

Talke Clinic

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

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	8
What people who use the service say	13
Areas for improvement	13

Detailed findings from this inspection

Our inspection team	14
Background to Talke Clinic	14
Why we carried out this inspection	14
How we carried out this inspection	14
Detailed findings	16
Action we have told the provider to take	28

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Talke Clinic on 27 June 2017. Overall the practice is rated as good.

Talke Clinic was formally registered with the Care Quality Commission as a single handed GP practice as Dr Paul Unyolo. We carried out a comprehensive inspection of Dr Paul Unyolo on 9 February 2015 and rated the practice as requires improvement overall with requires improvement for providing safe and effective services and inadequate for well led. A follow up comprehensive inspection was carried out on 30 September 2015 and the practice was rated inadequate overall with inadequate for providing safe and well led services and requires improvement for providing effective and responsive services. The practice was placed into special measures following this inspection. We carried out a third follow up comprehensive inspection on 18 May 2016 and rated the practice requires improvement overall and for providing safe and effective services and inadequate for well led. The practice remained in special measures. Since our

inspection on 18 May 2016 a change of provider has taken place at the practice. The full comprehensive reports for 9 February 2015, 30 September 2015 and 18 May 2016 inspections can be found by selecting the 'all reports' link for Dr Paul Unyolo on our website at www.cqc.org.uk.

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

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- The practice had clearly defined and embedded systems to minimise risks to patient safety. However, an on-going system to act on the MHRA alert for two medicines used in the treatment of heart failure was not in place.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.

Summary of findings

- Staff understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. However, the practice's policy for safeguarding vulnerable adults did not reflect the most up to date guidance.
- The advanced nurse practitioner (ANP) was an independent prescriber however, there was no formal system in place to support the ANP in this extended role.
- Processes for handling repeat prescriptions were not effective. Patients had been issued repeat prescriptions beyond the authorised duration.
- There were systems in place to review most high risk medicines. However, for one high risk medicine blood test results had not always been reviewed before a repeat prescription was issued.
- The practice's recruitment policy did not detail all the legally required recruitment information for employing staff.
- The system to monitor that all patient test results were reviewed by a GP was not effective.
- Results from the national GP patient survey published in July 2016 showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients we spoke with said they found it easy to make an appointment with a GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

- There was a clear leadership structure and staff felt supported by the management.
- The practice proactively sought feedback from staff and patients, which it acted on. They worked closely with the patient participation group to improve services for patients.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

The areas where the provider must make improvement are:

Ensure care and treatment is provided in a safe way to patients in particular:

- repeat prescriptions.
- high risk medicines.
- an on-going system to act on a recent MHRA alert for two medicines used in the treatment of heart failure.
- a system to check that all important clinical test requests are reviewed and followed up.

The areas where the provider should make improvement are:

- Review and update the practice's safeguarding vulnerable adult's policy to reflect the latest guidance.
- Update the recruitment policy to reflect legally required recruitment information.
- Implement a formal system to support the advanced nurse practitioner in their extended role.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as requires improvement for providing safe services.

Requires improvement



- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events. Lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, received reasonable support and a written apology.
- The practice had clearly defined and embedded systems, processes and practices to minimise risks to patient safety. The practice had implemented a process to act on alerts that may affect patient safety, for example from the Medicines and Healthcare products Regulatory Agency (MHRA). However, an on-going system to act on a recent MHRA alert for two medicines used in the treatment of heart failure was not in place.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. However, the practice's policy for safeguarding vulnerable adults did not reflect the most up to date guidance.
- The advanced nurse practitioner (ANP) was an independent prescriber and could therefore prescribe medicines for clinical conditions within her expertise. However, there was no formal system in place to support the ANP in this extended role.
- Processes for handling repeat prescriptions were not effective. Patients had been issued repeat prescriptions beyond the authorised duration.
- There were systems in place to review most high risk medicines. However, for one high risk medicine blood test results had not always been reviewed before a repeat prescription was issued.
- A system to monitor all important clinical test requests were reviewed and followed up was not in place.
- The practice's recruitment policy did not detail all the legally required recruitment information needed when employing staff.
- The practice had adequate arrangements to respond to emergencies and major incidents.

Summary of findings

Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) 2015/16 for the previous provider Dr Paul Unyolo, showed patient outcomes were mostly comparable to the local and national averages. Unverified current data from the new provider, Talke Clinic, showed improvements had been made in the patient outcomes that were previously below the national average.
- Staff were aware of current evidence based guidance and there were systems in place for monitoring that it was followed.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services and involved sharing of information with the out of hours service.
- The practice participated in a number of initiatives designed to improve care and outcomes for patients for example, the practice had commissioned an Elderly Care Facilitator (ECF) service to support patients over 85 years through medical and social assessments and a dementia nurse to facilitate the needs of patients with dementia.
- Data showed that emergency admissions rates to hospital for patients with conditions where effective management and treatment may have prevented admission was 21 patients per 1000 which was lower than the locality rate of 26 per 1000.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey published in 2016 for the previous provider was comparable in its satisfaction scores with local and national practices. A survey by the patient participation group (PPG) showed there had been an improvement in the satisfaction scores for consultations with the practice nurses.
- Survey information we reviewed showed that 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 accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Summary of findings

- The views of external stakeholders were positive about the care and treatment provided to patients. For example, wellbeing services, two care homes, a health visitor, a midwife, palliative care sister and community matron stated the practice was approachable, amenable to suggestions to improve and held regular meetings to ensure the needs of patients were met.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population. For example, the practice had commissioned a dementia nurse and elderly care facilitator to meet the specific needs of this group of patients.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with said they found it easy to make an appointment with a GP and there was continuity of care, with urgent appointments available the same day. However, some patients told us they did not always go in on time for their appointment.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from three examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- The practice had aims and a strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about their responsibilities in meeting these aims.
- There had been a review of the leadership capability within the practice and a clear leadership structure had been put in place. Staff told us they were supported by the management. The practice had policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify and mitigate risk.

Good



Summary of findings

- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour.
- The GP partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice proactively engaged with the patient participation group (PPG).
- The practice were working with the PPG, the local library and a local radio station to roll out dementia friendly training within their local area to support and raise awareness not just within their own practice population but within the local population too.

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 good for the care of older people.

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice followed up older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- The practice maintained a list of housebound patients. The practice nurse offered home visits for these patients to provide disease monitoring and immunisations.
- In conjunction with three other practices, the practice commissioned an Elderly Care Facilitator (ECF) service to support patients over 85 years through medical and social assessments. Sixty-eight assessments had been carried out covering issues such as assessment of falls, continence, benefits, cognitive impairment, frailty and mood.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions.

- 2015/16 data for the previous provider showed the percentage of patients with diabetes, on the register, who had their blood pressure reading measured in the preceding 12 months and it was within recognised limits was 64%. Current unverified data on the practice's computer system demonstrated this had significantly improved to 80%.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.

Good



Summary of findings

- There was a system to recall patients for a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice offered holistic reviews for patients with long term conditions rather than separate disease clinics in order that patients could have all their conditions reviewed at one appointment.
- The practice monitored hospital discharges and A&E attendances to identify patients with potential exacerbations of long term conditions. Patients identified were offered an appointment with a GP or nurse for a review and/or extra monitoring of their condition.
- The practice nurse offered home visits for patients who could not attend the practice for a review of their long term condition.

Families, children and young people

The practice is rated as good for the care of families, children and young people.

- From the sample of documented examples we reviewed we found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. The practice had a system in place to monitor and respond to children who failed to attend for hospital appointments or frequently attended A&E.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives and health visitors to support this population group. For example, the practice held regular safeguarding meetings with the Health Visitor.
- In May 2017 the practice had participated in Sun Awareness week by providing information to patients within the practice. They also provided sun cream and information leaflets to local schools and nurseries promoting adequate use of sun cream to protect against sunburn.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.

Good



Summary of findings

Working age people (including those recently retired and students)

The practice is rated as good for the care of working age people (including those recently retired and students).

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice triaged all the on the day appointments but if patients were unable to receive a call at work the practice bypassed the triage system and provided a booked appointment.
- 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.
- The practice offered extended hours on a Wednesday evening until 8pm and 7.30am – 8am on Thursday mornings for working patients who could not attend during normal opening hours.
- Patients could book appointments and request prescriptions online.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including housebound people and those with a learning disability.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice had identified 146 patients as carers (4% of the practice list) and offered carers health checks to help them to stay healthy.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



Summary of findings

- Staff have received training to support patients with learning disabilities. Learning disability training outcomes had been developed by the practice to embed the training into practice.
- Annual health reviews were offered to patients with a learning disability in their own home.
- The practice was in the process of establishing weekly drop-in sessions within the practice from the Voluntary and Community Sector Hub Wellbeing Service to enable patients and carers to access additional advice and support.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and on going conversations with these patients about their end of life care as part of their wider treatment and care planning.

People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- Data for the previous provider showed that 94% of patients with a diagnosed mental health condition had a comprehensive, agreed care plan documented in their record, in the preceding 12 months. This was higher than the CCG and national averages of 89%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended A&E where they may have been experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.
- Patients identified as having a memory problem were provided with a telephone call on the day of their appointment to prompt them to attend.
- Staff had received training in dementia to enable them to become a dementia friendly service. We saw that dementia training outcomes had been established within the practice to support staff in this role.

Good



Summary of findings

- The practice had jointly commissioned a dementia nurse to facilitate the needs of patients with dementia.
- Data for the previous provider showed that 98% of patients diagnosed with dementia had a care plan in place that had been reviewed in a face-to-face review in the preceding 12 months. This was higher than the CCG average of 87% and national average of 84%.

Summary of findings

What people who use the service say

The national GP patient survey results data for the new partnership provider, Talke Clinic, had not been published at the time of the inspection. The national GP patient survey results published in July 2016 for the previous provider, Dr Paul Unyolo, showed the practice was performing slightly below national averages. Two hundred and fifty-eight forms were distributed and 130 were returned. This represented a return rate of 50%:

- 86% of patients described their overall experience of this GP practice as good compared with the Clinical Commissioning Group (CCG) average of 89% and the national average of 85%.
- 74% of patients described their experience of making an appointment as good compared with the CCG average of 78% and the national average of 73%.

- 75% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 83% and the national average of 80%.

As part of our inspection we also asked for Care Quality Commission (CQC) comment cards to be completed by patients prior to our inspection. We received 30 comment cards which were all positive about the standard of care received. Patients told us staff were caring, friendly, professional and went the extra mile to help patients. There were three negative comments relating to access to appointments.

We spoke with 10 patients and two members of the patient participation group during the inspection. Patients said they were satisfied with the care they received and thought staff were polite, respectful, friendly and helpful.

Areas for improvement

Action the service **MUST** take to improve

Ensure care and treatment is provided in a safe way to patients in particular:

- repeat prescriptions.
- high risk medicines.
- an on-going system to act on a recent MHRA alert for two medicines used in the treatment of heart failure.
- a system to check that all important clinical test requests are reviewed and followed up.

Action the service **SHOULD** take to improve

- Review and update the practice's safeguarding vulnerable adult's policy to reflect the latest guidance.
- Update the recruitment policy to reflect legally required recruitment information.
- Implement a formal system to support the advanced nurse practitioner in their extended role.

Talke Clinic

Detailed findings

Our inspection team

Our inspection team was led by:

a Care Quality Commission (CQC) lead inspector. The team included a GP specialist adviser, practice manager specialist advisor and an Expert by Experience.

Background to Talke Clinic

Talke Clinic is registered with the Care Quality Commission (CQC) as a partnership provider in North Staffordshire. The practice holds a General Medical Services (GMS) contract with NHS England. A GMS contract is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract. At the time of our inspection 3,796 patients were registered at the practice. The practice is a single storey building allowing easy access for patients with mobility problems.

The practice has comparable levels of deprivation when compared with the national and local Clinical Commissioning Group (CCG) area. The average age range of patients at the practice is in line with the national average, with the exception of having 4% more patients aged over 65 years. The percentage of patients with a long-standing health condition is 53% which is comparable with the local CCG average of 57% and national average of 54%.

The practice staffing comprises:

- Three GPs (one male and two female)
- An advanced nurse practitioner, a practice nurse and a health care assistant
- A practice manager
- An assistant practice manager

- Six members of administrative staff working a range of hours.

The practice is open between 8.30 am until 6.30pm Monday, Tuesday and Friday. On Wednesday it is open from 8.30am until 8pm and Thursday from 7.30am until 1pm. GP appointments are available:

Monday 8.30am – 11.30am and 2.30pm – 6pm

Tuesday 8am – 11.30am and 2.30pm – 6pm

Wednesday 9am – 11.30am and 2.30pm – 5.30pm

Thursday 8.30am – 11am

Friday 8.30am – 11.30am and 2.30pm – 6pm.

Extended surgery hours are offered between 6.30pm and 8pm on Wednesday evenings and 7.30am – 8am on Thursday morning. Pre-bookable appointments can be booked up to two weeks in advance or one month in advance for follow up appointments. Urgent appointments are available for those that need them. The practice has opted out of providing cover to patients in the out-of-hours period and Thursday afternoons. During this time services are provided by Staffordshire Doctors Urgent Care, patients access this service by calling NHS 111.

Why we carried out this inspection

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

Detailed findings

How we carried out this inspection

Before our inspection, we reviewed a range of information we held about the practice and asked other organisations to share what they knew. We carried out an announced visit on 27 June 2017.

During our inspection we:

- Spoke with a range of staff including GPs, nurses and administrative staff.
- Spoke with patients who used the service and two members of the Patient Participation Group (PPG).
- Observed how patients were being cared for in the reception area.
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.

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

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

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

- older people
- people with long-term conditions
- families, children and young people
- working age people (including those recently retired and students)
- people whose circumstances may make them vulnerable
- people experiencing poor mental health (including people living with dementia).

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

Are services safe?

Our findings

Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they informed the practice manager of any incidents and there was a recording form available on the practice's computer system. The form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- The practice had identified 21 significant events throughout 2016/17. We saw that significant events had been thoroughly investigated. When required, action had been taken to minimise reoccurrence and learning had been shared within the practice team at significant event, clinical and staff meetings to improve safety in the practice. For example, a medication had not been prescribed by the practice following a letter from a patient's consultant. The practice changed the system in which letters were actioned and staff rotas amended to enable dedicated time to complete this.
- The practice also monitored trends in significant events and evaluated any action taken. We saw that significant events had been categorized and where trends had been identified changes had been made to prevent them from occurring again.

Since our last inspection of the previous provider, the practice had implemented a process to act on alerts that may affect patient safety, for example from the Medicines and Healthcare products Regulatory Agency (MHRA). Following an alert being received the practice checked to ensure that patients were not affected by the medicines or equipment involved and took appropriate action where required. The practice had reviewed and acted on a MHRA alert relating to two medicines used in the treatment of heart failure. However, an on-going system to act on this MHRA alert was not in place.

Overview of safety systems and processes

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

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff.
- Arrangements were in place to safeguard children from the risk of abuse. These arrangements reflected relevant legislation and local requirements. Arrangements were in place to safeguard vulnerable adults from the risk of abuse however the vulnerable adults safeguarding policy did not reflect updated categories or definitions of the types of abuse for example, modern slavery. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs held regular meetings with the health visitor to discuss children of concern. The practice provided us with a statement from the health visitor who stated formal multi-disciplinary meetings with the practice ensured effective information sharing between services.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children relevant to their role. GPs and the advanced nurse practitioner had received level three training in safeguarding children. Since our last inspection of the previous provider, all staff had been provided with training for safeguarding vulnerable adults.
- The practice had a system in place to monitor and respond to children who failed to attend for hospital appointments or frequently attended A&E. Alerts were placed on the records of children of concern to inform all staff.
- A notice in the waiting room and on the consulting rooms doors advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

However, during our inspection we saw there were a large number of outstanding patient clinical test requests on the practice's computer system that appeared not to have been carried out. At our request, the practice carried out a random audit of these requests which demonstrated 23%

Are services safe?

of patients had not attended for the tests. One GP had systems in place to ensure patients of concern were followed up but another GP did not, meaning some important tests could have been missed. Seventy-seven per cent of clinical test requests had been carried out but had not been archived due to a misconfiguration of the practice's computer system.

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- The practice nurse was the infection prevention and control (IPC) clinical lead. There was an IPC policy and staff had received up to date training. An IPC audit had been undertaken in August 2016 and demonstrated 90% compliance. An action plan had been developed and we saw evidence that action was taken to address any improvements identified.
- Systems were in place to protect patients from potential health care associated infections including provision of immunisations for staff, risk assessments and appropriate screening.
- The practice carried out minor surgery operations at the practice such as excisions, incisions and joint injections. We saw that the surgery packs were in date and that a minor surgery audit had been carried out by the practice showing a 2% infection rate which was within standard limit of 5%.

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

- The practice carried out regular medicines audits, with the support of the local clinical commissioning group medicines management teams, to ensure prescribing was in line with evidence based guidelines for safe prescribing. Since our last inspection of the previous provider, the practice had implemented systems to securely store blank prescription forms and pads and there were systems to monitor their use.
- The advanced nurse practitioner (ANP) was an independent prescriber and could therefore prescribe

medicines for clinical conditions within their competence. However, there was no formal system in place to support the ANP in this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

- Processes for handling repeat prescriptions were not effective. We looked at the repeat prescriptions of seven patients and saw that patients had been issued repeat prescriptions beyond the authorised duration. For example, a medicine to treat high blood pressure had been authorised for repeat three times for a patient. Records showed however, it had been issued on 12 occasions with no record of why this had been done. Following our inspection the practice sent to us a copy of their protocol for handling repeat prescriptions however we saw that the protocol had not always been followed.
- There were systems in place to review most high risk medicines. However, for one high risk medicine it was not clear if blood test results had always been reviewed before a repeat prescription was issued. The process we observed of issuing prescriptions after the authorised number of repeats had been reached increased the risk of unsafe prescribing.

We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS. However, the practice's recruitment policy did not detail all the legally required recruitment checks. For example, checking gaps in employment history, photographic identity, professional registrations and checks on GPs from abroad working in the UK.

Monitoring risks to patients

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

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment and action had been taken to mitigate any risks identified.

Are services safe?

For example, an asbestos survey had been completed following recommendations in the risk assessment. The practice carried out regular fire drills and there were designated fire marshals.

- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). Since our last inspection of the previous provider, maintenance work identified in the legionella risk assessment had been carried out to mitigate risks identified.
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

Arrangements to deal with emergencies and major incidents

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

- All staff received annual basic life support training and
- The practice had emergency equipment which included an automated external defibrillator (AED), (which provides an electric shock to stabilise a life threatening heart rhythm), oxygen with adult and children's masks and pulse oximeters (to measure the level of oxygen in a patient's bloodstream).
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- Since our last inspection of the previous provider, the practice had implemented systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. We saw that NICE guidelines were discussed at regular clinical meetings.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

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 QOF results for the new partnership provider, Talke Clinic, were not available at the time of our inspection. The 2015/16 QOF results for the previous provider, Dr Paul Unyolo, showed the practice had achieved 95% of the total number of points available compared with the Clinical Commissioning Group (CCG) average of 96% and national average of 95%. Their overall clinical exception rate was 7% which was comparable with the CCG rate of 5% and the national rate of 6%. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects

Data from 2015/16 showed:

- 94% of patients with a diagnosed mental health condition had a comprehensive, agreed care plan documented in their record, in the preceding 12 months. This was higher than the CCG and national averages of 89%. However, their exception reporting rate of 19% was higher than the CCG average of 10% and

national average of 13% meaning fewer patients had been included. We saw that data related to a small number of patients and exception reporting was within normal exception reporting criteria.

- 98% of patients diagnosed with dementia had a care plan in place that had been reviewed in a face-to-face review in the preceding 12 months. This was higher than the CCG average of 87% and national average of 84%.
- 77% of patients with asthma, on the register, had an asthma review in the preceding 12 months that included an assessment of asthma control. This was comparable with the CCG average of 77% and the national average of 76%.
- 95% of patients with chronic obstructive pulmonary disease (COPD) had had a review undertaken including an assessment of breathlessness using a recognised scale in the preceding 12 months. This was higher than the CCG average of 89% and the national average of 90%
- The percentage of patients with high blood pressure in whom the last blood pressure reading (measured in the preceding 12 months) was within recognised limits was 81%. This was comparable with the CCG and national averages of 83%.
- The percentage of patients with diabetes, on the register, who had their blood pressure reading measured in the preceding 12 months and it was within recognised limits was 64%. This was lower than the CCG average of 77% and the national average of 76%. However, we reviewed current unverified QOF data on the practice's computer system and saw this had significantly improved to 80%.

The practice participated in a number of initiatives designed to improve care and outcomes for patients:

- In conjunction with three other practices, the practice had commissioned an Elderly Care Facilitator (ECF) service to support patients over 85 years through medical and social assessments. Sixty-eight assessments had been carried out covering issues such as assessment of falls, continence, benefits, cognitive impairment, frailty and mood.
- The practice had jointly commissioned a dementia nurse to facilitate the needs of patients with dementia. We saw that 43 out of 48 patients with a diagnosis of dementia (90%) had received a health review.

Are services effective?

(for example, treatment is effective)

- The practice nurse provided home visits for patients with long term conditions who were housebound. An audit showed that 51 out of 54 patients identified as housebound at the time of the audit had received a health review of their long term conditions.

To review the effectiveness of the above initiatives, we looked at the 2015/16 North Staffordshire CCG dashboard of annual GP indicators used to improve the detection and management of long-term conditions and unplanned hospital admissions. The dashboard showed:

- Emergency admissions rates to hospital for patients with conditions where effective management and treatment may have prevented admission was 21 patients per 1000 which was lower than the locality rate of 26 per 1000.
- Emergency admissions per 1000 population was 102 which was lower than the locality rate of 115.

There was evidence of quality improvement including clinical audit:

- The practice had carried out 21 audits in the last two years. The practice showed us three clinical audits, all three of these were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, an audit carried out to identify the effectiveness of referring patients for cancer screening identified the importance of following up patients who failed to attend for bowel screening. The practice amended their systems to carry out regular searches of patients who were eligible but had not accessed this service, placed alerts on their records and wrote to them highlighting the importance of this screening.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions such as asthma and chronic obstructive pulmonary disease.
- 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 attending annual training updates 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 ongoing support, clinical supervision and facilitation and support for revalidating GPs and some 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. There was a training matrix in place to monitor when updates for training were required.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- We found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services. The practice used special notes to share information with the out of hours service for patients nearing the end of their life. They also used the Lion's Club 'message in a bottle' scheme to encourage people to keep their basic personal and medical details on a standard form in a bottle in their fridge.

Staff worked together 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. The practice provided us with

Are services effective?

(for example, treatment is effective)

seven statements from services they worked collaboratively with to provide care and treatment for vulnerable patients. For example, wellbeing services, care homes, a health visitor, a midwife, palliative care sister and community matron. All these services spoke positively about the sharing of information to support patients. They commented that the practice was approachable, amenable to suggestions to improve and held regular meetings to ensure the needs of patients were being met.

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. Six weekly palliative care meetings were held at the practice to ensure patients' needs were being appropriately met and GPs carried out joint home visits with the palliative care sister to support patients to achieve their preferred place of end of life.

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 and Gillick competence. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- We saw there was a formal consent form that the GP completed with the patient prior to minor surgery. The GP signed to say that they had discussed the procedure and risks with the patient.
- A consent audit had been completed to monitor the process for seeking consent.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and patients with dementia.

- In May 2017 the practice had participated in Sun Awareness week by providing information to patients within the practice. They also provided sun cream and information leaflets to local schools and nurseries promoting adequate use of sun cream to protect against sunburn.

QOF data for 2015/16 showed that the practice's uptake for the cervical screening programme was 78%, which was below the CCG average of 82% and the national average of 81%. In response to this the practice had carried out a clinical audit to identify women who had not attended for this screening in the last five years. As a result of this audit alerts were put on the records of women who failed to attend and the patients were sent a prompting letter by the practice. A second audit cycle was completed in May 2017 and unverified current QOF data showed the uptake had increased to 83%.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were comparable to CCG/national averages. For example, rates for the vaccines given to under two year olds ranged from 96% to 100% and five year olds from 91% to 100%.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. For example, 74% of females aged 50-70 years had been screened for breast cancer in last 36 months. This was in line with the CCG average of 78% and the national average of 73%. Sixty per cent of eligible persons aged 60-69 years were screened for bowel cancer in last 30 months. This was in line with the CCG average of 62% and the national average of 58%. There were failsafe systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and carers. Appropriate follow-ups for the outcomes of health assessments and checks were made where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- 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 so that conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

Most of the 30 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said staff were caring, friendly, professional and went the extra mile to help patients.

We spoke with 10 patients and two members of the patient participation group (PPG), who were also patients at the practice, on the day of our inspection. Patients said they were highly satisfied with the care they received and thought staff were polite, respectful, friendly and helpful.

The national GP patient survey results for the new partnership provider, Talke Clinic, had not been published at the time of our inspection. The national GP patient survey results published in July 2016 for the previous provider, Dr Paul Unyolo, showed patients felt they were treated with compassion, dignity and respect. The practice was comparable for its satisfaction scores on consultations with GPs and nurses. For example:

- 88% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) and national averages of 89%.
- 86% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 92%

- 83% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 85%.
- 86% of patients said the nurse was good at listening to them compared with the CCG average of 92% and the national average of 91%.
- 86% of patients said the nurse gave them enough time compared with the CCG average of 94% and the national average of 92%.
- 96% of patients said they had confidence and trust in the last nurse they saw compared with the CCG and national averages of 97%.
- 88% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG and national averages of 91%.
- 92% of patients said they found the receptionists at the practice helpful compared with the CCG average of 88% and the national average of 87%.

In response to the slightly lower than average satisfaction rates for nurse/patient interactions the patient participation group (PPG) carried out a follow up survey. The survey showed that 100% of patients surveyed were happy with the time given, how treatment was explained and how the nurse listened to them.

The views of external stakeholders were positive and in line with our findings. The practice provided us with seven statements from services they worked collaboratively with to provide care and treatment for patients. For example, wellbeing services, two care homes, a health visitor, a midwife, palliative care sister and community matron. All of these services spoke positively about the sharing of information to support patients. They commented that the practice was approachable, amenable to suggestions to improve and held regular meetings to ensure the needs of patients were being met.

Care planning and involvement in decisions about care and treatment

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

Are services caring?

Results from the national GP patient survey published in July 2016 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 89% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 87% and the national average of 86%.
- 84% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and the national average of 82%.
- 88% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 91% and the national average of 90%.
- 81% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care. The practice had carried out an audit of accessible standards at the practice. The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read and understand so they can communicate effectively with health and social care services. The audit identified the most frequent languages interpreted were Russian and Polish and that an interpreter for the deaf had been used on one occasion.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access

a number of support groups and organisations. Information about support groups was also available on the practice website. Support for isolated or house-bound patients included signposting to relevant support and volunteer services. The practice was proactive in providing services for housebound patients. An audit of housebound patients showed that the practice nurse had visited 51 out of 54 patients identified and reviewed their long term conditions.

The practice's computer system alerted GPs if a patient was also a carer. Since our last inspection of the previous provider the practice had implemented systems to identify 146 patients as carers (4% of the practice list) and offered carers health checks to help them to stay healthy. Data from the practice showed that 59 carers had been invited for a health review and 23 reviews had been completed with 18 patients being referred to the carer's hub. Written information was available to direct carers to the various avenues of support available to them. In May 2017 the practice held a Dementia Cafe to support patients with a diagnosis of dementia and their carers. The event was attended by 11 people and offered help and support for patients with early stage dementia. Feedback from those who attended was that they felt supported, knew where to go for help or guidance and it was helpful to connect with other carers facing similar issues. The practice were working with the PPG, the local library and a local radio station to roll out dementia friendly training within their local area to support the local population.

If a patient experienced bereavement, practice staff told us that they were supported by a GP and signposted to support services when appropriate.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice maintained a list of housebound patients, current list size 66 patients, and the practice nurse offered home visits for these patients to provide disease monitoring and immunisations.
- In conjunction with three other practices, the practice commissioned an Elderly Care Facilitator (ECF) service to support patients over 85 years through medical and social assessments.
- The practice offered holistic reviews for patients with long term conditions rather than separate disease clinics in order that patients could have all their conditions reviewed at one appointment.
- The practice monitored hospital discharges and A&E attendances to identify patients with potential exacerbations of long term conditions. Patients identified were offered an appointment with a GP or nurse for a review and/or extra monitoring of their condition.
- The practice nurse offered home visits for patients who could not attend the practice for a review of their long term condition.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice held regular multidisciplinary safeguarding meetings with Health Visitors.
- The practice offered extended hours on a Wednesday evening until 8pm and 7.30am – 8am on Thursday mornings for working patients who could not attend during normal opening hours.
- Patients could book appointments and request prescriptions online.
- Staff have received training to support patients with learning disabilities. Learning disability training outcomes had been developed by the practice to embed the training into practice.

- Annual health reviews were offered to patients with a learning disability in their own home. We saw that 11 out of 17 patients with a learning disability had received this review.
- The practice was in the process of establishing weekly drop-in sessions within the practice from the Voluntary and Community Sector Hub Wellbeing Service to enable patients and carers to access additional advice and support.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Patients identified as having a memory problem were provided with a telephone call on the day of their appointment to prompt them to attend.
- Staff had received training in dementia to enable them to become a dementia friendly service. We saw that dementia training outcomes had been established within the practice to support staff in this role.
- The practice had jointly commissioned a dementia nurse to facilitate the needs of patients with dementia.

North Staffordshire Clinical Commissioning Group (CCG) maintained a dashboard of annual GP indicators to improve the health outcomes of local people. We reviewed the practice performance from 2015/16 and saw that fewer of the practice's patients presented at hospital Accident and Emergency (A&E) departments when compared with the CCG average. For example:

- 89 patients per 1,000 attended A&E within GP opening hours compared to the CCG average number of 105.
- 218 patients per 1,000 attended A&E at any time compared to the CCG average number of 244.

Access to the service

The practice was open between 8.30am until 6.30pm Monday, Tuesday and Friday. On Wednesday it was open from 8.30am until 8pm and Thursday from 7.30am until 1pm. GP appointments were available:

Monday 8.30am – 11.30am and 2.30pm – 6pm

Tuesday 8am – 11.30am and 2.30pm – 6pm

Wednesday 9am – 11.30am and 2.30pm – 5.30pm

Thursday 8.30am – 11am

Are services responsive to people's needs?

(for example, to feedback?)

Friday 8.30am – 11.30am and 2.30pm – 6pm.

Extended surgery hours were offered between 6.30pm and 8pm on Wednesday evenings and 7.30am – 8am on Thursday mornings. Pre-bookable appointments could be booked up to two weeks in advance or one month in advance for follow up appointments. Urgent appointments were available for those that needed them. The practice triaged all the on the day appointments but if patients were unable to receive a call at work the practice bypassed the triage system and provided a booked appointment. The practice had opted out of providing cover to patients in the out-of-hours period and Thursday afternoons. During this time services were provided by Staffordshire Doctors Urgent Care, patients accessed this service by calling NHS 111.

The national GP patient survey results for the new partnership provider, Talke Clinic, had not been published at the time of this inspection. The national GP patient survey results published in July 2016 for the previous provider, Dr Paul Unyolo, showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 82% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 79% and the national average of 76%.
- 77% of patients said they could get through easily to the practice by phone compared to the CCG average of 72% and the national average of 73%.
- 85% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 78% and the national average of 76%.
- 96% of patients said their last appointment was convenient compared with the CCG average of 95% and the national average of 92%.
- 74% of patients described their experience of making an appointment as good compared with the CCG average of 78% and the national average of 73%.
- 57% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 63% and the national average of 58%.

These results were supported by the comments patients made on the day of our inspection. Patients told us they were able to get appointments when they needed them but some patients commented there could be a waiting time of up to 30 minutes before they were seen.

The practice had a system to assess if a home visit was clinically necessary and the urgency of the need for medical attention. This assessment was carried out by the GP who made an informed decision and prioritised according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. There were protocols in place to support non-clinical staff when patients requested appointments for life threatening emergencies such as chest pain.

Listening and learning from concerns and complaints

Since our last inspection of the previous provider, the practice had introduced a system for handling complaints and concerns.

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

We looked at three complaints received in the last 12 months and found they were satisfactorily handled, dealt with in a timely way with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. For example, the practice had identified that there was a trend in the complaints relating to lack of communication. In response to this the practice had implemented systems to improve liaison and information sharing with the district nursing service and made changes to the way in which test result information was shared with appropriate staff and patients.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice's aims were displayed throughout the practice and stated "Our aim is to provide, promote and deliver optimal health for our patients. All the members of our team are working together to provide high quality of care". Members of staff told us the aims of the practice were discussed at staff meetings.
- The practice had a clear strategy and five year supporting business plan which reflected the practice's vision and values.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas which were displayed in the clinical and consultation rooms. For example, leads for infection control, health and safety, audits and significant events.
- Practice specific policies were implemented and were available to all staff on the practice's computer. These were updated and reviewed regularly however the policy for safeguarding vulnerable adults did not reflect the most up to date guidance.
- A comprehensive understanding of the performance of the practice was maintained. Regular staff and clinical meetings were held which provided an opportunity for staff to learn about the performance of the practice. We saw minutes of these meetings that confirmed this.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example, a member of staff was the lead for the management of alerts such as those issued by the Medicines and Healthcare products

Regulatory Agency (MHRA). We saw there was a system in place to record the alerts, act on them and record and monitor the actions taken. However, risks associated with repeat prescriptions and checking blood test results had not always been mitigated.

- We saw evidence in the minutes of staff/clinical meetings that lessons learnt were shared with all staff following significant events and complaints. The practice also recorded and shared positive significant events to promote staff morale.

Leadership and culture

Since our last inspection of the previous provider, there had been a review of the leadership capability and structure within the practice with lead responsibilities held by appropriate staff. The new GP partner had completed a leadership course at a local university. The practice manager received weekly mentorship through the NHS England change management team and had also completed a development and quality course. On the day of our inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The partners encouraged a culture of openness and honesty. From a review of the significant events and complaints received we found that the practice had systems to ensure that when things went wrong with care and treatment affected patients were given support and a written apology and that learning was shared with staff.

There was a clear leadership structure and staff felt supported by the management.

- The practice held and minuted a range of multi-disciplinary meetings including meetings with the health visitor and palliative care team to monitor vulnerable patients.
- Staff told us the practice held regular team meetings.

Are services well-led?

Good 

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

- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Minutes were comprehensive and were available for practice staff to view.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice. Through conversations with staff members it was clear that they had embraced and helped to implement the recent changes made within the practice.

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

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

- patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, a PPG survey had identified that patients who worked were not always able to receive phone calls at work to enable them to be triaged to determine if they needed an on the day appointment. The practice reviewed its procedures such that if patients were unable to receive a call at work the triage system was bypassed and a booked appointment provided.
- The NHS Friends and Family test, complaints and compliments received.
- Staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, a practice nurse told us they felt passionate that housebound patients with long term conditions should receive the same level of care other patients do. They had been supported by the GP partners to provide health reviews in patients homes if they were unable to attend the practice. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

The practice team was part of local pilot schemes to improve outcomes for patients in the area. For example, the practice had commissioned a dementia nurse and elderly care facilitator to meet the specific needs of this group of patients. The practice had held a half day Dementia Café for carers and patients with dementia to offer professional help, support and guidance to carers of people with dementia. The practice were working with the PPG, the local library and a local radio station to roll out dementia friendly training within their local area to support and raise awareness not just within their own practice but within the local population too.

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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>There was no proper and safe management of medicines. In particular:</p> <ul style="list-style-type: none">• An effective system was not in place to ensure that repeat prescriptions were not issued beyond the authorised duration.• Effective systems to formally review blood test results before patients were issued a repeat prescription for warfarin were not in place. <p>The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:</p> <ul style="list-style-type: none">• a system to monitor all important clinical test requests were reviewed and followed up was not in place.• an on-going system to act on the alert for spironolactone and renin-angiotensin system medicines was not in place. <p>This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>