

The Family Practice

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?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Family Practice on 6 July 2016. The overall rating for the practice was inadequate and the practice was placed in special measures for a period of six months. The concerns identified included significant gaps in the practice's governance arrangements and recruitment processes. The full comprehensive report on the July 2016 inspection can be found by selecting the 'all reports' link for The Family Practice on our website at www.cqc.org.uk.

This follow up inspection was undertaken following the period of special measures and was an announced comprehensive inspection on 16 March 2017. We found that the practice had made improvements and that it was meeting the required regulations. Overall the practice is now rated as good.

Our key findings were as follows:

- We found the governance arrangements in place had significantly improved and the leadership structure had been simplified and was better understood.

- Staff were aware of how to report incidents and concerns. We saw that incidents were investigated thoroughly and learning disseminated.
- A more systematic approach to documenting work undertaken around the analysis of significant events had been implemented, which facilitated ongoing review of any changes made and analysis of trends.
- Recruitment processes were now more thorough and included all required pre-employment checks.
- A systematic approach to undertaking and reviewing quality improvement work had been implemented within the practice which included the completion of clinical audits.
- Staff were aware of current evidence based guidance. There had also been improvements made in the management of staff training. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.

Summary of findings

- The practice was able to demonstrate its understanding of its population profile and had used this understanding to meet the needs of its population.
- 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 had been improvements in continuity of care, with urgent appointments available the same day.
- Staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- Ensure that ongoing assessment, monitoring and improvement of the quality of services provided is undertaken.
- Ensure work continues around updating practice policy documents to make sure all are practice specific and contain up to date information that is relevant to the practice.
- The practice website should accurately reflect the practice's opening times with respect of extended hours appointments to ensure patients are aware of this facility.
- Consider longer term objectives as part of the practice's documented business plan.

There were some areas of practice where the provider should make improvements:

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

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

At our previous inspection on 6 July 2016, we rated the practice as inadequate for providing safe services as the practice's governance arrangements were insufficient to appropriately mitigate risks to patients. These arrangements had improved when we undertook a follow up inspection on 16 March 2017. The practice is now rated as good for providing safe services.

- We saw that a more systematic approach to documenting work undertaken around the analysis of significant events had been implemented, which facilitated ongoing review of any changes made and analysis of trends.
- Learning outcomes following significant event analysis were effectively disseminated throughout the practice team.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.
- The premises were clean and tidy and we saw evidence that the practice had improved its practices around infection prevention and control since the previous inspection. For example, an appropriate infection control audit had been completed and actions put in place to address any issues identified.
- The practice had reflected on the gaps previously identified in its recruitment process and had appropriately addressed these. The recruitment policy had been updated and further training completed by management staff. We saw that appropriate pre-employment checks had been undertaken for a locum GP who had recently worked at the practice.

Good



Are services effective?

At our previous inspection on 6 July 2016, we rated the practice as inadequate for providing effective services as there were concerns about the arrangements in respect of quality improvement including clinical audits, the management of staff training and staff appraisal. These arrangements had improved when we undertook a follow up inspection on 16 March 2017. The provider is now rated as good for providing effective services.

Good



Summary of findings

- A systematic approach to undertaking and reviewing quality improvement work had been implemented within the practice which included the completion of clinical audits. We were shown two completed clinical audits which demonstrated improvements in quality that had been monitored.
- While the practice had monitored patient outcomes with respect to QOF and was able to demonstrate some reduced rates of exception reporting, we noted many exception reporting rates remained high. For example, 80% of patients with COPD (diagnosed on or after 1 April 2011) had had the diagnosis confirmed by post bronchodilator spirometry between 3 months before and 12 months after entering on to the register, compared to the local average of 93% and national average of 89% (47% exception reporting, compared to 55% in the previous year). However, unverified data from 2016/17 shared by the practice demonstrated it had reduced exception reporting further to 21%.
- The management of staff training was more comprehensive and the practice was able to effectively demonstrate that all staff had received appropriate, role specific training.
- Appraisals had been completed and documented for all staff with appropriate objectives set for the development of their skills. We saw that these objectives were regularly reviewed by management staff.
- Staff were aware of current evidence based guidance.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.

Are services caring?

At our previous inspection on 6 July 2016, we rated the practice as requires improvement for providing caring services as patient feedback gave us cause for concern around a lack of continuity of care. We found that the practice had worked to address this when we undertook a follow up inspection on 16 March 2017. The practice is now rated as good for providing caring services.

- Patients told us they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Many patients fed back to us they had noticed improvements in the practice since our previous inspection.
- 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

- While results from the GP patient survey were lower than local and national averages, the practice had begun to take action to address the concerns being raised.

Are services responsive to people's needs?

At our previous inspection on 6 July 2016, we rated the practice as requires improvement for providing responsive services as the arrangements in respect of recording, investigating and learning from complaints needed improving. These arrangements had significantly improved when we undertook a follow up inspection on 16 March 2017. The practice is now rated as good for providing responsive services.

- 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 two examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff. We saw that the practice now documented verbal complaints as well as those received in writing in order to maximise learning.
- The practice was able to demonstrate its understanding of its population profile and had used this understanding to meet the needs of its population.
- Patients we spoke with said they could get an appointment when they needed one. There were urgent appointments available the same day.
- The practice had reviewed the demand for appointments and amended its appointment system accordingly, making more pre-bookable appointments available.
- Extended hours appointments were offered on a Wednesday morning and a Wednesday evening, although this was not highlighted on the practice's website.

Good



Are services well-led?

At our previous inspection on 6 July 2016, we rated the practice as inadequate for providing well-led services as there were significant gaps in the governance structure and the leadership arrangements lacked clarity. We found these arrangements had significantly improved when we undertook a follow up inspection of the service on 16 March 2017. The practice is now rated as good for being well-led.

Good



Summary of findings

- The practice had documented a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were able to articulate the vision and their responsibilities in relation to it.
- There was now a clear leadership structure and staff felt supported by management, with the management team being more accessible.
- The practice had worked hard to implement a set of policy and procedure documents to appropriately govern activity undertaken. We saw that there were now policies governing the scope of the practice's work and that staff had access to them. There was a system in place to ensure these were updated and reviewed regularly. While most of these policy documents were specific to the practice, we did note a small number of examples containing incorrect information.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour.
- The GP and practice manager 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 had set up and engaged with a patient participation group.
- There was an improved focus on continuous learning and improvement at all levels. Staff training had been prioritised since our previous visit.

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.

Good



- The practice is rated as good for the care of older people. The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The GP engaged in multidisciplinary meetings where the needs of people requiring end of life care were discussed in order that they received the most appropriate care and treatment.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Indicators for diabetes were generally higher than the national average, and the practice had made improvements in exception reporting for both diabetes and COPD.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and had 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.

Families, children and young people

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

Good



- 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.

Summary of findings

- Immunisation rates were relatively low for many standard childhood immunisations.
- Cervical screening rates were in line with local and national averages.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice ran regular mother and baby clinics.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.

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).

- 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 and flexible.
- 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. Registration for online access had increased substantially since our previous inspection.

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 those with a learning disability.
- 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 informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- A substance misuse support worker ran weekly clinics at the practice.

Good



Summary of findings

- The GP had identified a cohort of patients who were frequently attending the practice as well as accessing A&E. These patients also accessed services at the local salvation army premises. The GP had liaised with the salvation army and arranged to offer a weekly clinic from the salvation army premises in order to best meet the needs of these patients.

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) .

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had 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 an understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. Updated results have not been published since we last inspected this service, so the results presented in this report remain the same. The results showed the practice was performing below local and national averages for patient satisfaction. A total of 328 survey forms were distributed and 91 were returned. This represented a response rate of 28% and approximately 3% of the practice's patient list.

- 65% of patients found it easy to get through to this practice by phone compared to the local average of 75% and national average of 73%.
- 67% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the local and national averages of 85%.
- 77% of patients described the overall experience of this GP practice as good compared to the local average of 86% and national average of 85%.
- 61% of patients said they would recommend this GP practice to someone who had just moved to the local area compared to the local average of 79% and national average of 78%.

Since our last inspection visit, the practice had completed its own patient survey to gauge patient's views on the service delivered. A total of 45 patients responded to the survey and showed they were generally satisfied with areas such as access to appointments, attitude of staff and standard of care received. Where the survey highlighted areas of dissatisfaction, for example telephone access, the practice had formulated an appropriate action plan in order to address these concerns.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 45 comment cards, 42 of which were positive about the standard of care received. A number of the cards specifically mentioned an improved service since the last inspection visit. Staff were praised for being friendly and helpful and clinicians were described as sympathetic and professional. As well as making positive comments about the practice, four of the cards referred to some frustrations around telephone access and continuity of care. These concerns were also reflected on the three cards expressing negative feelings about the practice.

We spoke with three patients during the inspection, two of whom were also members of the practice's newly formed patient participation group. All three were positive about their experiences accessing services at the practice, with two commenting on improvements in continuity of care since the previous inspection visit. All three commented on the caring and supportive nature of staff and clinicians.

The practice also collected patient feedback through the friends and family test questionnaires (the friends and family test allows patients to feed back to the practice by answering how likely they would be to recommend the service to their friends and families). Over the previous year the practice had received 206 responses, with 83% of these stating they were extremely likely or likely to recommend the service, while 8% felt they would be extremely unlikely or unlikely to do so.

Areas for improvement

Action the service **SHOULD** take to improve

There were some areas of practice where the provider should make improvements:

- Ensure that ongoing assessment, monitoring and improvement of the quality of services provided is undertaken.

Summary of findings

- Ensure work continues around updating practice policy documents to make sure all are practice specific and contain up to date information that is relevant to the practice.
- The practice website should accurately reflect the practice's opening times with respect of extended hours appointments to ensure patients are aware of this facility.
- Consider longer term objectives as part of the practice's documented business plan.

The Family Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and a second CQC inspector.

Background to The Family Practice

The Family Practice is a registered location under the single handed provider Dr Issak Bhojani and is situated along with a number of other GP practices and healthcare providers in a large purpose built health centre close to the centre of Blackburn. The provider also has two additional registered locations in Lancashire, one in Preston and one in Fleetwood, although he informed us during the visit that he was withdrawing from the contracts at those practices in the coming months in order to focus attention on The Family Practice.

The Family Practice delivers primary medical services to approximately 3500 patients through a general medical services (GMS) contract with NHS England, and is part of the NHS Blackburn with Darwen Clinical Commissioning Group (CCG).

The average life expectancy of the practice population is below national but in line with CCG averages for both females and males (76 years for males, compared to CCG average of 76 and national average of 79. For females; 81 years compared to CCG average of 80 and national average of 83). The age distribution of the practice's patient demographic closely aligns with the national averages, except for a slightly higher proportion of people aged between 10 and 29 years. A slightly higher proportion of the

practice's patients are in full time education or paid work; 62% compared to the CCG average of 57% and national average of 61.5%. The practice caters for a slightly lower proportion of patients with a long standing health condition (53.6% compared to the CCG average of 55.6% and national average of 54%).

Information published by Public Health England rates the level of deprivation within the practice population group as two on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

The practice is staffed by the lead GP (male), two long term, part time locum GPs (both female), a practice nurse and healthcare assistant. The clinical staff are supported by a practice manager, a medicines coordinator as well as administration and reception staff.

The practice is open from 8am until 6:30pm Monday to Friday, with appointments with the GP available between 8:20am and 1:30pm and between 5pm and 6:20pm each afternoon. Extended hours appointments are also available between 7:30am and 8am each Wednesday morning and 6:30pm and 7:00pm each Wednesday evening. Patients are also able to access additional extended hours appointments, which are offered from the practice premises by the local GP federation between 5pm and 9pm on weekday evenings, and between 8:45am and 2:15pm on weekends.

Outside normal surgery hours, patients are advised to contact the out of hour's service, offered locally by the provider East Lancashire Medical Services.

Why we carried out this inspection

We undertook a comprehensive inspection of The Family Practice on 6 July 2016 under Section 60 of the Health and

Detailed findings

Social Care Act 2008 as part of our regulatory functions. The practice was rated as inadequate overall, with ratings of inadequate for providing safe, effective and well led services and requires improvement for providing caring and responsive services. The service was placed into special measures for a period of six months. We issued two warning notices, one in respect of good governance and the other in respect of fit and proper persons employed. The full comprehensive report on the July 2016 inspection can be found by selecting the 'all reports' link for The Family Practice on our website at www.cqc.org.uk.

We undertook a further announced comprehensive inspection of The Family Practice on 16 March 2017. This inspection 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 to share what they knew. We carried out an announced visit on 16 March 2017. During our visit we:

- Spoke with a range of staff (including GPs, the practice nurse, healthcare assistant, practice manager and reception and administration staff) 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 produce patient 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 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 6 July 2016, we rated the practice as inadequate for providing safe services as the practice's governance arrangements were insufficient to appropriately mitigate risks to patients.

These arrangements had improved when we undertook a follow up inspection on 16 March 2017. The practice is now rated as good for providing safe services.

Safe track record and learning

The practice had implemented a more systematic approach to reporting and documenting significant events.

- Staff told us they would inform either the practice manager or lead GP of any incidents and a record of any incident was stored electronically on the practice's new electronic information management system.
- The practice had documented a further six significant events since our previous inspection visit. The documentation relating to these had been categorised into the types of incidents so as to facilitate the analysis of any trends. We saw that there was a system in place to review any changes made as a result of significant event analysis to ensure changes had been effective and to maximise learning.
- Staff we spoke to were aware of recent significant events that had been examined by the practice and we saw minutes of meetings where the events had been discussed and learning shared amongst the practice team.
- The practice had now ensured any patient safety alerts were received appropriately and had introduced a systematic approach to disseminating these and ensuring any action required was taken and documented.
- We saw evidence that action was taken to improve safety in the practice. For example, following an inadequate referral to secondary care, the practice had reviewed its referral process and updated it to incorporate use of a dictaphone system to streamline the production of referral letters and minimise the likelihood of the incident being repeated.

Overview of safety systems and process

The practice had improved its systems, processes and practices to minimise risks to patient safety. We saw that these were now clearly defined and embedded into practice.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The lead GP took lead responsibility for safeguarding in the practice, and the staff we spoke to were aware of this. We were told of a recent example when one of the GPs attended a safeguarding meeting regarding a patient and were also told reports would be provided when required.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three, while the practice nurse and healthcare assistant were trained to level two.
- A notice in the waiting room 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).

The practice maintained appropriate standards of cleanliness and hygiene and had improved its practices around infection prevention and control since the previous inspection.

- 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 and we saw evidence that staff had received up to date training. While we noted the IPC policies were marked as being updated since our previous inspection, we found they still made reference to a local mental health NHS trust and in some parts described the trust's operating procedures rather than the practice's. An appropriate IPC audit had been undertaken since our last inspection and we saw evidence that action was taken to address any improvements identified as a result.

Are services safe?

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

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred.
- The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Blank prescription forms and pads were securely stored and there were systems to monitor their use. One of the nurses had begun training to be an Independent Prescriber.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines and evidence of this training was now readily available.
- Patient specific prescriptions or directions from a prescriber were now produced appropriately to ensure that any vaccines or medicines administered by the health care assistant were also done so in line with legislation.

While the practice had not recruited any more permanent staff members since our previous inspection, we saw that it had reflected on the gaps previously identified in the recruitment process and addressed these. The recruitment policy had been updated to include additional detail around the pre-employment checks the practice would undertake and the practice manager had attended a training course on employment law. We reviewed the recruitment file of a locum GP the practice had employed since our previous inspection and found that appropriate pre-employment checks had been conducted and documented, such as 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.

Monitoring risks to patients

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

- There was a health and safety poster displayed in the reception office.
- The practice had an up to date fire risk assessment and regular fire drills were carried out.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order and we saw that systems were in place to ensure this was completed at regular intervals.
- 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).
- As previously, risks such as fire safety and legionella were managed centrally for the building by the building's management, rather than by the practice. However, since the previous visit the practice had proactively implemented their own systems around these issues to ensure they had oversight and awareness of the work the building's management team completed to address them.
- 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 and staff worked to a 'buddy' system to ensure the practice had the capacity and skills required to cover for colleagues during times of absence.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements 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 reception area.

Are services safe?

- 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 as well as contact numbers for key external contractors. It also identified appropriate alternative premises from which services could be offered should the practice building become unavailable. However, we noted the plan still did not fully reflect the operation of the practice, as it referenced extended hours appointments being offered between 6:30pm and 7:30pm on a Monday and Tuesday evening, rather than on a Wednesday.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 6 July 2016, we rated the practice as inadequate for providing effective services as there were concerns in respect of the arrangements for quality improvement including clinical audits, the management of staff training and staff appraisal.

These arrangements had improved when we undertook a follow up inspection on 16 March 2017. The provider is now rated as good for providing effective services.

Effective needs assessment

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

The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. We saw that the practice monitored that these guidelines were followed through audits.

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 (published since our previous inspection) were 98.3% of the total number of points available, with 12.5% exception reporting across the clinical domains. (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). This exception reporting rate was 1.6% higher than the local Clinical Commissioning Group (CCG) average and 2.7% above the national average, but represented a 1.4% improvement on the practice's performance from the previous year.

When we inspected the practice in July 2016, we noted that while the 2014/15 QOF results were high when compared to local and national averages, particularly for the diabetes and chronic obstructive pulmonary disease (COPD) indicators, the exception reporting rate was significantly

higher than the local and national averages. During the March 2017 visit, when we reviewed the most recent 2015/16 results, we found that the practice had been able to reduce its exception reporting rate from the previous year's results, while generally managing to maintain high levels of achievement against the indicators.

The practice demonstrated that it was aware that some exception reporting rates remained higher than local and national averages and discussed with the inspection team that appropriate steps were in place and ongoing to address the issue. The practice showed us current figures for this year (that were not yet independently verified) which demonstrated that exception reporting had been reduced further, while achievement against the QOF domains remained high. The practice had now nominated a member of the administrative staff to coordinate and oversee the practice's performance against the QOF indicators in an effort to improve performance further.

The most recent QOF data from 2015/16 showed:

- Performance for diabetes related indicators was generally above the local and national averages, for example:
 - The percentage of patients with diabetes on the register in whom the last IFCC-HbA1c was 64mmol/mol or less in the preceding 12 months was 75% compared to the local average of 79% and national average of 78% (exception reporting was 18% compared to 29% in the previous year).
 - The percentage of patients with diabetes on the register in whom the last blood pressure reading (measured in the last year) was 140/80 mmHg or less was 94%, compared to the local average of 80% and national average of 78% (exception reporting 6%, compared to 10% in the previous year).
 - The percentage of patients with diabetes on the register whose last measured total cholesterol (measured in the preceding 12 months) was five mmol/l or less was 82% compared to the local average of 83% and national average of 80% (exception reporting 15%, compared to 20% in the previous year).
 - The percentage of patients with diabetes on the register who had had influenza immunisation in the

Are services effective?

(for example, treatment is effective)

preceding 1 August to 31 March was 98% compared to the local average of 96% and national average of 95% (exception reporting 26% compared to 28% in the previous year).

- The percentage of patients on the diabetes register with a record of a foot examination and risk classification within the last 12 months was 97% compared to the local average of 94% and national average of 89% (exception reporting 8%, compared to 22% in the previous year).
- Performance for COPD related indicators was variable, although some improvement had been made around exception reporting. For example:
 - 80% of patients with COPD (diagnosed on or after 1 April 2011) had had the diagnosis confirmed by post bronchodilator spirometry between 3 months before and 12 months after entering on to the register, compared to the local average of 93% and national average of 89% (47% exception reporting, compared to 55% in the previous year. Current unverified data for 2016/17 provided by the practice showed exception reporting had been reduced again to 21%).
 - 98% of patients with COPD had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months, compared to the local average of 93% and national average of 90% (12% exception reporting rate, compared to 28% in the previous year).
 - 97% of patients with COPD had a record of appropriate lung function testing in the preceding 12 months, compared to the local average of 89% and national average of 86% (39% exception reporting rate, compared to 41% in the previous year. Current unverified data for 2016/17 provided by the practice showed exception reporting had been reduced again to 25%).
- Performance for mental health related indicators was also above the national average, with the exception reporting rates generally better than local averages and in line with national averages. For example:
 - The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record in the preceding 12 months was 92% compared to the local average of 94% and national average of 89%.
 - The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months was 100% compared to the local average of 93% and national average of 89%.
 - The percentage of patients diagnosed with dementia whose care had been reviewed in a face to face review in the preceding 12 months was 83% compared to the local average of 87% and national average of 84%.
- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months was 150/90mmHg or less was 88% compared to the local average of 85% and national average of 83%.
- The percentage of patients with asthma on the register who had an asthma review in the preceding 12 months that included an appropriate assessment of asthma control was 87%, compared to the local average of 79% and national average of 76%.

At our previous inspection we did not find evidence of full cycle audits being completed (a full cycle audit is one where the improvements put in place are monitored then re-assessed by a further audit). However, in March 2017 we found evidence of quality improvement including completed clinical audits:

- We reviewed three clinical audits commenced since our previous visit, two of these were two cycle audits where the improvements made were implemented and monitored.
- The practice had implemented a more systematic approach to the undertaking and completion of clinical audits and used a new information management computer software package to monitor its audit programme. Audits were inputted onto the system to facilitate effective sharing of learning between the clinicians and the system alerted the appropriate members of staff when repeat cycles were due to be completed to ensure any changes made were monitored.

Are services effective?

(for example, treatment is effective)

- Findings were used by the practice to improve services. For example, recent action taken as a result of an audit examining the prescribing of antibiotic medicines demonstrated an improvement of 57% in terms of all the appropriate parameters (for example, dose, course length) of the prescription being correct and in line with best practice guidance over an eight month period.

Information about patients' outcomes was used to make improvements. For example the practice had identified that 67% of patients over the age of 75 who had been admitted to hospital due to a fall had been reviewed and a care plan put in place. The practice had then reviewed its handling of hospital discharge summaries in an effort to improve on this; this was an ongoing piece of work which the practice planned to review later in the year to monitor its success.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could 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 ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal since our last inspection visit, and we saw that there was now

a systematic approach embedded into practice to review the development plans in place for staff regularly through the year to ensure that the objectives set during appraisal were being actioned.

- 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. We saw that a more systematic approach to the management and recording of staff training was now in place.

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.
- At our previous inspection we found inconsistencies between clinician's accounts of how abnormal test results received by the practice were managed, and found that no protocols were in place to govern this activity. At this visit we found that the responsibility for managing incoming test results had been delegated to the practice nurse. Whilst there was a protocol in place for this activity, the wording around how abnormal test results were managed, particularly those relating to areas that may be outside the nurse's training was vague (for example abnormal results that do not relate to a patient's long term condition). The lead GP informed us that he had provided training and supervision to the nurse in this area, but the training had not been documented. Following the inspection visit the practice provided us with an audit demonstrating that abnormal results had been dealt with appropriately and those needing a GP's attention had been shared and actioned accordingly. The lead GP has subsequently informed us that a GP will be taking the lead on managing incoming test results moving forward. This was due to their imminent withdrawal from providing services at other locations, meaning more GP time was being committed to the Family practice. Updated protocol documents reflecting this change were provided to us following the inspection visit.

Are services effective?

(for example, treatment is effective)

- We saw 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 quarterly 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. We saw evidence that an appropriate consent policy was now in place and available to staff.

- 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.
- Smoking cessation advice was provided in house by the practice nurse.

The practice's uptake for the cervical screening programme was 82%, which was comparable to the CCG average of 80% and the national average of 81%. The practice nurse told us there was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. There were failsafe systems in place 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. The practice nurse audited cervical screening results to ensure adequate samples had been provided.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer.

Childhood immunisation rates for the vaccinations given remained slightly lower than CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 74% to 90% (compared to 70% to 92% in the previous year) and five year olds from 73% to 91% (compared to 71% to 96% in the previous year).

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. 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

At our previous inspection on 6 July 2016, we rated the practice as requires improvement for providing caring services as patient feedback gave us cause for concern around a lack of continuity of care.

We found that the practice had worked to address this when we undertook a follow up inspection on 16 March 2017. The practice is now rated as good for providing caring services.

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; 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.

Of the 45 patient Care Quality Commission comment cards we received, 42 of them were positive about the standard of care received. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. While four of the cards referred to some continued frustrations around telephone access and continuity of care, many of the cards specifically mentioned and acknowledged the improved service since the last inspection visit.

We spoke with three patients during the inspection, two of whom were also members of the practice's newly formed patient participation group. All three were positive about their experiences accessing services at the practice, with two commenting on improvements in continuity of care since the previous inspection visit. All three commented on the caring and supportive nature of staff and clinicians.

The lead GP told us that the practice had been able to stabilise its clinical team. While two long term locum GPs were used discussions were underway to offer salaried positions to further enhance the practice's ability to offer continuity of care to its patients.

Results from the national GP patient survey, last published in July 2016 prior to the publication of our previous inspection report, showed patients felt they were treated with compassion, dignity and respect. However, the practice was generally below average for its satisfaction scores on consultations with GPs and nurses. For example:

- 78% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 76% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 92% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 73% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and national average of 85%.
- 87% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and national average of 91%.
- 88% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

The practice had completed their own patient survey in February 2017. This survey demonstrated improvements in patient perception of the care they received. For example, 37 out of 45 patients surveyed (82%) felt that the clinical staff were good at listening to them.

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 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. However, results were again below local and national averages. For example:

- 71% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 72% 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 national average of 82%.
- 73% 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 national average of 85%.

The practice's own patient survey, completed in February 2017, indicated that 37 out of 45 patients surveyed (82%) felt the clinical staff explained things to patients clearly and effectively.

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

- Staff told us that interpretation services were available for patients who did not have English as a first language. We saw leaflets the practice used that had been translated into a number of different languages in order to support patients' access to services. Patients were also told about multi-lingual staff who might be able to support them.

- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 43 patients as carers (just over 1% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

The health care assistant acted as a carers' champion to help ensure that the various services supporting carers were coordinated and effective. They regularly reviewed the carers list held by the practice to ensure it was up to date and accurate.

Staff told us that if families had suffered bereavement, the GP sent them a sympathy card. Further advice was also offered as required and families were signposted to relevant support groups.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 6 July 2016, we rated the practice as requires improvement for providing responsive services as the arrangements in respect of recording, investigating and learning from complaints needed improving.

These arrangements had improved when we undertook a follow up inspection on 16 March 2017. The practice is now rated as good for providing responsive services.

Responding to and meeting people's needs

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

- The practice offered an extended hours clinic on a Wednesday morning between 7:30am and 8am for working patients who could not attend during normal opening hours. However, at the time of our inspection these were not advertised on the practice's website.
- Patients were also able to access extended hours clinic appointments offered by the local GP federation between 5pm and 9pm each weekday and 8.45am to 2.15pm on weekends. These appointments were available at the Family Practice.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities and translation services available. There was a hearing loop available on the reception desk as well as a portable hearing loop which could be used in consultation rooms, and staff had been made aware of their location and how to operate them.
- The practice was based on the second floor of the health centre but was easily accessed via a lift.

- A drug and alcohol misuse support service was offered in the practice once per week. This was run by a substance misuse support worker and the lead GP had responsibility for signing any prescriptions this service generated for patients.
- The practice sent text message reminders of appointments, and appointments could be booked and prescriptions requested online. The practice had increased its uptake for online access from 4% of the patient population at the time of our previous inspection to 19%.
- The practice had become aware of a cohort of patients whom were frequently accessing care at the local hospital's accident and emergency department as well as frequently attending appointments at the GP practice; an audit indicated that 80 GP appointments had been accessed by the same 25 patients over a three month period. These patients were amongst a cohort of 50 patients who accessed services at the local Salvation Army. The GP had recently liaised with the salvation army service and set up a weekly clinic at the salvation army premises in order to better support these patients. The first of these clinics had taken place earlier in the week of our inspection visit. The practice informed us it planned to re-audit appointment use in the near future to monitor the effectiveness of this new service.

Access to the service

The practice was open from 8am until 6:30pm Monday to Friday, with appointments with the GP available between 8:20am and 1:30pm and between 5pm and 6:20pm. Extended hours appointments were also available between 7:30am and 8am each Wednesday morning and 6:30pm and 7pm each Wednesday evening. Patients were also able to access additional extended hours appointments, which were offered from the practice premises by the local GP federation between 5pm and 9pm on weekday evenings, and between 8:45am and 2:15pm on weekends.

In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for patients that needed them. At the time of our inspection visit, the next available pre-bookable routine appointment was in eight days' time.

Are services responsive to people's needs?

(for example, to feedback?)

Results from the national GP patient survey, last published in July 2016 prior to our previous inspection report's publication, showed that patient's satisfaction with how they could access care and treatment was lower than local and national averages.

- 74% of patients were satisfied with the practice's opening hours compared to the CCG average of 78% and national average of 76%.
- 65% of patients said they could get through easily to the practice by phone compared to the CCG average of 75% and national average of 73%.
- 67% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG and national averages of 85%.

The practice had carried out its own patient survey following our previous inspection visit, to which 45 patients had responded. As well as demonstrating improvements in patient's perceptions around how they could access GP appointments and continuity of care, it did highlight ongoing concerns around telephone access to the practice. The practice informed us that in response to this it had commissioned an improved telephone system that was due to be installed two weeks after our visit. As well as giving the practice an additional phone line (increasing from two lines to three) it also incorporated a queuing system whereby patients would be notified of their position in the queue. All three lines were to be used for taking appointment request calls at peak times, while at other times they would allow the practice to have separate lines for appointments, prescription requests and access to administration staff.

In response to patient feedback about appointment availability the practice had reviewed demand for appointments and increased the number of pre-bookable appointment slots offered.

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

The practice had a system to assess:

- whether a home visit was clinically necessary; and

- the urgency of the need for medical attention.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits. The practice had introduced a policy to govern this procedure which was accessible to all staff.

Listening and learning from concerns and complaints

The practice had improved its system for handling complaints and concerns.

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

The practice had documented five complaints since our previous inspection and we reviewed two of these in detail. We found they had been handled satisfactorily, dealt with in a timely way and with openness and transparency. We saw that patients were offered an appropriate apology when they were unhappy with their care and treatment. We saw that the practice now documented verbal complaints as well as ones received in writing and that lessons were learned from individual concerns and complaints and also from analysis of trends. Action was taken as a result to improve the quality of care. For example, following a complaint around a patient's appointment being cancelled, the practice reviewed its communication channels and reminded staff to ensure any attempted contact with a patient was clearly documented in the patient record. We saw evidence from staff meeting minutes that learning from complaints was shared amongst the practice team.

Are services well-led?

Good 

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

Our findings

At our previous inspection on 6 July 2016, we rated the practice as inadequate for providing well-led services as there were significant gaps in the governance structure and the leadership arrangements lacked clarity.

We issued a warning notice in respect of these issues and found arrangements had improved when we undertook a follow up inspection of the service on 16 March 2017. The practice is now rated as good for being well-led.

Vision and strategy

The practice had clarified and documented its vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was recorded in its draft business plan, and staff were able to articulate the key themes around it.
- The practice was developing its strategy and supporting business plans to reflect its vision and values and it planned to regularly monitor these. A business plan had been drafted to outline the practice's objectives over the next five years. This contained timescales for short term objectives that were expected to be achieved within six months. Longer term objectives had not yet been identified, but the practice manager informed us further work needed to be completed to finalise the document.

Governance arrangements

The practice had established 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. All staff now had access to documented job descriptions. The management structure of the organisation had been simplified.
- The practice had acquired an information management computer programme that facilitated the streamlined implementation of the governance framework. We saw that this system was being used effectively by the practice.

- The practice had worked hard to implement a set of policy and procedure documents to appropriately govern activity undertaken. We saw that there were now policies governing the scope of the practice's work and that staff had access to them. Themed weeks had been implemented to introduce new policies to staff since our last visit to facilitate the documents becoming embedded into practice. There was a system in place to ensure these were updated and reviewed regularly. While most of these policy documents were specific to the practice, we did note a small number of examples containing incorrect information, such as the infection control policy referring to a mental health NHS trust in Manchester and the business continuity plan including incorrect information about the extended hours appointments offered by the practice.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held weekly which provided an opportunity for staff to learn about the performance of the practice.
- A programme of continuous clinical and internal audit had been devised and was used to monitor quality and to make improvements.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- We saw evidence from meeting minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

Leadership and culture

On the day of inspection the GP demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. The GP was in the process of relinquishing their responsibilities with the two other practices they had been running in order to further focus their attention on sustaining the improvements made at the Family Practice. They told us they prioritised safe, high quality and compassionate care. Staff told us the GP and management staff were now far more accessible and continued to be approachable, as they always took the time to listen to all members of staff.

Are services well-led?

Good 

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

While still relatively new to the post, the practice manager had been well supported since our previous inspection visit and had accessed additional management training to gain qualifications and further knowledge relevant to the role.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The GP and management staff encouraged a culture of openness and honesty. From the documented examples we reviewed we found that the practice had systems to ensure that when things went wrong with care and treatment:

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

There was now a clear leadership structure in place and staff felt supported by management.

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and share safeguarding concerns.
- Staff told us the practice held regular team meetings, and we saw minutes to confirm these took place. Minutes were comprehensive and were made available for practice staff to view.
- 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.
- Staff said they felt respected, valued and supported by both the lead GP and practice manager. All staff were

involved in discussions about how to run and develop the practice, and the leadership team encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice had made considerable improvements in its engagement with patients and the public. As well as carrying out its own patient survey since our last inspection, a patient participation group (PPG) had also been established. Two meetings had been held with the PPG to date. We spoke to two members of the PPG who confirmed that the practice was now being proactive in seeking feedback from patients and acting on any concerns raised. For example, the PPG members were aware of the imminent installation of a new telephone system in response to feedback around difficulties patients experienced with telephone access.

Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. They told us they felt involved and engaged to improve how the practice was run. For example one member of the administration team told us how feedback they had raised around problems with the scanning equipment had resulted in a new photocopier being acquired.

Continuous improvement

We saw that the practice had engaged in a systematic approach to addressing the concerns raised following our previous inspection. It had been receptive to the support offered as part of the special measures process.

In recognition of previous gaps in governance arrangements, the practice had identified and acquired a computer information management system in order to assist in addressing this issue and we saw that this system was being utilised effectively.

The practice was actively supporting its staff in further developing their skills. For example, the practice nurse was being supported to train as a prescriber and the practice manager was undertaking role specific qualifications.