GSF is a national system and programme to enable frontline staff to provide the best possible care for people nearing the end of life.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice offered annual health checks to patients with a learning disability.

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

This population group was rated good for effective because:

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks and health promotion interventions. Patients were referred for physical activity, obesity, diabetes, heart disease, and access to 'stop smoking' services.
- Since the previous inspection a system had been introduced to follow up patients who failed to attend for administration of long term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis. Front line and clinical staff had completed appropriate dementia care and awareness training.
- The practice's performance on quality indicators for mental health was in line with local and national averages.

Monitoring care and treatment

At the previous inspection in September 2017 we found that there was limited evidence that clinical audits had been undertaken to demonstrate quality improvements. At this follow-up inspection we saw that a comprehensive programme of quality improvement activity was in place to review the effectiveness and appropriateness of the care provided.

Are services effective?

- A series of clinical audits had taken place and repeat audits were planned. Audits that had completed two cycles included an anticoagulation audit and the effects of prescribing diabetes medicines.
- The practice used information about care and treatment to make improvements.
- The practice was actively involved in quality improvement activity.
- Where appropriate, clinicians took part in local and national improvement initiatives.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- We saw certificates which confirmed staff whose role included immunisation and taking samples for the cervical screening programme had received specific training. Staff could demonstrate how they stayed up to date with revalidation and continual professional development.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop. The practice had recently subscribed to a specialist health care e-learning service.
- The practice provided staff with ongoing support. This included one to one meetings, appraisals, coaching and mentoring, clinical supervision and revalidation. There was an induction programme for new staff.
- There was a clear approach for supporting and managing internal staff when their performance was poor or variable.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- Records showed that appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.

- The practice shared clear and accurate information with relevant professionals when discussing care delivery for people with long term conditions and when coordinating healthcare for patients in their home or care homes.
- The clinicians also worked with health visitors and community services for children who had relocated into the local area.
- Patients received coordinated and person-centred care. This included when they moved between services or after they were discharged from hospital.
- At the previous inspection we noted that care plans were not routinely used. At this follow-up inspection we saw that the practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which considered the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through social prescribing schemes.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and healthy eating campaigns.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- We saw that all clinicians and a number of administrative staff had completed Mental Capacity Act 2005 and deprivation of liberty training.
- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.

Are services effective?

- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

Records of audits confirmed the practice checked that consent was sought appropriately.

Are services caring?

We rated the practice as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The practice's GP patient survey results from 2018 were in line with local and national averages for questions relating to kindness, respect and compassion.
- The practice was aware of the data from the GP survey.
- The practice had also completed their own customer satisfaction survey and the results indicated most patients would recommend the practice to their friends or family.

Involvement in decisions about care and treatment

- Staff helped patients to be involved in decisions about care and treatment. They were aware of and completed training about the Accessible Information Standard (AIS). The AIS is a requirement to make sure that patients and their carers can access and understand the information that they are given.

- Staff communicated with people in a way that they could understand, for example, easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice proactively identified carers and supported them.
- The practice's GP patient survey results were in line with local and national averages for questions relating to healthcare professionals listening to the needs and opinion of patients.

Privacy and dignity

The practice respected patients' privacy and dignity.

- There was a privacy zone at the reception so that patients could provide their details in private, and when patients wanted to discuss sensitive issues or appeared distressed reception staff offered them a private room to discuss their needs. There were privacy curtains in each consulting room.
- Staff recognised the importance of people's dignity and respect and had completed customer service training.

Please refer to the evidence tables for further information.

Are services responsive to people's needs?

We rated the practice, and all the population groups, as requires improvement for providing responsive services.

The practice was rated as requires improvement for responsive because the practice did not process complaints in accordance with regulatory requirements.

Responding to and meeting people's needs

- The practice organised and delivered services to meet patients' needs and took account of patient needs and preferences.
- Through working with other local practices, working with the clinical commissioning group and taking account of national and local population data, the practice understood the needs of its population and tailored services in response to those needs.
- Patients could access evening and weekend appointments with doctors at a nearby health centre clinic, this was because the practice subscribed to a scheme made available for patients at their surgery and the local area.
- The facilities and premises were appropriate for the services delivered and a generic risk assessment had been completed by the buildings management company, however the provider had not conducted their own facilities risk assessment.
- The practice provided effective care coordination for patients who are more vulnerable or who have complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

This population group was rated requires improvement for responsive because the practice did not understand or process complaints in keeping with regulatory requirements and this impacted on all patient population groups.

We found however, that:

- All patients had a named GP and the practice supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.

- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.

People with long-term conditions:

This population group was rated requires improvement for responsive because:

The practice did not understand or process complaints in keeping with regulatory requirements and this impacted on all patient population groups.

We found however, that:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team and community matron to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

This population group was rated requires improvement for responsive because the practice did not understand or process complaints in keeping with regulatory requirements and this impacted on all patient population groups.

We found however, that:

- 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.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

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

This population group was rated requires improvement for responsive because the practice did not understand or process complaints in keeping with regulatory requirements and this impacted on all patient population groups.

We found however that:

Are services responsive to people's needs?

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, referring to doctors at another health centre with extended opening hours and Saturday appointments.

People whose circumstances make them vulnerable:

This population group was rated requires improvement for responsive because the practice did not understand or process complaints in keeping with regulatory requirements and this impacted on all patient population groups.

We found however that:

- The practice had systems in place which could identify patients living in vulnerable circumstances including homeless people and travellers and held a register of people with a learning disability.

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

This population group was rated requires improvement for responsive because the practice did not understand or process complaints in accordance with regulatory requirements and this impacted on all patient population groups.

We found however that:

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia. Staff had also completed dementia awareness training.
- The practice signposted patients to clinics and support groups held the health centre and other local venues.

Timely access to care and treatment

- Patients could access care and treatment from the practice within an acceptable timescale for their needs.
- The practice fulfilled their contractual obligations and provided the expected number of appointments.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.
- The practice's GP patient survey results were in line with local and national averages for questions relating to access to care and treatment.

Listening and learning from concerns and complaints

The practice's systems for proactively identifying and recording complaints need to improve.

- The provider told us that the service had not received any complaints in 2018. However, discussion with all staff indicated that they did not understand what constituted a complaint. Staff stated that they did not always report or record verbal complaints or comments, this meant the provider did not have accurate information about the concerns raised or complaints made by patients.
- The practice did not have clear and consistent systems for documenting, responding to and reviewing complaints. We noted that although the provider stated no complaints had been made we saw that a complaint had been inappropriately recorded solely in the practice's Incident Book.
- Information about how to make a complaint or raise concerns was limited. The practice leaflet provided minimal information about how to make a complaint and did not include any information about how complaints would be received and handled. There were no posters or leaflets outlining a complaints policy on display or accessible for patients.

Please refer to the evidence tables for further information.

Are services well-led?

We rated the practice as good for providing a well-led service.

At our previous inspection 28 September 2017, we rated the practice as inadequate for providing well-led services. At that time, we found improvements were needed in systems to manage the governance of the service. We found improvements at this follow-up comprehensive inspection.

The practice is now rated as good in well-led because:

- The leadership capacity had been increased and the provider had introduced systems to provide oversight of the quality of the service.
- Systems to manage the governance of the service had been introduced and were effective.
- The provider now had strategies in place to promote effective services and these were shared with and understood by patients and staff as appropriate.
- The provider promoted a positive and open culture, and worked closely with partner agencies.

Leadership capacity and capability

- The provider had the skills to deliver high-quality services and we saw improvements in the services provided.
- The provider was knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and had taken steps towards addressing them.
- The provider and managers were visible and approachable.
- Since the previous inspection the practice had increased clinical leadership by employing a GP into a leadership role. In relation to increasing administrative leadership, processes were in place however, these needed to be reviewed and developed further.

Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality, sustainable care.

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social care priorities across the region. The practice planned its services to meet the needs of the practice population.

- Systems were in place to enable the practice to monitor progress against delivery of the strategy.

Culture

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Systems were in place so that leaders and managers could act on performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing junior staff with the development they need. This included appraisal and career development conversations and staff received regular annual appraisals in the last year.
- Staff were supported to meet the requirements of professional revalidation where necessary.
- The provider was in the process of developing a risk register to identify risks in the practice, including risks to staff. The system would result in the risk being assessed and mitigating action taken.
- The practice actively promoted equality and diversity and staff had received equality and diversity training.
- Staff felt they were treated fairly and there were positive relationships between staff and teams.

Governance arrangements

At the previous inspection we found significant gaps in governance arrangement. At this inspection we found improvements and saw that there were clear responsibilities and roles to support good governance and management. Systems of accountability were also in place but these needed to be strengthened.

- Structures, processes and systems to support good governance and management were clearly set out and understood.
- The governance and management of partnerships, joint working arrangements and shared services promoted co-ordinated person-centred care.

Are services well-led?

- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice leaders had in place policies, procedures and activities to promote safety and assure themselves that they were operating as intended.

Managing risks, issues and performance

There were clear processes for managing risks, issues and performance, except for managing complaints. The provider had introduced processes to identify, understand, monitor and address current and future risks including risks to patient safety.

- The practice had processes to manage current and future performance. Practice leaders had oversight of safety alerts and incidents.
- Clinical audit had a positive impact on the quality of care and outcomes for patients. There was clear evidence of the action taken to change practice to improve quality.
- The practice had business continuity plans in place and had trained staff in how to respond to major incidents.
- The practice considered and understood the impact on the quality of care when changes were made.
- The practice did not have a system in place to ensure locum and agency staff received appropriate support and guidance when required.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to review and improve performance.
- Quality and sustainability were discussed in relevant meetings and all staff had sufficient access to information.
- The practice used internal performance information which was reported and monitored. We noted that staff were usually held to account.
- The information used to support and monitor performance and the delivery of quality care was accurate and useful. However, some record keeping

systems needed to improve. For example, the staff recruitment information was filed at random and so it was difficult to check whether there were gaps in the information required.

- The message boards for displaying information needed to be reviewed as there was a lot of information which overlapped so staff did not have clear sight of the information.
- The practice used information technology systems to monitor and improve the quality of care and submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- The views of external partners were sought and acted on to shape services and culture.
- There was an active patient participation group who said they were listened to.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement.
- The practice made use of internal and external reviews of incidents, learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

Please refer to the evidence tables for further information.

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 the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints How the regulation was not being met: The registered person had not established an accessible system for identifying, receiving, recording, handling and responding to complaints by service users and other persons in relation to the carrying on of the regulated activity.The provider and staff did not have an appropriate understanding about what must be treated as a complaint. This was in breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.