Dr N Essa & Dr M Harrold

Quality Report

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Date of inspection visit: 05/08/2015
Date of publication: 01/10/2015

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	Inadequate
Are services safe?	Inadequate
Are services effective?	Requires improvement
Are services caring?	Good
Are services responsive to people's needs?	Requires improvement
Are services well-led?	Inadequate

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 Dr N Essa and Dr M Harold on 5 August 2015. Overall the practice is rated as inadequate.

Specifically, we found the practice inadequate for providing safe services and being well led. Improvements were also required for providing responsive and effective services. It was also inadequate for providing services for the for all the population groups, except for people with long-term conditions which is rated as requires improvement. It was good for providing caring services.

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

- Patients were at risk of harm because systems and processes were not always in place to keep them safe. For example medicines management systems and process for nurses to provide vaccinations did not reflect national guidelines.
- Staff were not clear about how to report incidents, near misses and concerns. There was inconsistent recording of events and no evidence of learning or sharing information with staff.
- There was limited assurance to demonstrate the practice had systems to drive improvement in care, treatment and patient outcomes. For example, clinical audits were not always effective, CCG prescribing targets had not been met and some areas of the quality and outcomes framework require improvement.
- Patients were positive about their interactions with staff and said they were treated with compassion and dignity.
- The practice had no clear leadership structure, insufficient leadership capacity and limited formal governance arrangements.
- Risk management was not a priority and patients and staff could be at risk. For example, in the event of an

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emergency or fire. Infection control audits had been completed but we saw limited evidence to demonstrate actions had been completed or when they should be completed by.

We saw one area of outstanding practice including:

- Innovative approaches were evident to enable patients in vulnerable groups to access care services. The practice was engaged with the local community and presented health promotion sessions at local mosques and temples to help support patients live more healthy lifestyles.

However, there were also areas of practice where the provider needs to make improvements.

Importantly, the provider must:

- Ensure medicines management systems are reviewed and reflect national guidelines.
- Develop a system of clinical audits and implement findings to drive improvement.
- Implement a process to disseminate learning from significant events, clinical audits and complaints to practice staff members.
- Undertake risk assessments and take timely action to address the concerns and identified risk.
- Strengthen the leadership and management of the practice to ensure effective governance procedures are implemented, monitored and staff have the capacity to undertake the duties of their lead roles.
- Ensure appropriate systems are in place to deal with emergencies and the maintenance of medical equipment is regularly undertaken.
- Ensure all staff members have training and development plans which identifies training and updates that are appropriate to their role.

In addition the provider should:

- Ensure all recruitment and employment information required by the regulations are documented in all staff personnel files.
- Ensure all professional guidelines are kept on an internal system, which are easily accessible.

On the basis of the ratings given to this practice at this inspection, I am placing the provider into special measures. This will be for a period of six months. We will inspect the practice again in six months to consider whether sufficient improvements have been made. If we find that the provider is still providing inadequate care we will take steps to cancel its registration with CQC.

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?

Inadequate

The practice is rated as inadequate for providing safe services and improvements must be made. Significant events were not recorded consistently. Although the practice carried out investigations when things went wrong, lessons learned were not communicated and so safety was not improved. Patients were at risk of harm because systems and processes were not in place in a way to keep them safe. We found concerns with medicines management, dealing with emergencies and staffing levels.

Are services effective?

Requires improvement

The practice is rated as requires improvement for providing effective services, and there are areas where improvements should be made. Data showed some patient outcomes were at or below average for the locality. However, there were areas where data showed a higher achievement. For example, in the management of diabetes and hypertension. There was limited evidence of completed clinical audit cycles or that audit was driving improvement in performance, which improved patient outcomes. Although staff were receiving annual appraisals, we found no evidence that confirmed learning needs and development plans were in place for each staff member. There were no actions plans in place to achieve this. Staff had not received all the training relevant to their role.

Are services caring?

Good

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for several aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Are services responsive to people's needs?

Requires improvement

The practice is rated as requires improvement for providing responsive services. Access to the practice did not always meet the needs of the patients the practice served. Those with mobility issues, who used a wheelchair or patients with children may have found accessing the premises difficult. We found the practice had an accessible system in place for handling and responding to

Summary of findings

complaints received from patients. However, there was no evidence that learning from complaints had been shared with staff. Feedback from patients on their continuity of care was very positive and patients told us urgent appointments were available the same day.

Are services well-led?

Inadequate

The practice is rated as inadequate for being well-led. There was no clear leadership structure in place. The management of all governance processes was poor. The practice had a number of policies and procedures to govern activity, but these were not personalised to the practice and had not been reviewed regularly. The practice did not hold regular governance meetings and issues were discussed only at adhoc and unplanned meetings. The minutes and actions identified at the meetings were not recorded and there was no process to follow these actions up. There was not a strong focus on continuous learning and development. Significant events, complaints and incidents were not reviewed regularly for trends and learning was not shared with staff.

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

Inadequate

The practice is rated as inadequate for the care of older patients. The provider was rated as inadequate for safety and for well-led and requires improvement for the effective and responsive domains. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Systems to keep patients safe were not always effective and the practice had not monitored the risk to patients. Lessons learned from significant events were not always identified or shared with staff. These concerns may have affected all patients of the practice. Patients in this population group may find accessing the practice difficult, particularly those with mobility issues. Patients' over 75 years of age had a named GP. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. It was responsive to the needs of older people, and offered home visits for those with enhanced needs. The practice offered flu vaccinations to patients over 65 and 75 years of age. Flu vaccination rates for older people were also lower than the national average.

People with long term conditions

Requires improvement

The practice is rated as requires improvement for the care of people with long-term conditions. Some long term condition indicators within the quality and outcomes framework showed improvements were required. The practice had adopted the 'House of Care' model for diabetes in line with best practice. Sixty four diabetic patients had an agreed care plan in place, in line with the 'House of Care' model. This meant that nine diabetes care processes had achieved over 65%, which was the highest in South Reading CCG. We found:

- HBA1C testing was higher than the national and CCG average.
- The number of patients referred to a diabetes education programme was 93.3% in comparison to 89.6% from the CCG and an 86.4% England average.

Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed.

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For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. The flu vaccinations of some patients in this age group were lower than the CCG average.

Families, children and young people

Inadequate

The practice is rated as inadequate for the care of families, children and young patients. The provider was rated as inadequate for safety and for well-led and requires improvement for effective and responsive domains. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Systems to keep patients safe were not always effective and the practice had not monitored the risk to patients. Lessons learned from significant events were not always identified or shared with staff. These concerns may have affected all patients of the practice. Immunisation rates were high for all standard childhood immunisations. However, the documentation to support staff in administering vaccinations appropriately was not up to date or in line with legal requirements. This would pose a risk to patient safety if staff did not follow the most up to date guidance. The practice offered regular onsite midwife appointments. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. Appointments were available outside of school hours and the premises were suitable for children and babies. We saw good examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

Inadequate

The practice is rated as inadequate for the care of working-age patients (including those recently retired and students). The provider was rated as inadequate for safety and for well-led and requires improvement for effective and responsive domains. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Systems to keep patients safe were not always effective and the practice had not monitored the risk to patients. Lessons learned from significant events were not always identified or shared with staff. These concerns may have affected all patients of the practice. The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and

Summary of findings

offered continuity of care. For example, from 1 April 2015, all patients in this population group had a named GP who co-ordinated all of their care and treatment. The practice has an in house smoking cessation counsellor available for all patients. 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.

People whose circumstances may make them vulnerable

Inadequate

The practice is rated as inadequate for the care of patients whose circumstances may make them vulnerable. The provider was rated as inadequate for safety and for well-led and requires improvement for effective and responsive domains. The concerns which led to these ratings apply to everyone using the practice, including this population group. Systems to keep patients safe were not always effective and the practice had not monitored the risk to patients. Lessons learned from significant events were not always identified or shared with staff. These concerns may have affected all patients of the practice.

The practice worked closely with a local organisation which offered accommodation to the homeless and housed vulnerable people. Twenty patients from this organisation were registered with the practice. The practice supported these patients with multiple morbidities, and provided support with their social needs and lifestyles. The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.

The practice did not work consistently with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Inadequate

The practice is rated as inadequate for the care of patients experiencing poor mental health (including patients with dementia). The provider was rated as inadequate for safety and for well-led and requires improvement for the effective and responsive domains. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Systems to keep patients safe were not always effective and the practice had not monitored the risk to patients. Lessons learned

from significant events were not always identified or shared with staff. These concerns may have affected all patients of the practice. The practice held register for patients with dementia. In 2014/15 the practice had carried out dementia reviews for all of their 15 patients. The practice had access to a consultant psychiatrist who visits the practice to discuss individual cases with the clinicians. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It carried out advance care planning for patients with dementia. The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. However, we noted that the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who required a comprehensive care plan was 79.07% which was lower than the national average of 86.04%.

Summary of findings

What people who use the service say

Patient feedback, from a variety of sources, about Dr N Essa and Dr M Harold was very positive in some areas. This included feedback from the 2015 GP national survey, practice survey and family and friends test. For example, the 2015 GP national survey results showed:

- 84% of patients said they found it easy to get through to this surgery by phone; this was significantly higher than the CCG average of 75% and the national average of 73%.
- 79% of patients with a preferred GP usually get to see or speak to that GP; this was significantly higher than the CCG national average of 60%.
- 95% of patients said the last appointment they got was convenient; this was slightly higher than the CCG national average of 92%.
- 81% of patients described their experience of making an appointment as good this was higher than the CCG average of 77% and the national average of 73%.

Areas for improvement included:

- 71% of respondents say the last GP they saw or spoke to was good at explaining tests and treatments compared with the local (CCG) average of 84% and the national average of 86%.
- 73% of respondents say the last GP they saw or spoke to was good at listening to them compared to the local (CCG) average of 86% and national average of 89%.
- 73% of respondents say the last GP they saw or spoke to was good at giving them enough time compared with the local (CCG) average of 84% and the national average of 87%.
- 72% would recommend this surgery to someone new to the area compared to the local (CCG) average of 75% and the National average of 78%.
- 77% say the last GP they saw or spoke to was good at treating them with care and concern compared to the local (CCG) average of 82% and the National average of 85%.

During the inspection, we spoke with 13 patients which also included members of the patient participation group (PPG). A PPG is made up of a group of volunteer patients and practice staff who meet regularly to discuss the services on offer and how improvements can be made. The majority of the feedback from these patients was very positive. The patients we spoke to said they were very happy with the service they received. Most patients were happy with the appointment system and they all knew that they could speak to a doctor or a nurse over the phone whenever they needed to. All patients we spoke with were happy with the cleanliness of the environment.

We received further feedback from 24 patients via comment cards. The comments cards reviewed were very positive. Patients described staff as kind, caring and friendly. Patients commented GPs and nurses explained procedures in great detail and were always available for follow up help and advice.

Areas for improvement

Action the service MUST take to improve

- Develop a system of clinical audits and implement findings to drive improvement.
- Implement a process to disseminate learning from significant events, clinical audits and complaints to practice staff members.
- Undertake risk assessments and take timely action to address the concerns and identified risk.
- Strengthen the leadership and management of the practice to ensure effective governance procedures are implemented, monitored and staff have the capacity to undertake the duties of their lead roles.
- Ensure appropriate systems are in place to deal with emergencies and the maintenance of medical equipment is regularly undertaken.

Summary of findings

- Ensure all staff members have training and development plans which identifies training and updates that are appropriate to their role.

Action the service SHOULD take to improve

- Ensure all recruitment and employment information required by the regulations are documented in all staff personnel files.
- Ensure all professional guidelines are kept on an internal system, which are easily accessible.

Outstanding practice

We saw one area of outstanding practice including:

- Innovative approaches were evident to enable patients in vulnerable groups to access care services. For example, the practice held weekly diabetes clinics using the 'House of Care' model, in line with best practice. The practice was engaged with the local community and presented health promotion sessions at local mosques and temples.

Dr N Essa & Dr M Harrold

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector and a GP specialist advisor. The team also included a practice nurse, practice manager and expert by experience. Experts by experience are members of the team who have received care and experienced treatment from similar services.

Background to Dr N Essa & Dr M Harrold

The Dr N Essa and Dr M Harrold (also known as London Street Surgery) provide general medical services to over 4,400 registered patients. The practice is located in a converted old Victorian building on a busy main road in the centre of Reading. The consulting and treatment rooms are spread across three floors. There is lift in place for patients with limited mobility and has parking at the rear of the building for patients.

The practice had higher numbers of patients aged between 25 and 44 years, which was signficantly different to the England averages. Patients registered at the practice are from a number of different ethnic backgrounds with no specific background being prominent due to the variety of cultures in Reading. There are a large proportion of the patients speak English as a second language. The practice also provides care to asylum seekers, homeless, refugees and the travelling community.

Care and treatment is delivered by one male GP and one female GP and three nurses. The practice also works closely with midwives, district nurses and health visitors.

The opening hours of the practice were every weekday between the hours of 8am and 6.30pm. Appointments were available to patients between these times. The practice opened for extended hours appointments on Thursday evenings and offered morning appointments on Saturday from 9am to 12pm, where pre-bookable appointments could be made with the GP and the nurse.

The practice has opted out of providing out of hours services to their patients. Out of hours services are provided by NHS 111. There are arrangements in place for services to be provided when the practice is closed and these are displayed at the practice, in the practice information leaflet and on the patient website.

The practice has a General Medical Services (GMS) contract. GMS contracts are subject to direct national negotiations between the Department of Health and the General Practitioners Committee of the British Medical Association.

We were unaware of issues or concerns about this practice prior to our inspection. This was a comprehensive inspection. The practice provides services from the following site:

London Street Surgery

72 London Street

Reading

Berkshire

RG1 4SJ

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. This inspection was

Detailed findings

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.

This provider had not been inspected before and that was why we included them.

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.

How we carried out this inspection

Before visiting we checked information about the practice such as clinical performance data and patient feedback. This included information from the clinical commissioning group (CCG), Reading Healthwatch, NHS England and Public Health England. We visited Dr N Essa & Dr M Harrold on 5 August 2015. During the inspection we spoke with GPs, nurses, the practice manager, reception and administrative staff. We obtained patient feedback by speaking with patients, from comment cards, the practice's surveys and the GP national survey. We looked at the outcomes from investigations into significant events and audits to determine how the practice monitored and improved its performance. We checked to see if complaints were acted on and responded to. We looked at the premises to check the practice was a safe and accessible environment. We looked at documentation including relevant monitoring tools for training, recruitment, maintenance and cleaning of the premises.

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

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

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

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

People experiencing poor mental health (including people with dementia)

Inadequate

Are services safe?

Our findings

Safe track record

The practice used a range of information to identify risks and improve patient safety. For example, reported incidents and national patient safety alerts as well as comments and complaints received from patients. National Institute of Heath and Care Excellence (NICE) guidance and reminders were cascaded by the GPs to relevant staff.

The practice manager told us they received medical alerts and regular Medicines and Healthcare Products Regulatory Agency (MRHA) updates and disseminated these to the GPs and nurses, for them to action accordingly. However, no systems were in place to ensure appropriate action had been taken by the GP or nurse.

Learning and improvement from safety incidents

The systems to report, record, investigate and learn from incidents and accidents were not consistent and did not always identify learning to drive improvement.

The practice manager acknowledged that the practice did not have a robust system for reporting recording, and monitoring of incidents or significant events. A new system had been implemented by the new practice manager in January 2015. This included a significant event policy for staff to follow and a recording template for staff to use. The practice manager told us they had recorded the significant events since January 2015 on a register. We reviewed an example of a significant event and found this had been appropriately dealt with.

However, we found the practice had not always routinely recorded incidents and accidents. During our discussions with one of the GP partners they discussed a recent incident when a patient had an accident on the practice premises. This incident had not been recorded. We also noted there was no evidence of any learning from the incident to avoid reoccurrence.

We also found that there was no documented evidence for sharing significant event learning and outcomes with patients and staff. This was because the practice did not formally record discussions of significant events that took place during clinical staff meetings. Feedback from the staff we spoke with also confirmed that significant events and learning had never been discussed with them.

Reliable safety systems and processes including safeguarding

The practice had systems to manage and review risks to vulnerable children, young people and adults. We looked at training records which showed that all staff had received relevant role specific training on safeguarding. We asked members of medical, nursing and administrative staff about their most recent training. Staff knew how to recognise signs of abuse in older people, vulnerable adults and children. They were also aware of their responsibilities and knew how to share information, properly record documentation of safeguarding concerns and how to contact the relevant agencies in working hours and out of normal hours. Contact details were easily accessible.

The two GP partners told us that they were both safeguarding leads. Both the GPs had been trained in adult and child safeguarding and could demonstrate they had the necessary competency and training to enable them to fulfil these roles. All staff we spoke with were aware who these leads were and who to speak with in the practice if they had a safeguarding concern.

There was a system to highlight vulnerable patients on the practice's electronic records. This included information to make staff aware of any relevant issues when patients attended appointments; for example children subject to child protection plans.

The practice was not actively engaged with effective working with other relevant organisations including health visitors. The GP partners acknowledged that they did not regularly attend safeguarding meetings.

There was a chaperone policy, which was visible on the waiting room noticeboard and on the practice web site. (A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure). All nursing staff had been trained to be a chaperone. Only one non-clinical staff member acted as a chaperone staff. The staff member had also undertaken training and understood their responsibilities when acting as chaperones, including where to stand to be able to observe the examination. All staff undertaking chaperone duties had received Disclosure and Barring Service (DBS) checks. (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).

Medicines management

We checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely and were only accessible to authorised staff. There was a policy for ensuring that medicines were kept at the required temperatures, which described the action to take in the event of a potential failure. We found the fridges were in working order and the records that were available showed medicine was kept at the required temperatures.

Processes were in place to check medicines were within their expiry date and suitable for use. All the medicines we checked were within their expiry dates. Expired and unwanted medicines were disposed of in line with waste regulations.

All prescriptions were reviewed and signed by a GP before they were given to the patient. Both blank prescription forms for use in printers and those for hand written prescriptions were handled in accordance with national guidance as these were tracked through the practice and kept securely at all times.

We found the practice nurses administered vaccines using directions that had not been produced in line with legal requirements and national guidance. For example, we saw a number of Patient Group Directives (PGDs) that had not been signed by an appropriate professional and were not dated. PGDs are written instructions to help the professional to supply or administer medicines to patients, usually in planned circumstances. An assessment of whether the PGD remained the most effective way of providing the relevant services to the patient had not been carried out.

Cleanliness and infection control

We observed the premises to be clean and tidy. We saw there were cleaning schedules in place and cleaning records were kept. Patients we spoke with told us they always found the practice clean and had no concerns about cleanliness.

An infection control policy and supporting procedures were available for staff to refer to, which enabled them to plan and implement measures to control infection. For example, personal protective equipment including disposable gloves, aprons and coverings were available for staff to use and staff were able to describe how they would use these to comply with the practice's infection control policy. However, the practice did not have a policy for needle stick injuries or the handling of sharps.

The practice had a lead for infection control who had received training to allow them to undertake this role. We saw all staff had received training about infection control specific to their role.

An infection control audit was carried out in November 2014. However, the audit did not state when the improvements identified were to be actioned by and when the next audit was due. There was no evidence that showed the findings of the audits and the actions required were discussed at team meetings.

The practice had a policy for the management, testing and investigation of legionella (a bacterium which can contaminate water systems in buildings). The practice had completed a legionella risk assessment in March 2015 to assess the management, testing and investigation of legionella.

Equipment

We saw servicing records were up to date for medical equipment and were within their expiry date. A schedule of testing was in place. Electrical appliances were tested to ensure they were safe. We saw a log of calibration testing for the practice and all equipment was calibrated in January 2015. However, we found the boiler had not been serviced for over three years.

Disposable medical instruments were stored in clinical treatment rooms in hygienic containers ready for use.

Staffing and recruitment

During this inspection, we found the practice had a recruitment policy that set out the standards it followed when recruiting clinical and non-clinical staff. We reviewed three staff personnel files for staff who had been recruited in the last year. We found that most of the information required by the regulations was recorded in the individual staff files. Records we looked at contained evidence that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the

Are services safe?

Disclosure and Barring Service (These 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).

We found a documented risk assessment was in place for all staff, which determined whether a DBS check was required for their role. We saw evidence that appropriate DBS checks had been completed for all relevant staff.

At the time of inspection the practice was providing medical services to over 4,400 registered patients. Clinical care was being provided by the two GP partners.

There were some concerns in relation to the current GP staffing arrangements. It was evident that the GPs priority was to provide care and treatment to their patients. However, the workload was very high, which made it difficult to undertake lead roles or provide effective leadership for the practice. There was also a practice manager who worked two days a week.

The practice manager and GPs acknowledged the current management provision did not support effective governance and leadership and this arrangement was under review. Following a discussion between the two GP partners, it was agreed another five clinical sessions per week were needed and this had also been documented in the business plan.

Monitoring safety and responding to risk

The practice had some systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. These included completed risk assessments in legionella, fire, health and safety. The practice has completed a disability access audit in 2015.

We noted appropriate actions plans were in not always in place and the practice had not always identified the risks or made the recommended changes following a risk assessment. For example, the March 2015 fire risk assessment had identified the practice was not carrying regular fire drills and this had not been addressed. The risk assessment had also identified the fire doors were propped open and corrective had not been taken. The March 2015 disability access audit had identified a loop system was required, but this had not been put in place.

We found the practice had not fully identified all risks. We noted the practice did not have a risk assessment for the control of substances hazardous to health (COSHH) (COSHH regulations are part of the Health and Safety at Work etc. Act 1974. They require all organisations that hold chemicals or other potentially dangerous substances to carry out a risk assessment and retain information relevant to the use and safety of such substances).

Arrangements to deal with emergencies and major incidents

Emergency equipment was available including access to oxygen and an automated external defibrillator (used to attempt to restart a person's heart in an emergency). All emergency equipment and medicine we checked was in date.

During the inspection we found the defibrillator was not working. There was no system in place to check the defibrillator regularly. The practice nurse confirmed the defibrillator had not been working for two weeks, and that they had not reported this to the management team. When we spoke with the practice manager they did not know the defibrillator had stopped working.

We noted the airways and pads were not kept together with the defibrillator. The practice nurse told us that they did not know where the airways and pads were kept. We raised these concerns with the practice manager, who told us the practice did keep airways and pads but these were kept in another room. The practice manager acknowledged this was not an acceptable practice and confirmed they will review the current arrangements for monitoring emergency equipment.

Emergency medicines were stored in a secure area of the practice and all staff knew of their location. Processes were in place to check whether emergency medicines were within their expiry date and suitable for use. All the medicines we checked were in date and fit for use. Records showed that staff had received training in basic life support.

A business continuity plan was in place to deal with a range of emergencies that may impact on the daily operation of the practice. Each risk was rated and mitigating actions recorded to reduce and manage the risk. Risks identified included power failure, full loss of computer system (both short term and long term), adverse weather, infection, loss of GP partner and equipment failure. The document also contained relevant contact details for staff to refer to. For example, contact details of the electricity and gas company to contact if the electricity and gas system failed.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GPs and nursing staff we spoke with could clearly outline the rationale for their approaches to treatment. They were familiar with current best practice guidance, and accessed guidelines from the National Institute for Health and Care Excellence (NICE) and from local commissioners. We saw that guidance from local commissioners was readily accessible in all the clinical and consulting rooms. Staff we spoke with all demonstrated a good level of understanding and knowledge of NICE guidance and local guidelines.

We discussed with the practice manager, GPs and nurse how NICE guidance was received into the practice. The GPs and nurses told us they would download the existing and new guidelines from the external website, each time they needed to access the guidelines. The practice did not have an internal system to store all the guideline for easier access. During the inspection we fed this back to the management team, who acknowledged a system was needed to enable all clinicians to access appropriate professional guidelines timely manner.

Staff described how they carried out comprehensive assessments which covered all health needs and was in line with these national and local guidelines. They explained how care was planned to meet identified needs and how patients were reviewed at required intervals to ensure their treatment remained effective. For example, patients with diabetes were having regular health checks and were being referred to other services when required. Feedback from patients confirmed they were referred to other services or hospital when required.

The GPs told us they lead in specialist clinical areas such as diabetes, heart disease and asthma and the practice nurses supported this work, which allowed the practice to focus on specific conditions. Clinical staff we spoke with were open about asking for and providing colleagues with advice and support.

Discrimination was avoided when making care and treatment decisions. Interviews with GPs showed that the culture in the practice was that patients were cared for and treated based on need and the practice took account of patient's age, gender, race and culture as appropriate.

Management, monitoring and improving outcomes for people

Information about people's care and treatment, and their outcomes, was not routinely collected and monitored and this information was not used to improve outcomes for patients.

We found limited evidence of completed clinical audit cycles in the last two years. A clinical audit is a process or cycle of events that help ensure patients receive the right care and the right treatment. This is done by measuring the care and services provided against evidence base standards, changes are implemented to narrow the gap between existing practice and what is known to be best practice. The audit documents made available to us did not always reflect this definition.

During the inspection, we were provided with a folder of practice audits, which included some documents. For example, we saw audits had been carried on diabetes, cervical screening and urine testing. However, all of these audits appeared to be results of a straightforward computer search and were not completed cycles.

An anti-coagulation audit was undertaken in April 2015, had identified a number of areas of improvement. We found the practice had not taken any action and the areas of concerns had not been addressed. The results of this audit had not been shared with all appropriate staff.

The nursing team had not been involved in any clinical audits, in the last two years. The meeting minutes made available to us, showed there was no discussion of any recent completed clinical audits. This meant the practice did not have an effective audit system in place to manage change and improve outcomes for patients.

The practice also used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. This practice was not an outlier for any QOF (or other national) clinical targets, It achieved 98.1% of the total QOF target in 2014, which was above the national average of 93.5%. Specific examples to demonstrate this included:

- Nine of the diabetes indicators showed a higher achievement than the CCG and national averages. For example-
- HBA1C testing was higher than the national and CCG average.

Requires improvement

Are services effective?

(for example, treatment is effective)

- The number of patients referred to a diabetes education programme was 93.3% in comparison to 89.6% from the CCG and an 86.4% England average.
- The percentage of patients with hypertension having regular blood pressure tests was better than the national average:
- The practice achievement for the recording of Blood pressure ≤ 150/90 mmHg in people with hypertension was 86% when compared with the CCG average of 79.4% and the England average of 79.2%.
- The practice achievement for the last (9months) blood pressure ≤ 140/90 mmHg (age <80) was 77.1% when compared with the CCG average of 71.1% and the England average of 70.4%.
- The achievement of patients with hypertension who had a physical activity assessment and where found to be inactive who had also a brief intervention (both in last 12mnths, aged 16-74) was 97.5% when compared with the CCG of 90.1% and the England average of 86.3%.
- Performance for mental health related and dementia QOF indicators were better than the national average.

Areas of improvement were required for the following indicators:

- Cervical screening indicators were 92.4% which was lower than the CCG and national average.

The practice participated in local benchmarking run by the CCG. This is a process of evaluating performance data from the practice and comparing it to similar surgeries in the area. The benchmarking data showed the practice had outcomes that were lower than other services in the area. For example, we reviewed the '2014/15 Prescribing Quality Scheme End of Year Report' which identified five prescribing targets which had not been actioned accordingly. We noted the report showed the practice had not appealed against any of these findings. We found there was no action in place to ensure these concerns were addressed.

The practice had made use of the gold standards framework for end of life care. It had a palliative care register and had regular internal as well as multidisciplinary meetings to discuss the care and support needs of patients and their families.

The practice kept a registers of patients identified as being at high risk of admission to hospital and of those in various vulnerable groups such as patients with learning disabilities and mental health.

Effective staffing

All GPs were up to date with their yearly continuing professional development requirements and all either have been revalidated or had a date for revalidation. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England).

We saw evidence the GP partners had completed various clinical courses in the last two years. This included training in diabetes and respiratory, neurology and musculoskeletal and chronic pain.

We spoke with two nurses on the day of the inspection. One of the nurses had only been appointed in May 2015 and an appraisal was not due. The second nurse was a bank staff member and was not directly employed by the practice and therefore an appraisal was not required.

We saw the non-clinical staff had received an annual appraisal. However, we found no recorded evidence that confirmed learning needs and development plan for each staff member had been discussed and there were no actions plans in place to achieve this.

Our discussions with staff confirmed that the practice was providing some training to their practice staff. For example, all practice staff had received role specific training in fire, Mental Capacity Act 2005, equality and diversity, infection control and basic life support. However, we found not all practice staff had received appropriate training in safeguarding, health and safety and information governance.

Working with colleagues and other services

The practice worked with other service providers to meet patient's needs and manage those of patients with complex needs. It received blood test results, X ray results, and letters from the local hospital including discharge summaries, out-of-hours GP services and the 111 service both electronically and by post. The practice had a policy outlining the responsibilities of all relevant staff in passing on, reading and acting on any issues arising from these

communications. Out-of hours reports, 111 reports and pathology results were all seen and actioned by a GP on the day they were received. Discharge summaries and letters from outpatients were usually seen and actioned on the day of receipt and all within five days of receipt. The GP who saw these documents and results was responsible for the action required. All staff we spoke with understood their roles and felt the system in place worked well. There were no instances identified within the last year of any results or discharge summaries that were not followed up.

The practice held monthly multidisciplinary team meetings to discuss patients with complex needs. For example, those with end of life care needs. These meetings were attended by district nurses, social workers, palliative care nurses and decisions about care planning were documented in a shared care record. Staff felt this system worked well. Care plans were in place for patients with complex needs and shared with other health and social care workers as appropriate.

Information sharing

The practice used several electronic systems to communicate with other providers. For example, there was a shared system with the local GP out-of-hours provider to enable patient data to be shared in a secure and timely manner. We saw evidence there was a system for sharing care and treatment plans for patients with complex health needs with the ambulance and out-of-hours services.

For patients who were referred to hospital in an emergency there was a policy of providing a printed copy of a summary record for the patient to take with them to Accident and Emergency. The practice had also signed up to the electronic Summary Care Record and planned to have this fully operational by 2015. (Summary Care Records provide faster access to key clinical information for healthcare staff treating patients in an emergency or out of normal hours).

The practice had systems to provide staff with the information they needed. Staff used an electronic patient record to coordinate, document and manage patients' care. All staff were fully trained on the system. This software enabled scanned paper communications, such as those from hospital, to be saved in the system for future reference.

Consent to care and treatment

We found that GPs were aware of the Mental Capacity Act 2005, the Children Acts 1989 and 2004 and their duties in fulfilling it. They understood the key parts of the legislation and were able to describe how they implemented it in their practice. When interviewed, staff gave examples of how a patient's best interests were taken into account if a patient did not have capacity to make a decision.

We found the nursing team was uncertain on the MCA 2005 principles, and their duties in fulfilling it. They did not know how to implement the principles into their own practice and were unable to tell us how a patient's best interests would be taken into account if a patient did not have capacity to make a decision.

One of the GP and the nursing staff had a sound knowledge of the Gillick competency considerations, when dealing with young patients. Gillick competence is used to decide whether a person (16 years or younger) is able to consent to his or her own medical treatment, without the need for parental consent or knowledge. We found the other GP was uncertain on the Gillick competency considerations.

Health promotion and prevention

The practice website and surgery waiting areas provided up to date information on a range of topics. Health promotion literature was readily available to support people considering any change in their lifestyle. These included information on, diabetes, asthma, smoking cessation, cancer and carer's support. Patients were encouraged to take an interest in their health and to take action to improve and maintain it.

In 2013/14 the number of patients with a smoking status recorded in their records was 82.73% which was slightly lower than the CCG and England average. Of these patients 96.34% of patients had received advice and support to stop smoking which was higher than the national and CCG average.

The practice's performance for the cervical screening programme was 72% in 2015, which was lower than the national target of 80% and was lower than the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. A practice nurse had responsibility for following up patients who did not attend. The practice also encouraged its patients to attend national screening programmes for bowel cancer and breast cancer screening.

Requires improvement

Are services effective?

(for example, treatment is effective)

The practice had carried out structured annual reviews for patients with long term conditions. For example, 81% of patients with diabetes had received a foot assessment. 86% of patients with COPD had received and annual review and 60% of patients with asthma had received an annual review.

The practice offered a full range of immunisations for children, travel vaccines and flu vaccinations in line with current national guidance. Last year's performance was above average for the majority of immunisations where comparative data was available. For example:

- Childhood immunisation rates for the vaccinations given to both under twos and five year olds ranged from 91% to 96%. Some of these were above the CCG and National averages and exceeded the national target of 90%.

Flu vaccination rates for the 65s and over were 70.3% which was lower than national average. Flu vaccination rates for those at risk were 51.1% which was slightly lower the CCG and national average.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the 2015 national patient survey and practice survey. The 2015 national patient survey had been sent to 403 patients and 108 of these completed the questionnaire.

The evidence from all these sources showed patients were satisfied with how they were treated and that this was with compassion, dignity and respect. For example, data from the 2015 national patient survey showed:

- 95% said they had confidence and trust in the last GP they saw, which was in line with CCG and national average.
- 97% said they had confidence and trust in the last nurse they saw, which was in line with CCG and national average.
- 90% of patients said the nurse was good at listening to them compared to the CCG average of 89% and national average of 91%.
- 96% of patients said the nurse gave them enough time compared to the CCG average of 92% and national average of 92%.
- 89% of patients said the last nurse they saw or spoke to was good at treating them with care and concern compared to to the CCG average of 89% and national average of 90%.

Patients completed CQC comment cards to tell us what they thought about the practice. We received 24 completed cards and the majority were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were efficient, helpful and caring. They said staff treated them with dignity and respect. Patients in particular positive about the continuity of care, as many patients said they were able to see their GP on the same day they called. We also spoke with 13 patients on the day of our inspection. All told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. Disposable curtains were provided in consulting rooms and treatment rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

Due to the reception and waiting area layout a patient's privacy was limited. We observed conversations could be heard in the waiting area. There was no music in the background to limit conversations being overheard and a system had not been introduced to allow only one patient at a time to approach the reception desk.

However, we saw that staff were careful to follow the practice's confidentiality policy when discussing patients' treatments so that personal information was kept private. Staff told us if patients wanted to discuss matters in privacy they would use a separate room for this. We saw this system in operation during our inspection and noted that it enabled confidentiality to be maintained.

Staff told us that if they had any concerns or observed any instances of discriminatory behaviour or where patients' privacy and dignity was not being respected, they would raise these with the practice manager. The practice manager told us he would investigate these and any learning identified would be shared with staff.

Care planning and involvement in decisions about care and treatment

The patient survey information we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and generally rated the practice similar to others in these areas. For example:

- 88% say the last nurse they saw or spoke to was good at explaining tests and treatments compared to the CCG average of 89% and national average of 90%
- 86% say the last nurse they saw or spoke to was good at involving them in decisions about their care compared to the CCG average of 82% and national average of 85%.

Areas for improvement included:

- 74% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and national average of 81%.

Good

Are services caring?

- 71% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and national average of 84%.

Patients we spoke with on the day of our inspection told us that health issues were discussed with them and 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 they wished to receive. Patient feedback on the comment cards we received was also positive and aligned with these views.

Staff told us that translation services were available for patients who did not have English as a first language. However, we found there was no information about the translation service in the waiting area and this had not been well advertised on the practice website.

Patient/carer support to cope emotionally with care and treatment

The patients we spoke with were happy about the emotional support provided by the practice. Patients told us the practice staff treated them with compassion and empathy. They described how they had received help to access support services to help them manage their treatment and care when it had been needed. The comment cards we received were also consistent with this feedback. For example, these highlighted that staff responded thoughtfully when they needed help and provided support when required.

We found there was no information on bereavement support groups or organisations in the waiting area. The practice's computer system alerted GPs if a patient was also a carer. We were shown the written information available for carers to ensure they understood the various avenues of support available to them.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We found the practice was mostly responsive to patient's needs and had systems in place to maintain the level of service provided. The needs of the practice population were understood and systems were in place to address identified needs in the way services were delivered.

Patients' with diabetes benefitted from person-centred and coordinated care. For example, the practice had adopted the 'House of Care' model, in line with best practice. This model promoted and encouraged a holistic approach to the care delivered to patients with long term conditions, in order to support them achieve good health outcomes. For example, all patients with diabetes received their blood results a week prior to their appointment with the nurse. The practice had an access to a diabetic consultant, who ran virtual clinics. The practice nurses discussed patients with complex conditions and sought advice from the consultant. All patients were sign-posted to the local diabetes website and offered educational courses to support them with their condition.

From 1st April 2015 all patients in the practice had a named GP, which meant they were supported to receive continuity in their care. The GPs we spoke with told us continuity of care was paramount to the practice, and that a patient was never turned away. This was supported by the patients we spoke with. The 2015 national GP survey showed 79% of patients with a preferred GP usually got to see or speak with that GP. This was significantly higher than the CCG and national average of 60%.

GP and nurses added more consultations to their normal working day if patient demand was high or when required by patients. GPs told us the patient was always fitted in, and sometimes this meant working during lunch breaks and working extra hours at the end of each clinical session. This was supported by the patients we spoke with. They told us that they never had a problem getting an appointment.

The practice was engaged with the local community and presented health promotion sessions at local mosques and temples. The practice used these sessions to educate and support patients on conditions such as asthma and diabetes. The GP partner told us they discussed concerns with patients and dealt with any questions they had about their condition.

A range of clinics and services were offered to patients, which included child health screening minor surgery, cancer and palliative care, mental health, chronic kidney disease and obesity. The practice ran regular nurse specialist clinics for long-term conditions. These included asthma and diabetes. The practice also offered appointments with the in house smoking cessation counsellor and consultant psychiatrists. Longer appointments were available for patients if required, such as those with long term conditions. GPs placed all new patients who were diagnosed with long term condition on practice register and organised recall programmes accordingly.

One of the GP partners was a board member of the South Reading Clinical Commissioning Group (CCG), for diabetes. The practice engaged regularly with the CCG and other practices to discuss local needs and service improvements that needed to be prioritised.

Tackling inequity and promoting equality

Dr N Essa and Dr M Harrold surgery occupied a historical Victorian building, which had limitations for the layout and access. We found the premises did not meet the needs of people with disabilities. For example, we saw the first two doors used to enter the practice did not have an automatic door activation system, and this had caused considerable difficulties for patients using wheelchairs and for patients with prams. During our visit we observed patients with prams struggle entering the surgery. We saw there was no doorbell to alert staff to help with the doors, and on one occasion saw a patient helping another patient to enter the practice.

The practice had toilets for patients with a disability. We found there was no grab rail on the inside of the door and this had caused difficulties for patients in a wheelchair to close the door from inside. The practice consultation rooms were spread over three floors. A lift was available to help patients reach the second and third floors. However, we observed the space in the lift was very restricted for

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

patients in a wheelchair and those with pushchairs. We saw there was no space for wheelchairs and prams in the waiting area. This made movement around the practice difficult.

The practice did not have an induction loop system in place (induction loops assist patients with hearing aids).There was no designated parking facilities for disabled patients. The March 2015 disability access audit had not identified these concerns.

The practice had a highly diverse patient population, which included those from minority ethnic backgrounds. This included, Pakistani, Indian, Polish, eastern European and Nepalese patients. We found all the information and literature in the waiting and reception area was only available in English. Staff told us they had access to the translation line, but had rarely used this. We saw there was no information in the waiting area to inform patients of the translation service. The nurses told us they did not have access to literature in different languages that they could give to patients. However, the practice website could be translated into over 80 languages.

Staff told us that they did not have any patients who were of "no fixed abode" but would see someone if they came to the practice asking to be seen and would register the patient so they could access services. There was a system for flagging patients living in vulnerable circumstances in their individual patient records.

There were male and female GP in the practice; therefore patients could choose to see a male or female doctor.

Access to the service

Comprehensive information was available to patients about appointments on the practice website. This included how to arrange urgent appointments and home visits and how to book appointments through the website. There were also arrangements to ensure patients received urgent medical assistance when the practice was closed. If patients called the practice when it was closed, an answerphone message gave the telephone number they should ring depending on the circumstances. Information on the out-of-hours service was provided to patients.

The practice offered a range of appointments to patients every weekday between the hours of 8am and 6.30pm. The practice opened for extended hours appointments on Thursday evenings and offered morning appointments on Saturday from 9am to 12pm, where pre-bookable appointments could be made with the GP and the nurse. This benefitted patients who worked full time.

Longer appointments were also available for older patients, those experiencing poor mental health, patients with learning disabilities and those with long-term conditions. This also included appointments with a named GP or nurse. Home visits were available to patients who were unable to attend the practice, by a named GP and to those patients who needed one.

The patient survey information we reviewed showed patients responded positively to questions about access to appointments and generally rated the practice well in these areas. For example:

- 90% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 87% and national average of 85%.
- 95% say the last appointment they got was convenient compared to the CCG and national average of 92%.
- 80% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and national average of 75%.
- 81% of patients described their experience of making an appointment as good compared to the CCG average of 77% and national average of 73%.
- 66% of patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 64% and national average of 65%.
- 84% of patients said they could get through easily to the practice by phone compared to the CCG average of 75% and national average of 73%.

Patients we spoke with were very satisfied with the appointments system and said it was easy to use. One patient told us they had been a patient with the practice for over four decades, and were always been able to get an appointment on the same day they had called.

Patients confirmed that they could see a doctor on the same day if they felt their need was urgent. They also said they could see another GP if there was a wait to see the GP of their choice, but that this rarely happened. Routine appointments were available for booking four weeks in advance.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Listening and learning from concerns and complaints

Information on how to make a complaint was provided on the practice website and the waiting area. The complaints procedure provided further information on how to make complaint on someone's behalf. However, the procedure did not provide accurate information on who would deal with the complaint. For example, the policy and the information on the website gave a name of staff member who had left the practice one year ago. The practice had not appointed a designated lead for complaints. The reception told us they did not have a complaints leaflet that they could give the patients, should the need arise.

We found the practice had an accessible system in place for identifying, receiving, handling and responding to complaints received from patients. This had been put in place three months prior to the visit. The practice manager told us, they had identified the inadequacy of the complaints process and had implemented a new system for receiving, responding and recording complaints. Only three complaints were available for review during the inspection and all of these complaints been received 2015. We saw the complaints had been investigated and responded to, where possible, to the patient's satisfaction. The recent implementation of the complaint process meant it was too early to assess how effective the practice was in learning from and sharing outcomes about complaints.

The practice had not reviewed complaints annually to detect themes or trends. We found no evidence that showed the practice had learnt from the complaints and concerns they had received. The practice had not implemented a process to disseminate learning from complaints to the practice staff. This was supported by the staff we spoke with, who told us complaints were not discussed or reviewed during team meetings.

Are services well-led?

Inadequate

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

Our findings

Vision and strategy

The GPs and practice manager told us the practice had a vision to deliver high quality care and promote good outcomes for patients. This was supported by the staff we spoke with. The practice vision, aims and objectives centred on providing the best care and improving patients' health and wellbeing.

From our interviews with staff at all levels during our inspection, we found that the practice vision and aims formed the basis of their day to day work, and the practice was run by a patient centred team, who were committed and proud of the work they undertook.

The practice had a documented business development plan in place. The business development focused on areas such as; clinical development, staff development, IT, finance and premises. For example, the practice identified they needed to improve performance in clinical areas such as, flu immunisation rates for at risk groups, dementia diagnosis rates and increased care planning for all patients with COPD. They also identified that staff needed to undertake appropriate training and regular updates. However, on the day of inspection we found evidence to suggest the development plan still had outstanding actions and there was no evidence that the management team had shared or discussed the development plan with the practice staff. This was supported by the staff we spoke with who did not understand how their role contributes to achieving these development plan objectives.

Governance arrangements

Governance arrangements and their purpose were unclear. The practice had a number of policies and procedures in place. These included policies for confidentiality, communication, COSSH, hand hygiene and carer's policy. However we found these policies and procedures had not been personalised to the practice or reviewed annually. There was no evidence to confirm staff had read and understood the policies. Staff we spoke with did not know how to access the policies within the practice.

The practice had not taken all measures to effectively identify, assess and manage risks. For example, clinical audits had not been undertaken in the previous two years. The practice did not have adequate systems in place to ensure practice nurses administered vaccines using directions that had been produced in line with legal requirements and national guidance. Monitoring systems had not identified these issues.

The practice did not have a robust system in place for regular meetings. Governance meetings to discuss performance, quality and risks were not regularly held and this was confirmed by the GPs and nurses we spoke with. The practice did not have meetings to discuss the learning from significant events, complaints, incidents and safeguarding. The clinical meetings took place on ad hoc basis, and the two GP partners confirmed a structured agenda was not prepared and meetings were not minuted. The nurses told us they would attend some of the clinical meetings, but the other times they were unable to attend as clinics were booked.

The non-clinical team told us they had meetings every month. There was no structured agenda planned for the meetings and these meetings were not used to discuss governance or operational issues such as performance, significant events and complaints. We found only two meetings had been minuted.

The practice used the Quality and Outcomes Framework (QOF) to measure its performance. The QOF data for this practice showed it was performing in line with national standards, with some clinical outcomes requiring improvement. There was no evidence the QOF data was regularly discussed at clinical meetings. There was a limited monitoring follow up of other performance. For example, the prescribing quality scheme objectives set by the CCG.

The practice manager was responsible for human resource policies and procedures. We reviewed a number of policies, for example disciplinary procedures and the induction policy which were in place to support staff and management. There was a staff handbook that was available to all staff.

Leadership, openness and transparency

At the time of the inspection, there was no clear leadership structure at the practice. One of the GP partners undertook most of lead roles. For example, the GP partner was the lead for prescribing, significant events, complaints and clinical audits. However, this inspection highlighted significant concerns relating to the governance and oversight of these areas.

Are services well-led?

Inadequate

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

The practice manager worked two days a week and acknowledged this was not sufficient to provide the support and leadership the team needed.

The practice staff had a whistleblowing policy in place. However, we found not all staff were familiar with this and some staff did not know to access the policy.

Staff we spoke with told us the GP partners and the practice manager were approachable and always took the time to listen to all members of staff.

Practice seeks and acts on feedback from its patients, the public and staff

The practice had gathered feedback from patients through comments received national patient survey, the practice survey, from the Friends and Family Test (FFT) and patient feedback collected for GP appraisal and revalidation requirements.

However, we found the practice did not always respond and act on patient feedback. For example, 2015 national patient survey showed the practice had performed lower than CCG and national average in some areas. We had asked one of the GP partners how the practice had responded to this feedback and what systems had been put in place to address the concerns. The GP partner told us they had not seen these survey results before and no action had been taken by the practice.

The practice had a patient participation group (PPG) in place, with approximately four patients. PPG's work in partnership with their practice contribute to the continuous improvement of services and foster improved communication between patients and the practice. The group had been formed three months prior to the inspection. The PPG had only had one meeting with the practice, but plans had been made for PPG meetings to take place every two months.

The PPG members we spoke with it was too early to make changes in the practice. They felt confident the practice would listen to their views of patients and that they would act upon them. The PPG had recommended the practice needed better decoration in the waiting area, and this had been acted upon.

Staff told us they felt valued as part of the practice team and were encouraged to give feedback and felt listened to. Staff told us they felt supported by the practice manager and by the GP partners.

Management lead through learning and improvement

There is little innovation and service development.

There was not a strong focus on continuous learning and development. Significant events that threaten the delivery of safe and effective care were not always consistently managed or reviewed regularly to identify trends and patterns. The learning from significant events was not shared with staff.

We saw evidence the non-clinical staff had received annual appraisals. However, we found no evidence that confirmed learning needs and development plan for each staff member had been discussed and there were no actions plans in place to achieve this.

Staff training was not monitored effectively and some staff had not received all the training relevant to their role.

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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing Regulation 18 Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.Staffing. The registered person must ensure there are sufficient numbers of suitably qualified, competent, skilled and experienced persons to meet the requirements of their roles. Regulation 18 (1) The registered person must also ensure staff receive training and appraisal that is necessary to enable them to carry out their duties and their role. Regulation 18 (2) (a)

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Regulation 12 Health & Social Care Act 2008 (Regulated Activities) Regulations 2014- Safe care and treatment Care and treatment must be provided in a safe way for service users. The registered person must comply with the proper and safe management of medicines. Regulation 12 (1) (2) (g). The registered person must ensure the equipment used by the service provider for providing care or treatment is safe for such use and is used in a safe way. Regulation 12(2) (e).