

Dr Halina Obuchowicz

Quality Report

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at the practice of Dr Halina Obuchowicz on 22 June 2016. The overall rating for the practice was inadequate, with ratings of inadequate for the key questions of safe and well-led, and ratings of requires improvement for the key questions of effective, caring and responsive.

The practice was placed in special measures for a period of six months. The full comprehensive report on the June 2016 inspection can be found by selecting the 'all reports' link for Dr Halina Obuchowicz on our website at www.cqc.org.uk.

This inspection was undertaken following the period of special measures and was an announced comprehensive inspection on 7 February 2017. Overall the practice is now rated as requires improvement.

Our key findings were as follows:

- The practice had a clear process in place for reporting and recording significant events.

- There were communication arrangements in place with colleagues to share and discuss significant events, safety alerts, updates to prescribing guidelines and any changes in clinical practice.
- There was improved management of the prescribing of benzodiazepines.
- Security of prescription pads had improved, and index numbers of batches issued to regular locum GPs were recorded.
- Recruitment checks were in place for the majority of staff. Checks we made showed more work was required to fully embed this process.
- Signed, up-to-date Patient Group Directions were in place. Patient Specific Directions were being used when required.
- Checks on the day showed there was no backlog in patient note summarising.

Summary of findings

- There had been a number of audits conducted; further work was needed on quality improvement initiatives.
- Figures from the Quality Outcome Framework (QOF) showed achievement of the practice to be higher than or in line with local and national averages.
- Exception reporting was high and on comparison with the previous year's figures, had increased in some areas. The practice had put measures in place to address this but further work was required in this area.
- Feedback from patients we spoke with was positive; patients told us that they were treated with dignity and respect by all staff at the practice.
- The practice had conducted a survey and updated its website to provide the results of their survey. The practice intended to produce an action plan on how any improvements to services would be implemented.
- A number of improvements had been made in leadership at the practice but further work was required in this area.

There were areas of practice where the provider still needs to make improvements.

Importantly, the provider must:

- Conduct recruitment checks on cleaning staff appointed to clean the practice and seek and retain records in respect of locum staff sufficient to confirm their working status and evidence of indemnity cover.

In addition the provider should:

- Conduct work to establish reasons for two consecutive sets of results, lower than local and national averages, on patient satisfaction with GP services.
- Develop evidence of quality improvement initiatives.
- Respond immediately when the process for dealing with significant events is not adhered to by locum staff and share feedback and learning from significant events with locum GPs involved.
- Conduct work to assure that those patients excepted from care interventions are seen quickly, to reduce any negative impact on their health.

I am taking this service out of special measures. This recognises the improvements made so far. The service will be kept under review to ensure further improvements are made and that these are sustained. If the further required improvements are not made we will take the appropriate enforcement action.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as requires improvement for providing safe care and treatment. There had been some improvements made since our last inspection.

- 99% of patient notes being summarised and available for GPs and nurses to view on the practice computer system.
- Patient Group Directions and Patient Specific Directions were in place and signed by GPs and nurses delivering vaccines and immunisations.
- There were sufficient arrangements in place to communicate changes, updates and safety alerts between clinicians at the practice.
- There was better management of prescribing of benzodiazepines and monitoring was in place for patients on high risk medicines.
- Improvements had been made to staff recruitment checks. However no checks had been made on cleaning staff. The practice had not sought information sufficient to confirm the indemnity cover of advanced nurse prescribers employed through an agency at the practice.
- There was a protocol in place for recording and reporting significant events.

Requires improvement



Are services effective?

The practice is rated as requires improvement for providing effective services. There had been some improvements made since our last inspection.

- We saw that work to address rates of exception reporting in relation to the Quality and Outcomes Framework (QOF) had been put in place; only clinicians could now except patients from any clinical care intervention. However, QOF figures for 2015-16 showed exception reporting was higher than for 2014-15. Unfortunately the impact of changes made will not be evidenced until the next set of QOF figures are published in October 2017.
- Work was on-going to update the practice database to ensure markers to alert clinicians to patients particular conditions were applied correctly.
- The practice were using audit to improve the safety of patient care, for example in relation to patients on high risk medicines.

Requires improvement



Summary of findings

- Further work was needed in development of quality improvement initiatives.

Are services caring?

The practice is rated as good for providing caring services.

- The practice had conducted its own patient survey that focussed on areas that had achieved lower scores in the NHS England National GP Patient Survey.
- Results of the practice's own patient survey showed numbers of patients who would recommend the surgery had increased.
- Results for satisfaction of patients with nurse consultations were better than CCG and national averages.
- We spoke with four patients on the day of our inspection. All said they were treated with dignity and respect and that the practice considered their needs when delivering services.
- The practice had started a patient participation group and members were keen to be involved with how the practice developed and improved services.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice had conducted a patient survey that focussed on areas that had achieved lower scores in the NHS England National GP Patient Survey.
- Answers to questions showed a higher number of patients typically waited less than 15 minutes to see their GP when arriving for appointments and more positive results on questions about GP consultations.
- We saw that the practice had recruited two advanced nurse prescribers that were working on a temporary basis with the practice. One of these will work permanently from April 2017, which would contribute to continuity of care for patients.
- Notice boards in the reception areas had more information available in other languages common in the practice population, for example Polish.
- Practice staff were using translation tools online to convert practice leaflets to other languages and formats when required.

Good



Are services well-led?

The practice is rated as requires improvement for providing well-led services.

Requires improvement



Summary of findings

- The practice had a mission statement and this was advertised in the practice leaflet and on the practice website. Staff we spoke with could refer to this.
- There was a clear leadership structure and staff felt supported by management.
- Policies and procedures to govern activity were in place and staff had access to these; regular meetings were now in place to facilitate communication across the practice. These meetings were formally recorded and action points were assigned to specific staff for follow up.
- Leaders had set up and facilitated a Patient Participation Group (PPG).
- A practice survey had been conducted by the practice, which focussed on questions from the NHS England GP Patient Survey that achieved lower scores than for practices locally and nationally.
- No work had been carried out to investigate two sets of poor results in the NHS England GP Patient Survey and what may have caused this.
- Responses in the practice's own survey were more favourable. Patients who took part in the survey gave answers indicating they felt access arrangements had improved at the practice.
- Leaders had not investigated exception reporting sufficiently to provide assurance that those patients requiring clinical interventions had received these and not been overlooked due to any coding errors.
- Action plans were due to be drawn up, with the involvement of the PPG, to address areas that could be further improved on, following the practice's own survey.
- The provider was aware of and complied with the duty of candour.

Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as requires improvement for the care of older people. The ratings of requires improvement for the key questions of safe, effective and well-led impact on all population groups.

However:

- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- Patients we spoke with on the day of inspection said they received a good service from the practice.
- The practice was unusual in its demographic for older patients', in that numbers of older patients registered with the practice were lower when compared to other surgeries of similar size locally.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for the care of people with long-term conditions. The ratings of requires improvement for the key questions of safe, effective and well-led impact on all population groups.

- The practice nurse conducted reviews of patients with chronic diseases and patients at risk of hospital admission were identified as a priority.
- Nursing staff we spoke with were up to date with training in relation to management and monitoring of long term conditions. Nurses were included in clinical meetings at the practice where NICE guidance updates and any medical alerts were discussed.
- Patients with long term conditions and on higher risk medication were being reviewed appropriately.
- Posters on clinics for the management of chronic diseases were displayed in reception areas in a range of languages spoken by patients using the practice. All material could be produced in alternative formats if required, for example, large print or easy read format for people with learning disabilities.
- Longer appointments and home visits were available when needed.

Requires improvement



Summary of findings

- We saw that all patients had a named GP and a structured annual review to check their health and medicines needs were being met.
- The practice reviewed rates of exception reporting in all clinical domains following our last inspection. As a result of review only clinicians were able to except patients from attending appointments for review of their condition. Work was on-going to check that all patient conditions are correctly coded on a patient record and that no patients previously excepted from required care interventions have been overlooked.

Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people. The ratings of requires improvement for the key questions of safe, effective and well-led impact on all population groups.

- 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.
- Immunisation rates were relatively high for most standard childhood immunisations; a nurse from a neighbouring practice visited the surgery to deliver all baby immunisations.
- 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.
- We saw positive examples of joint working with midwives and health visitors.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice had reviewed rates of exception reporting in all clinical domains following our last inspection, including those for cytology. As a result only clinicians are able to except patients from attending appointments for cytology screening.
- A female sample taker was always available for cytology screening.
- Regular multi-disciplinary team meetings held by the practice facilitated communication and updates on vulnerable children and families.

Requires improvement



Summary of findings

Working age people (including those recently retired and students)

The practice is rated as requires improvement for the care of working age people, including those recently retired and students. The ratings of requires improvement for the key questions of safe, effective and well-led impact on all population groups.

- The practice had higher numbers of working age patients.
- 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. The practice had introduced telephone triage by a GP, to give access to appointments based on need. Increased numbers of telephone consultations helped meet the needs of working age patients and these were provided between 6.30pm and 7pm on Monday, Wednesday and Thursday evenings.
- The practice had reviewed how it offered on-line services. We saw that the number of bookable on-line appointments had increased and there was a drive to sign up more patients for on-line access. Information on these services was available to patients in other languages such as Polish.
- The practice took part in a range of health promotion and screening that reflects the needs for this age group, for example, levels of bowel cancer screening were in line with CCG and national averages.
- A large proportion of working age patients at the practice were from Eastern European countries. We saw that information was grouped on noticeboards for these communities; signs were displayed saying information could be produced in other formats if required for example, large print or easy read format.
- Although responses to questions in a survey conducted by the practice were more favourable, two successive sets of data from the NHS England GP Patient Survey gave less favourable results, for example, on access. The practice had not carried out any work to identify why this may be.

Requires improvement



People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The ratings of requires improvement for the key questions of safe, effective and well-led impact on all population groups. However:

- The practice informed vulnerable patients or their carers about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff displayed an awareness of safeguarding.

Requires improvement



Summary of findings

- The practice offered longer appointments for patients with a learning disability. The practice offered annual health checks for patients with a learning disability. The practice had 22 patients on their learning disability register, 21 of whom had received an annual health check in the past 12 months.
- The practice worked with other health care professionals in the case management of vulnerable patients.
- We saw from minutes of meetings that the needs of vulnerable patients were discussed with the community multi-disciplinary team.

People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for the care of patients experiencing poor mental health (including people with dementia). The ratings of requires improvement for the key questions of safe, effective and well-led impact on all population groups.

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- We saw that appropriate monitoring was in place for those patients on higher risk medicines for treatment of mental health conditions.
- Following our last inspection the practice had investigated exception reporting rates in relation to care interventions for dementia patients. Work was on-going ensure that dementia patients are correctly coded on the practice computer system. Any exception reporting in relation to care interventions for dementia patients was done by a clinician at the practice.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016; 265 questionnaires were distributed and 107 were returned. This represented a response rate of 40% which is 2% higher than the average response rate for practices in England. The views expressed by patients completing the survey represent the views of 3% of the practice population.

Results of the survey were mixed. For example:

- 99% of patients stated that the last time they saw or spoke to a nurse, the nurse was good or very good at treating them with care and concern. CCG average 94%, national average 91%.
- 97% of patients stated that the last time they saw or spoke to a nurse, the nurse was good or very good at involving them in decisions about their care. CCG average 90%, national average 85%.
- 81% of patients said they had confidence and trust in the GP they saw or spoke to. CCG average 96%, national average 92%.
- 64% of patients said they would recommend their GP practice to someone who had just moved to the area. CCG average 85%, national average 79%.
- 59% of patients said the last time they wanted to speak to a GP or nurse from their GP surgery they were able to get an appointment. CCG average 79%, national average 76%.

- 73% of patients said they were satisfied with the practice opening hours. CCG average 80%, national average 76%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received six comment cards which were all positive about experiences of the practice. We spoke with four patients on the day of inspection. All told us they had good access to their GP and that they could get appointments when they needed them. The Patient Participation Group (PPG) spent time with us on our inspection day and told us they would be involved in drawing up an action plan following results of a survey conducted by the practice between November 2016 and January 2017. The survey had 133 responses, representing the views of 3.5% of the practice population. Results showed some improvement on the scores achieved in the NHS England GP Patient Survey.

- 100% of patients said they had confidence and trust in the GP they saw or spoke to.
- 91% of patients said they would probably recommend the surgery to someone who had just moved to the area.
- 84% of patients said they were able to speak to someone last time they tried.

Areas for improvement

Action the service **MUST** take to improve

Importantly, the provider must:

- Conduct recruitment checks on cleaning staff appointed to clean the practice and seek and retain records in respect of locum staff sufficient to confirm their working status and evidence of indemnity cover.

Action the service **SHOULD** take to improve

In addition the provider should:

- Conduct work to establish reasons for two consecutive sets of results, lower than local and national averages, on patient satisfaction with GP services.
- Develop evidence of quality improvement initiatives.
- Respond immediately when the process for dealing with significant events is not adhered to by locum staff and share feedback and learning from significant events with locum GPs involved.

Summary of findings

- Conduct work to assure that those patients excepted from care interventions are seen quickly, to reduce any negative impact on their health.

Dr Halina Obuchowicz

Detailed findings

Our inspection team

Our inspection team was led by:

This inspection was led by a CQC Lead Inspector. The inspection team included a second CQC Inspector and a GP Specialist Advisor.

Background to Dr Halina Obuchowicz

The practice of Dr Halina Obuchowicz, also known as Kew Surgery, is based in Kew, Southport and sits within Southport and Formby Clinical Commissioning Group (CCG). The practice is run by Dr Halina Obuchowicz, supported by two long term locum GPs. The practice also has two locum advanced nurse prescribers and a practice nurse. The combination of hours of the principal GP and the two part time locum GPs gives the equivalent of 1.2 full time GPs. The combined working hours of the two part time advanced nurse prescribers gives the equivalent of one full time advanced nurse prescriber. The clinical team includes a health care assistant who is available for one day each week to support the work of a practice nurse. The practice serves the Kew, Halsall and Scarisbrick areas of Southport. The patient list size of the practice is approximately 3,700 patients.

The practice has a slightly different demographic than most other surgeries in the area, in that it has higher than average numbers of working age patients, and lower than average numbers of older patients.

The administrative function is managed by a practice manager and delivered by four secretaries and five receptionists. The practice is located in a single storey purpose built facility, which is fully accessible for those

patients with limited mobility and for parents with prams and pushchairs. The premises provide seven clinical consulting rooms, one of which is suitable for performing surgical procedures and has a recovery room attached. There are two sets of patient toilets, one of which has baby changing facilities. There is also an interview room which can be used by patients who need greater privacy to discuss their needs with reception staff.

The practice is open from 8am to 7pm on Monday, Wednesday and Thursday of each week, with extended opening hours on Tuesday of each week until 8pm. The practice is open from 8am to 6.30pm on Friday of each week. If patients require GP services outside of the practice opening times, a telephone message gives instructions to call NHS 111 who will assess each patient's needs and if required, will refer on to the locally provided out of hours service Go to Doc. All services are delivered under a Personal Medical Services (PMS) contract.

We carried out a full comprehensive inspection of the practice on 22 June 2016. The overall rating for the practice was inadequate and the practice was placed in Special Measures for a period of six months. The full comprehensive report on the June 2016 inspection can be found by selecting the 'all reports' link for Dr Halina Obuchowicz on our website at www.cqc.org.uk.

Following the June 2016 inspection, we took enforcement action. We issued a number of requirement notices and a Warning Notice. The Warning Notice gave the provider until October 2016 to implement improvements. The requirement notices were for improvements to be made in respect of Patient Group Directions and Patient Specific Directions, which are a legal requirement, and staff recruitment checks. The Warning Notice set out evidence of poor governance within the practice which had to be addressed.

Detailed findings

This inspection, carried out on 7 February 2017 was to check that improvements required had been implemented and were working effectively.

We found the terms of the Warning Notice had been met. There were systems in place to communicate changes, updates and findings of investigations to clinical colleagues within the practice; there were systems in place to manage medicines and to monitor the use of prescription pads; patient note summarising was up to date. The practice had also taken steps to gather and act on patient feedback.

The requirement notices in respect of Patient Group and Patient Specific Directions had been met. We found all Patient Group Directions were in date, signed by the GP and by the nurse delivering the relevant vaccines and immunisations. Patients Specific Directions were in place and being used appropriately.

The requirement notice on staff checks had been met.

There was an area of governance that required further work, in relation to checks on the person employed to clean the practice and in relation to checks sufficient to confirm the working status of locum Advanced Nurse Prescribers at the practice, which confirms their indemnity.

Why we carried out this inspection

We undertook a comprehensive inspection of Dr Halina Obuchowicz on 22 June 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as inadequate for providing safe and well led services, and rated as requires improvement for providing effective, caring and responsive services and was placed into special measures for a period of six months.

We also issued a warning notice to the provider in respect of good governance with a timescale for compliance by 6 October 2016. We undertook a follow up inspection on

7 February 2017 to check that action had been taken to comply with legal requirements. The full comprehensive report on the June 2016 inspection can be found by selecting the 'all reports' link for Dr Halina Obuchowicz on our website at www.cqc.org.uk.

This inspection, carried out on 7 February 2017 was carried out following the period of special measures to ensure improvements had been made and to assess whether the practice could come out of special measures.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations, for example NHS England and the local Clinical Commissioning Group to share what they knew.

We carried out an announced visit on 7 February 2017. During our visit we:

- Spoke with a range of staff including the principal GP, a locum GP, the practice manager, practice nurse and spoke with patients who used the service.
- Observed how staff interacted with patients in the reception area.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.

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

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

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

- older people
- people with long-term conditions
- families, children and young people

Detailed findings

- working age people (including those recently retired and students)
- people whose circumstances may make them vulnerable
- people experiencing poor mental health (including people with dementia).

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

Are services safe?

Our findings

At our previous inspection on 22 June 2016, we rated the practice as inadequate for providing safe services. At that time we found:

- The process for significant event recording, reporting and investigation lacked follow-up action to prevent the occurrence of similar events.
- Patient Group Directions (PGDs) and Patient Specific Directions (PS D's) were not signed and in place as required.
- There was a backlog in the summarising of patient notes.
- Staff recruitment checks were incomplete.
- There were insufficient systems in place to communicate changes, updates and findings of investigations to clinical colleagues in the practice.
- Some staff could not name the lead person at the practice for safeguarding.
- There were insufficient systems in place to enable tracking of prescriptions according to batch numbers.
- Hypnotic prescribing remained high and there was no effective action plan to address this. The monitoring of high risk medications required improvement.
- There was a lack of systematic review of patients on high risk medicines.

Safe track record and learning

When we revisited the practice on 7 February 2017 we found the practice had addressed most of the concerns around having sufficient systems in place to communicate alerts, updates and findings from investigations, and that the significant event reporting and recording had improved.

The practice had reviewed systems for reporting and recording significant events and considerable progress had been made. We saw there was a protocol in place for reporting significant events. Staff had access to this and were familiar with this protocol. There was a specific form for the recording of significant events. When we reviewed significant events recorded, we saw that there was a significant increase and that these had been reported by

staff of all levels within the practice. This demonstrated that staff felt comfortable raising concerns. When we reviewed significant events, we saw that there were corrective actions in place and the event was discussed at practice meetings as well as clinical meetings.

When we tracked through significant events we noted that the process was not fully embedded; where locum staff had not followed the protocol this had not been addressed by leaders. Also, a locum GP at the practice did not receive feedback on an investigation into an event.

The practice had a series of scheduled meetings for clinicians and the practice administrative team. We saw that these meetings were recorded and were used to share updates on procedures. Clinical meetings covered things such as Medicines and Healthcare Products Regulatory Agency (MHRA) alerts, significant events that had occurred, updates to prescribing guidance, the results of audits and findings of medicines management teams. Practice nurses and locums were included in these meetings.

Overview of safety systems and process

When we made checks on improvements required at the practice, we found improvements had been made but in some areas, further work was required.

Staff awareness around whom the safeguarding lead was and safeguarding procedures had improved. All staff had received appropriate training and knew who to escalate matters to should they have concerns.

Patients who were on benzodiazepine medicines had been reviewed. At clinical meetings all clinicians were reminded that they should not initiate these medicines and if they were prescribed this should be on acute prescription (not repeat) only.

High risk medicines such as Warfarin and disease modifying medicines were regularly reviewed. When we made checks we saw that all patients had received the necessary blood monitoring and medicines review. Prescribing of these medicines followed national and local guidance that promoted safety.

Staff checks were in place however, further work was required in this area. We found no recruitment checks had been conducted on a cleaner working at the practice. The principal GP told us the cleaner was self-employed.

Are services safe?

Regardless staff working at the practice should have checks undertaken on their qualifications, competence and suitability to work in a GP practice to be assured that the person employed via any route is suitable for the work.

The practice retained the services of two locum advanced nurse prescribers (ANP). Both were employed through an agency. The practice had accepted that the ANP's were working as self-employed and that indemnity cover would be provided through individual Royal College of Nursing (RCN) membership. However, the provider had not carried out sufficient checks or sought information from the agency to assure the working status of these locum staff, which determines the validity of this cover.

Since our last inspection, the practice had reviewed all Patient Group Directions (PGDs). Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. We saw that all PGDs in use were signed by the GP and the nurse delivering vaccines. All were dated and had an expiry date. These were reviewed at regular intervals to ensure the most up to date information was being followed.

Patient Specific Directions (PSD's) were in place. A PSD is an instruction or prescription written by a prescriber (a GP or an Advanced Nurse Prescriber) for administration of a medicine to a specific patient, giving details of the name of the medicine for that patient, the dose to be administered, the frequency of that dose, route of administration and length of the course of treatment for that patient. Those we reviewed contained all information required for nurses or health care assistants delivering prescribed medicines to specific patients. These also had an expiry date.

Patient note summarising had been reviewed. We saw that on the day of our inspection 99% of all patient records were summarised and uploaded to the practice system. The practice had recruited staff specifically to address the backlog that we had highlighted at our last inspection.

Monitoring risks to patients

Risks to patients were assessed and managed, with the exception of those in relation to staff recruitment checks.

There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives.

The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.

The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. The current skills set of administrative staff meant that backlogs of patient summarising could be avoided in the future. The practice had also recruited one of the ANP's permanently from April 2017, which would help increase access to clinicians for patients.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 22 June 2016, we rated the practice as requires improvement for providing effective services. At that inspection we found:

- There were insufficient effective systems in place to communicate changes, updates and alerts, for example, updates on guidance from the National Institute of Health and Care Excellence (NICE) and alerts from the Medicines and Healthcare products Regulatory Agency (MHRA).
- There was a lack of effective management of exception reporting of patients from clinical care interventions in respect of the Quality and Outcomes Framework (QOF).
- Audit at the practice was limited. There was no evidence of quality improvement through audit.
- There was a lack of inclusive, effective communication of health messages and information to patients from Eastern European countries that used the practice (approximately 12% of patients at the practice were from Poland and other Eastern European countries).

These arrangements had improved when we undertook this follow up inspection on 7 February 2017.

Effective needs assessment

At our inspection of June 2016, we found there were no systems in place to ensure all clinicians at the practice were up to date with best practice guidance and any updates on this guidance, for example, NICE guidance. At this follow-up inspection, we found improvements had been made. The practice held regular meetings which the practice nurse was now invited to and part of, and updates to guidance were discussed.

From staff interviews conducted on the day of inspection, we saw evidence that clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.

- The practice monitored that these guidelines were followed through audits and regular searches of patient records with medicines management teams.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice).

The most recent published results (2015-16) showed the practice achieved 98% of the total number of points available, compared to the CCG average of 95% and national average of 95%. At our previous inspection in June 2016, we found that rates of exception reporting were high. When we brought this to the attention of the principal GP, we were told they had been unaware that staff had been exception reporting, which meant that patients due for clinical interventions were missed.

At our follow-up inspection of 7 February 2017, we saw figures for QOF achievement in 2015-16 was high in most areas. However, exception reporting was still significantly higher than CCG and national averages, and was higher than reported figures for 2014-15. The overall exception reporting rate for 2015-16 for the practice was 10%, compared to the CCG rate of 5% and national rate of 6%. (Exception reporting is the removal of patients from QOF calculations were, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This meant that fewer patients eligible for these clinical care interventions may have received them.

At this follow up inspection we were told that only GPs were now be able to except patients from interventions. The principal GP also advised us that some patients had been excepted from interventions because they were incorrectly coded as having a condition. Work was ongoing at the practice to ensure that all patients' notes were correctly coded. The results of this work will not be available until the next set of QOF performance figures are published for 2016-17. The practice had not carried out any work they could show us, that demonstrated that all patients eligible for clinical interventions had received these interventions and that none had been missed.

Are services effective?

(for example, treatment is effective)

The latest QOF figures, published since our last inspection, for diabetes showed the practice performed in line with or above that of the CCG and national figures. However, exception reporting remained high. For example:

- The percentage of patients with diabetes on the register in whom the last IFCC HbA1c is 64mmol/mol or less in the preceding 12 months was 92%, compared to the CCG average of 79% and national average of 78%. The practice exception reporting rate for this intervention was 21%, compared to the CCG average of 9% and national average of 12%.
- The percentage of patients with diabetes on the register in whom the last blood pressure reading (measured in the last 12 months) was 140/80 mmHg or less was 77% compared to the CCG average of 80% and national average of 78%. The practice exception reporting rate for this intervention was 28% compared to the CCG average of 7% and national average of 9%.
- The percentage of patients with diabetes on the register whose last measured total cholesterol (measured within the last 12 months) was 5mmol/l or less was 84% compared to the CCG average of 83% and national average of 80%. The practice exception reporting rate for this intervention was 21% compared to the CCG average of 14% and national average of 13%.

Performance for mental health related indicators was in line with or better than the local and national average. Exception reporting in relation to these interventions were in line with or better than those locally and nationally.

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in their records within the preceding 12 months was 96%, compared to the CCG average of 87% and national average of 89%. The practice rate of exception reporting for this intervention was 10%, compared to the CCG average of 7% and national average of 13%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a record of alcohol consumption recorded in the preceding 12 months was 89% compared to the CCG average of 86% and national average of 89%. The rates of exception reporting for this intervention was 10% compared to the CGG average of 7% and national average of 10%.

- The percentage of patients diagnosed with dementia whose care plan had been reviewed in a face to face review in the previous 12 months was 100%, compared to the CCG average of 81% and national average of 84%. The practice rate of exception reporting for this intervention was 12%, compared to the CCG average of 7% and national average of 7%.

Performance for management of patients with respiratory conditions was in line with or above that of local and national averages. Exception reporting was slightly above that of CCG and national averages.

- The percentage of patients with asthma, on the register, who had an asthma review in the preceding 12 months that included an assessment of asthma control using the 3 RCP questions, was 91% compared to the CCG average of 74% and national average of 76%. Practice exception reporting rates for this intervention were 15% compared to the CCG average of 10.5% and national average of 8%.
- The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months was 97% compared to the CCG average of 86% and national average of 90%. The practice exception reporting rate for this intervention was 20% compared to the CCG average of 12% and national average of 11.5%.

When we inspected the practice in June 2016 we found that evidence of quality improvement, for example through audit, was lacking. When we carried out our follow-up inspection on 7 February 2017 we found improvements had been made in terms of the amount of two cycle audits that had been completed, for example, in patients being treated for acne. However, when we reviewed an audit on the treatment of patients with diabetes with a particular medicine, this did not give a clear conclusion and raised questions which had not been answered. In terms of completeness more information was required to provide learning points and to improve patient care following the audit.

Effective staffing

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

Are services effective?

(for example, treatment is effective)

- The practice had an induction programme for newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence.
- Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs.
- Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included one-to-one meetings, coaching, clinical supervision and facilitation and support for revalidating GPs and nurses.
- All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigations and test results.
- From anonymised patient records reviewed we found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and

plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital.

- Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service, or directed to information in the practice reception area, on how they could self-refer to services.
- Smoking cessation advice was available from a local support group, and information on drop in sessions was available in the patient waiting area.

The practice's uptake rate for the cervical screening programme was 85%, compared to the CCG average of 81% and national average of 81%. Exception reporting rates were down on the previous year, from 13% for 2014-15, to

Are services effective?

(for example, treatment is effective)

11% for 2015-16. This was still slightly higher than the CCG rate of 6% and national rate of 6.5%. The practice had information available to patients in a number of different languages to increase uptake of screening and all appointments were offered with a female sample taker.

Figures for breast screening were mostly in line with those locally and nationally. However persons aged 60-69 screened for bowel cancer in the last 30 months (2.5 year coverage) was 41% for the practice, compared to the CCG average of 71% and national average of 73.5%.

Figures for 2015-16 show that rates of immunisation for children up to two years of age were above those expected, with a practice achievement of between 90.5% and 92%, compared to a target rate of 90%.

Rates of immunisation for children of five years were slightly lower, with an achievement of between 82% and 89%, compared to a CCG average of 92-97% and national average of 88 – 94%.

Are services caring?

Our findings

At our previous inspection on 22 June 2016, we rated the practice as requires improvement for providing caring services. At that time we found:

- The practice had not taken any steps to make improvements in response to results of the NHS England GP Patient Survey in relation to the caring aspect of the practice.
- Information in reception and waiting areas for patients who did not have English as a first language was limited. Approximately 12% of patients of the practice were Polish, but no signs were displayed advising how they could access health information in their own language.

When we conducted our follow-up inspection on 7 February 2017, we found improvements had been made.

Kindness, dignity, respect and compassion

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

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

We received six patient Care Quality Commission comment cards, all of which were positive about the care patients received.

We spoke with four patients on the day of our inspection. The views of these patients aligned with those expressed on comment cards. Patients said that the nurse at the practice provided an excellent service. For those patients who may have required a home visit, we were told that GPs had provided this and had been supportive of patients recovering following a stay in hospital.

Results from the NHS England GP Patient Survey (NHSE survey) published in July 2016 showed patient satisfaction with the practice was lower than that locally and nationally. The practice had carried out their own patient survey, focusing on those areas that had scored lower than expected. This was undertaken between November and December of 2016. Questionnaires were issued to 133 patients attending the practice during this period. Feedback from patients was positive:

- The percentage of respondents, who said they would probably recommend the surgery to others was 91%, compared to the result of the NHS England GP Patient Survey (NHSE survey) score which was 64%.
- The percentage of respondents who said they found the reception staff helpful was 100% compared to the NHSE survey score which was 84%.

The practice survey did not ask questions about patient satisfaction with nursing care as these had been positive in the NHSE survey. Results from the NHS England GP Patient Survey, published in July 2016, in relation to questions about nursing care showed:

- The percentage of patients who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at treating them with care and concern was 99%, compared to the CCG average of 94% and national average of 91%.
- The percentage of patients who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at involving them in decisions about their care was 97%, compared to the CCG average of 90% and national average of 85%.
- The percentage of patients who said the last nurse they spoke to was good at giving them enough time was 100%, compared to the CCG average of 95% and national average of 92%.
- The percentage of patients who said the last nurse they saw was good at listening to them was 100%, compared to the CCG average of 94% and national average of 91%.
- The percentage of patients who said the last nurse they saw or spoke to was good at explaining tests and treatments was 98%, compared to the CCG average of 92% and national average of 90%.

Are services caring?

- The percentage of patients who said they had confidence and trust in the last nurse they saw or spoke to was 97%, compared to the CGG average of 98% and national average of 97%.

Care planning and involvement in decisions about care and treatment

The four patients we spoke with told us they felt involved in making decisions about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views.

Review of results from the NHS England GP Patient Survey published in July 2016, for questions about GP consultations were less positive. In the survey conducted by the practice, responses for questions about GP interactions were positive. For example:

- The percentage of patients who said they had a preferred GP and usually get to see or speak to that GP was 67%, compared to the NHS England GP Patient Survey (NHSE survey) which was 42%.
- The percentage of patients who said the last GP they saw was good at giving them enough time was 97% compared to the NHSE survey which was 81%.
- The percentage of patients who said the last GP they saw was good at listening to them was 98% compared to the NHSE survey which was 78%.
- The percentage of patients who said the last GP they saw was good at explaining tests and treatments was 92% compared to the NHSE survey which was 71%.
- The percentage of patients who said the last GP they saw was good at involving them in decisions about their care and treatment was 91% compared to the NHSE survey which was 75%.

We were told that an action plan for improvement would be formulated at the next meeting of the practice PPG,

which was due in February 2017. The practice demonstrated they would investigate and take account of any negative feedback given by patients in the practice's survey.

Patient and carer support to cope emotionally with care and treatment

At our inspection in June 2016, we found patient information available in other languages was very limited. Also, signs were not displayed saying patients could access information in other languages and formats. Approximately 12% of the practice population are from Eastern European countries, predominantly Poland.

At our follow-up inspection on 7 February 2017 we found improvements had been made. We saw that all patient information leaflets and notices available in the patient waiting area were grouped by subject, making information easy to access. Information was available on how patients could access a number of support groups and organisations. Information about support groups was also available on the practice website. Support for isolated or house-bound patients included signposting to relevant support and volunteer services. There was a Polish information board, were a number of useful posters displayed information on health screening available and directed patients to ask for any other leaflets in alternative formats if required, such as large print, braille or alternative languages.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 59 patients who were carers, which is approximately 2% of the practice population. Some patients we spoke with were carers and confirmed that they were able to book longer appointments if they needed to. Written information was available to direct carers to the various avenues of support available to them.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 22 June 2016, we rated the practice as requires improvement for providing responsive services. Results for rates of patient satisfaction with the practice opening hours were lower than local and national averages, with 66% of patients satisfied with practice opening times. We found that information on how to make a complaint was only available by asking reception staff for this, which may have deterred patients from raising concerns or making a complaint. There was lack of records of meetings at the practice between clinicians so it could not be confirmed that complaints were discussed to review causes, promote learning and improve services.

These arrangements had improved when we undertook a follow up inspection on 7 February 2017. The practice is now rated as good for providing responsive services.

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, by offering 24 hour blood pressure monitoring, ECG monitoring, joint injections, weight management services, spirometry and alcohol screening services.

- The practice offered longer appointments for all patients who required them including those with a learning disability.
- Home visits were available for older patients and those who were housebound. The practice identified all patients who may need more support and their details were readily available for staff administrative office.
- Same day appointments were available for children. GP triage had been introduced for those patients with medical problems that may require same day consultation. This did not increase routine access but did ensure urgent cases would be seen on the day.
- The practice offered a number of pre-bookable telephone consultations on Monday, Wednesday and Thursday, between 6.30pm and 7pm, improving access to clinicians for working age patients.
- Patients were able to receive travel vaccinations available on the NHS.
- There were disabled facilities, a hearing loop and translation services available.

- The practice premises were set out on the ground floor and were fully accessible. There were clearly marked disabled parking bays close to the entrance to the building. Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services.

Access to the service

The practice is open from 8am to 7pm on Monday, Wednesday and Thursday of each week, with extended opening hours on Tuesday of each week until 8pm. The practice is open from 8am to 6.30pm on Friday of each week. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them. The practice had increased the amount of telephone consultations available, which helped meet patient demand.

When we spoke with patients they told us they could get appointments when they needed them.

Results from the NHS England GP Patient Survey showed that patient satisfaction with how they could access care and treatment, for example access by phone and with opening hours had improved.

- The percentage of respondents to the GP Patient Survey, who gave a positive answer to the question "Generally how easy is it to get through to someone at your surgery by phone", was 76%, compared with the CCG average of 68% and national average of 73%. Previously, the figure for the practice had been 74%.
- 73% of patients said they were very satisfied or fairly satisfied with their GP practice opening hours, compared to the CCG average of 80% and national average of 76%. Previously the figure for the practice had been 66%.

There was one area of performance from the NHS England GP Patient Survey, in the domain of responsive that required further work:

- The percentage of respondents to the GP Patient Survey who stated that the last time they wanted to see or speak to a GP or nurse from their surgery they were able to get an appointment, was 59% compared to the CCG average of 79% and national average of 76%.

Are services responsive to people's needs?

(for example, to feedback?)

The practice had conducted work to encourage greater input from patients, for example, through the start-up of an active patient participation group. The practice had posted a newsletter on the practice website, advising on how to access services on-line, raising awareness on translation facilities available on the website, and on access issues and how these could be addressed, for example, by ensuring any unwanted appointments were cancelled, and through the recruitment of additional permanent staff that would increase access to appointments.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. The complaints policy in place met

recognised guidance and contractual obligations for GPs in England. The practice manager was the named, designated person who was responsible for handling complaints at the practice.

Information was available to help patients understand the complaints system. We saw that notices on how to raise a complaint were displayed in the practice in patient waiting areas and at the reception desk. These notices were also displayed in Polish. Verbal feedback, good and bad was also recorded by staff. We saw from minutes of practice and clinical meetings that complaints were discussed. We looked at a sample of complaints received. We found these had been handled in line with the practice complaints policy. Lessons learnt from complaints were discussed at practice meetings.

Are services well-led?

Requires improvement 

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

Our findings

At our previous inspection on 22 June 2016, we rated the practice as inadequate for providing well-led services. At that time, the practice had a vision to deliver quality, evidenced based medical care and health promotion to the local population. However, practice staff lacked knowledge on how key parts of their role contributed to achieving this. There was insufficient evidence that governance structure, leadership arrangements and business plans supported the practice vision.

We issued a warning notice in respect of governance issues. When we re-inspected the practice on 7 February 2017, we found some improvements had been made.

Vision and strategy

The practice had a mission statement which was displayed on the practice website. The vision of the practice was to provide the best possible healthcare which is responsive to the needs of patients. Plans were in place to support the strategy. We asked about plans for a new partner for the practice, which had stalled at the time of our last inspection. We were told the practice had advertised for a salaried GP, with a view to partnership. The principal GP told us that they had not had any meaningful response to the advertisements. We asked the principal GP why they thought this was. We were told it was due to the money a GP could earn as a locum, and that given this, why would a GP want the commitment required to work at the practice.

Governance arrangements

We saw that some improvements had been made to governance. For example, all staff were now invited to take part in practice meetings and that there was a regular series of clinical meetings at the practice which practice nurses were involved in. These meetings were recorded and staff had access to these records.

At our initial inspection in June 2016, we found the practice had higher levels of exception reporting in relation to the Quality Outcomes Framework (QOF) than averages locally and nationally. We were told that exception reporting could now only be done by clinicians and staff would not be allowed to exception report. The impact of this will not be seen until QOF results for 2016-17 are available.

There had been an improvement in the number of audits conducted at the practice. We saw an audit of patients on

Warfarin was conducted to ensure that effective monitoring was in place and that any updates in guidance, for example, on other medicines that can interact with Warfarin were adhered to.

At our last inspection in June 2016, we saw that policies and procedures were in place but that these were not always followed. For example, in relation to staff recruitment checks. We reviewed staff records at this follow-up inspection on 7 February 2017. We noted there were no recruitment checks in place for a cleaner who worked at the practice. We were told that this was because the cleaner was self-employed. Insufficient checks had been made on the employment status of locum advanced nurse prescribers working at the practice through an agency, to determine the validity of indemnity cover in place. Regardless of the employment status of staff at the practice, checks should be conducted to provide assurances on the suitability of staff and on the sufficiency of their qualifications and indemnity cover.

Leadership and culture

On the day of inspection we saw leadership had improved. For example, staff showed a greater awareness of what should be reported as a significant event and staff felt comfortable raising concerns with managers. We saw that the practice leaders had responded proactively to the findings of our last inspection and had worked to implement improvements. When we reviewed improvements, we were aware that time was also needed to demonstrate that changes implemented were fully embedded across the practice.

The provider had systems in place to ensure compliance with the requirements of duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The practice had systems in place to ensure that when things went wrong with care and treatment:

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

There was a leadership structure in place.

Are services well-led?

Requires improvement 

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

- Staff said there was an open culture within the practice and that they had the opportunity to raise any issues at team meetings. We saw minutes of meetings that supported this.
- Staff said they felt respected and supported in their roles.
- There was evidence that staff were involved in discussion about changes within the practice and on how to make improvements.

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

The practice had taken positive steps to increase feedback from patients and staff. We saw that there was a regular programme of meetings across the practice for clinical and non-clinical staff. All of these were recorded, so in the event of staff absence, records of these meetings were available to refer to.

The practice had started a patient participation group. We met with members of the group during our inspection. We saw they were keen to be involved in helping to gather the views of patients and to use these to inform improvements at the practice.

The practice had carried out a patient survey. This was undertaken in the months of November and December 2016 and there were 133 respondents. Results were collated and showed that in respect of questions asked in the NHS England GP Patient Survey, which did not receive a

response as good as or better than local and national averages, results had improved. This was welcomed by the practice. However, there was no investigative work as to what was being done differently in the period of the survey, or in the run up to it, that would prompt these improved responses from patients.

Continuous improvement

When we inspected the practice in June 2016 we found a number of areas where little improvement had been made, for example, in prescribing of hypnotics, exception reporting, quality of communication across the practice, and in services for patients.

When we carried out our follow-up inspection on 7 February 2017 improvements had been made. Evidence was available of greater management oversight, for example, in the practice of exception reporting. We saw that some effort had been made to reduce the prescribing of hypnotic medicines; patients had been reviewed and prescriptions were not automatically repeated. We saw that in practice clinical meetings, this was subject was raised to remind locum GPs that prescribing of benzodiazepines should only occur if absolutely necessary.

The practice had sought to improve access for patients through the use of two advanced nurse prescribers who were working as locums at the practice. One of these staff members would be starting permanently with the practice from April 2017.

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	Regulation 17 HSCA (RA) Regulations 2014 Good governance
Family planning services	Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
Maternity and midwifery services	Regulation 17
Surgical procedures	Good governance
Treatment of disease, disorder or injury	<p>The provider must maintain securely such other records as are necessary to be kept in relation to</p> <ol style="list-style-type: none">1. Persons employed in the carrying on of the regulated activity, and2. The management of the regulated activity. <p>The provider did not have sufficient information to confirm the working status of the locum advanced nurse prescribers, which determined the indemnity cover of the locum advanced nurse prescribers.</p> <p>The provider had failed to conduct the appropriate suitability checks on the person appointed to clean the practice.</p>

This section is primarily information for the provider

Enforcement actions

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.