

Valence Medical Centre

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?		Requires improvement	
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 Valence Medical Centre on 15 September 2016 and rated the practice requires improvement in all key questions that is safe, effective, caring, responsive and well-led. This led to an overall rating of requires improvement. The full comprehensive report on 15 September 2016 inspection can be found by selecting the 'all reports' link for Valence Medical Centre on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 8 June 2017 to confirm the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 15 September 2016. This report covers our findings in relation to those requirements and also additional improvements since the last inspection.

Overall the practice is now rated as good.

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

- The practice now had a significant events policy and staff told us they would document any event which was unusual to the practice in the "event book" within 24 hours which was reviewed by the practice manager.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed.
- The practice reviewed the system for identifying carers, for example, incorporating this information on the new patient registration form.
- The practice had fire risk assessments which were carried out by a qualified person in March 2017.
- There was now a legionella risk assessment in place for the branch surgery.
- The practice's complaint policy was reviewed and updated in October 2016 to now include the current responsible person and a verbal log was now maintained.
- Performance for diabetes related indicators had improved based on 2016/17 data submitted to the

Summary of findings

Quality and Outcomes Framework (QOF). We also reviewed the practice's process for exception reporting patients and found they followed national guidelines.

- At this inspection we found all medicines to be in date and the weekly and monthly log for medicines contained correct details such as expiration dates.
- There were processes for handling repeat prescriptions which included the review of high risk medicines.
- The practice had improved how it supported those with disabilities and had installed a hearing loop for those who had difficulty hearing.

- Improvements have been made to the overarching governance framework to support the delivery of individualised and quality care.

The areas where the provider should make improvements are:

- Embed processes to continually evaluate and improve the practice in respect of the processing of the information obtained from patient, for example, patient surveys.
- Review ways in which patients can access services, for example, the provision of a website.

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 good for providing safe services.

Good



- From the sample of three documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice had arrangements to respond to emergencies; they had replaced the expired defibrillator pads at Grosvenor Road Surgery and all emergency medicines we checked were in date. All staff were now trained in basic life support (BLS).
- At the previous inspection, we found a hole in the wall and broken furniture in the nurse's room. These had been addressed by the practice. Staff had now completed infection control training.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. The policies we reviewed included up-to-date contact details and clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare.
- We spoke with two non-clinical staff who both demonstrated and articulated what was expected of them when acting as a chaperone.

Are services effective?

The practice is rated as good for providing effective services.

Good



- The practice had now implemented an induction programme for all newly appointed staff. The policy which was updated in October 2016 was practice specific and covered topics such as safeguarding, infection prevention and control, fire safety, health and safety and other important employee/employer matters.
- The practice demonstrated that all clinical and non-clinical staff had received and were up-to-date with training relevant to their roles which included Mental Capacity.

Summary of findings

Are services caring?

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

- The practice was still below national averages for its satisfaction scores on consultations with GPs and reception staff and higher for nurses. For example, 75% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 81% and below the national average of 89%.
- The practice did not have a patient participation group (PPG).
- The practice now identified 60 patients as carers which represented 1.2% of the practice list.

Requires improvement



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Telephone access as well as long waiting times scored below CCG and national averages, however the practice had taken steps to address issues raised.
- The practice now had systems in place to record, review and analyse informal complaints or concerns.
- The practice now had a hearing loop.

Good



Are services well-led?

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

- At this inspection, staff we spoke with understood the practice's vision and although they were not able to tell us word for word, they were able to articulate in their own words.
- Practice policies had been reviewed and were now specific to the practice.
- The practice had now implemented an induction programme for all newly appointed staff which included topics such as information governance, safeguarding and infection control.

Good



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 provider had resolved the concerns for safety, effective, responsive and well-led identified at our previous inspection on 16 September 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People with long term conditions

The provider had resolved the concerns for safety, effective, responsive and well-led identified at our previous inspection on 16 September 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Families, children and young people

The provider had resolved the concerns for safety, effective, responsive and well-led identified at our previous inspection on 16 September 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Working age people (including those recently retired and students)

The provider had resolved the concerns for safety, effective, responsive and well-led identified at our previous inspection on 16 September 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People whose circumstances may make them vulnerable

The provider had resolved the concerns for safety, effective, responsive and well-led identified at our previous inspection on 16 September 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People experiencing poor mental health (including people with dementia)

The provider had resolved the concerns for safety, effective, responsive and well-led identified at our previous inspection on 16 September 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Valence Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

The inspection was led by a CQC inspector who was supported by a GP specialist adviser.

Background to Valence Medical Centre

Dr SZ Haider's Practice (provider) provides primary care services to approximately 5573 registered patients in the surrounding areas of Barking and Dagenham. The practice comprises a main surgery Valence Medical Centre, 561-563 Valence Avenue, Dagenham, RM8 3RH and a branch practice, Grosvenor Road Surgery, 1 Grosvenor Road, Dagenham, RM8 1NR, which is approximately one and a half miles away. The service is provided through a general medical services (GMS) contract. The practice is registered to provide the following regulatory activities: Treatment of disease, disorder or injury; Family planning; Diagnostic and screening procedures and surgical procedures.

The practice is led by three male GP partners and three locum GPs (2 males, 1 female). In total the GPs typically provides 25 sessions per week. The practice employs two part time practice nurses, two administrators, six receptionists and one full-time practice manager. The practice has a multilingual staff team and the GPs could also speak additional languages.

All management functions are provided from the main surgery, however all clinical and non-clinical staff work across both sites and patients can attend either site as they

wish. The main practice is located in a semi-detached house, which has been converted. The branch surgery is in a smaller house which has also been converted. Both sites have good access for patients with a disability.

The practice has two different incoming telephone lines for the different sites. The telephone lines at Valence Medical Centre are open from 8.00am to 6.30pm from Monday to Friday; with the exception of Wednesday when the practice was closed at 1pm. The branch surgery was open from 9am to 6.30pm and closed on Thursdays from 1pm. Appointments are available from 9am to 11.30am every morning and 4pm to 6.30pm daily, apart from Wednesday and Thursday. Extended hours appointments were offered on Thursday and Friday from 6.30pm to 7.30pm at the main practice and from 6.30pm to 8pm at the branch surgery. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for people that needed them on the day. Out of hours primary care is contracted to a local out of hours care provider. The practice provides patients with information in the practice leaflet and by answerphone about how to access urgent care when the practice is closed.

Information taken from the Public Health England practice age distribution shows the population distribution of the practice was similar to other practices in the CCG with the exception of having approximately 20% more patients aged 65 years and above. The life expectancy of male patients was 77 years, which was the same as the CCG and lower than the national average of 79 years. The female life expectancy at the practice was 82 years, which one year more than the CCG average and one year less than the national average of 83 years.

Detailed findings

Information published by Public Health England rates the level of deprivation within the practice population group as three on a scale of one to 10. Level one represents the highest levels of deprivation and level 10 the lowest.

Why we carried out this inspection

We undertook a comprehensive inspection of Valence Medical Centre on 15 September 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement. The full comprehensive report following the inspection in September 2016 can be found by selecting the 'all reports' link for Valence Medical Centre on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of Valence Medical Centre on 8 June 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

How we carried out this inspection

We carried out a focused follow up inspection of Valence Medical Centre on 8 June 2017. This involved reviewing evidence that:

- Relevant staff had now completed their required safeguarding children training.

- Systems and processes were now in place to investigate safety incidents.
- Policies and procedures had been updated.
- Medicines and medical equipment were fit for purpose.
- There was a system in place to identify carers.
- Complaints were reviewed.
- Fire safety, legionella and COSHH risk assessments were carried out by competent persons.
- Systems were put in place to improve and monitor patient satisfaction.
- Systems were adopted to improve patient's clinical outcomes.

During our visit we:

- Spoke with a range of staff including one GP, practice nurse, practice manager and two non-clinical staff.
- Observed how patients were being cared for in the reception area.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Visited the branch location.
- Looked at information the practice used to deliver care and treatment plans.

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 15 September 2016, we rated the practice as requires improvement for providing safe services. We found that the practice did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. They had failed to review incidents and investigate them thoroughly; medicines and equipment as well as risk assessments pertaining to health and safety were not fit for purpose. In addition the practice could not evidence that all staff had completed mandatory training such as basic life support, information governance, infection control and safeguarding. As a result, requirement notices were issued as it was found that the practice had breached Regulation 12 Safe Care and Treatment, Regulation 17 Good Governance and Regulation 18 Staffing.

We found these issues had been addressed when we undertook a follow up inspection on 8 June 2017. The practice is now rated as good for providing safe services.

Safe track record and learning

The system in place for reporting and recording significant events had improved.

- The practice now had a significant events policy and staff told us they would document any event which was unusual to the practice in the “event book” within 24 hours. This book was reviewed daily by the practice manager. Staff also told us the practice manager would be directly informed of any incidents and there was a recording form available on the practice’s computer system. The incident recording 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).
- From the sample of three documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant

events were discussed. At the last inspection, the practice did not have a system for tracking and monitoring patient safety alerts; the practice now had a system in place for this. All alerts were received by the practice manager who cascaded them amongst non-clinical and clinical staff. The practice kept a log of all safety alerts which we reviewed; all alerts we reviewed, for example, MHRA device and Public Health England (PHE) alerts were actioned and signed by GPs and nurses.

- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, following an incident where a patient had collapsed, staff responded and provided emergency care appropriately until the emergency services arrived. Following this incident, the practice reflected on what they could have done differently and it was identified that a mobile trolley would be purchased to ensure emergency medicines as well as emergency equipment could be transported all at once instead of staff going back and forth.
- The practice also monitored trends in significant events and evaluated any action taken.

Overview of safety systems and process

At the last inspection we found that some systems, processes and practices in place to minimise risks to patient safety required improvement. At this inspection, we found these arrangements had been improved.

- The practice had reviewed the arrangements for safeguarding which now reflected relevant legislation and local requirements. Policies were accessible to all staff on the computer shared drive. The policies we reviewed included up-to-date contact details and clearly outlined who to contact for further guidance if staff had concerns about a patient’s welfare; staff also had access to flowcharts which were available in treatment rooms and all office areas across both sites. One of the GPs led on safeguarding.
- 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 3, both

Are services safe?

practice nurses to level 2 and non-clinical staff to level 1. All staff we spoke to on the day knew where to access the policy and understood their responsibility to report concerns.

- 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.

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. At the previous inspection we found a cavity in one of the treatment rooms as well as broken cabinet doors at Valence Medical Centre. At this inspection we saw these had been renovated.
- The practice now had an infection control protocol and both practice nurses were named as the responsible and appointed persons for infection prevention and control (IPC). All staff had now received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any issues identified as a result. For example, we saw that control substances that are hazardous to health COSHH sheets had been received from the manufacturer for two new cleaning products and these were now implemented. (COSHH is the law that requires employers to control substances that are hazardous to health).

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice had improved (including obtaining, prescribing, recording, handling, storing, security and disposal).

- At the previous inspection we found nine expired vaccines which had not been identified by staff. At this inspection we found all medicines to be in date and the weekly and monthly log for medicines contained correct details such as date of expiration and quantities remaining. There were processes for handling repeat prescriptions which included the review of high risk medicines. We reviewed seven patients on warfarin (a medicine that stops blood from clotting) and 15

patients on methotrexate (a medicine used to treat certain types of cancer and rheumatoid arthritis). We found the practice had effective monitoring systems in place which ensured patient safety.

Monitoring risks to patients

Risks to patients were now better assessed and managed.

- There was a health and safety policy which had been updated to now include relevant contact information.
- The practice had fire risk assessments which were carried out by a qualified person in March 2017. We saw evidence that actions which require urgent attention highlighted during risk assessments had been completed; however there were other issues which needed to be addressed within six months. The practice told us they would be done within the expected timeframe. The practice carried out fire drills and weekly fire alarm testing. There were designated fire marshals within the practice who had received appropriate training.
- There was now a legionella risk assessment in place for Grosvenor Road Surgery which included recommendations and we saw evidence the practice had taken steps to address some of these concerns. All other concerns they told us would be remedied within the specified time. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

Arrangements to deal with emergencies and major incidents

The practice had improved their arrangements to respond to emergencies and major incidents.

- Following the previous inspection, clinical and non-clinical staff had received basic life support training.
- The practice had defibrillators available at both surgeries and oxygen with adult and children's masks. The defibrillator at Grosvenor Road site now had a battery which was inserted and the pads had been replaced and would expire in January 2021.
- The business continuity plan for major incidents had been updated and now included contact details for all members of staff. Copies were stored electronically and could be retrieved offsite by senior staff members.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 15 September 2016 we found that the practice did not have effective systems embedded to ensure staff received mandatory training as per recommended guidelines. The practice did not have an induction programme for newly recruited staff. As a result of these concerns we rated the practice requires improvement for effective care. At this inspection, we found the aforementioned concerns had been addressed. The practice is now rated as good for providing effective services.

Effective staffing

Staff we spoke with on the day of inspection, as well as documents reviewed, demonstrated staff had the skills and knowledge to deliver effective care and treatment.

- The practice had now implemented an induction programme for all newly appointed staff. The policy which was updated in October 2016 was practice

specific and covered topics such as safeguarding, infection prevention and control, fire safety, health and safety and other important employee/employer matters.

- The practice demonstrated that all clinical and non-clinical staff had received up-to-date with training relevant to their roles. GPs and practice nurses had received appropriate safeguarding training and practice nurses had completed infection control training.
- 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, in-house and external training.

Consent to care and treatment

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

- Staff we spoke with during the inspection understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005; GPs and practice nurses had received Mental Capacity training.

Are services caring?

Our findings

At our previous inspection on 15 September 2016, we rated the practice as requires improvement for providing caring services. Results from the national GP patient survey showed the practice was rated below national averages for its satisfaction scores on consultations with GPs and patients felt they were not involved in their treatment and care. Although most comment cards were favourable, some commented on rude reception staff. The practice had only identified four patients (less than 1%) of its practice list as carers.

At this inspection the practice demonstrated they had taken steps to address concerns raised in the national GP patient survey. We were informed that the practice was in the process of forming a new patient participation group (PPG) as the previous one was now defunct. Results from the national GP patient survey which was published in July 2017 showed the practice was still below CCG and national averages for several aspects of care. We found that systems and steps were put in place to identify carers so that they could be directed to avenues of support and patients now had access to a female GP who undertook six weekly sessions. The practice is still rated as requires improvement for providing caring services.

Kindness, dignity, respect and compassion

Results from the national GP patient survey were mixed on questions relating to compassion, dignity and respect. The practice was still below national averages for its satisfaction scores on consultations with GPs and reception staff and higher for nurses. For example:

- 75% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 81% and below the national average of 89%.
- 76% of patients said the GP gave them enough time compared to the CCG average of 77% and the national average of 86%.
- 87% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 91% 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 76% and national average of 86%.

- 93% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 83% and national average of 91%.
- 76% of patients said they found the receptionists at the practice helpful compared to the CCG average and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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 showed satisfaction with GP consultations was lower than local and national averages. Patient satisfaction with nurse consultations was comparable with local and national averages. For example:

- 75% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 78% and the national average of 86%.
- 67% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 72% and national average of 82%.
- 91% of patients said the last nurse they saw or spoke to was good at explaining tests and treatments compared to CCG average of 83% and 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 78% and the national average of 85%.

At the time of our inspection there was evidence to suggest the practice had taken steps to assess and monitor patient feedback. They were in the process of undertaking an in-house survey; however the results were yet to be summarised. The questionnaire which was being used for the survey covered several aspects of care such as, GPs listening, involvement in care and treatment, receptionists, appointments and waiting times.

Patient and carer support to cope emotionally with care and treatment

The practice reviewed the system for identifying carers, for example, incorporating this information on the new patient registration form. The practice's computer system alerted GPs if a patient was also a carer. The practice now identified 60 patients as carers which represented 1.2% of

Are services caring?

the practice list. Data obtained from the practice showed carers were invited for annual health checks. Carer's packs were available as well as written information to direct carers to the various avenues of support available to them.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 15 September 2016 concerns identified were that the practice did not have disabled facilities or a hearing loop for those who had a hearing impairment. Results from the national GP patient survey showed patient's satisfaction with how they could access care and treatment was below local and national averages. At this inspection, we found the practice had taken steps to address these concerns. The practice is now rated as good for this key question.

Responding to and meeting people's needs

- The practice had improved its disabled facilities to now include a hearing loop for patients who had a hearing impairment.
- The practice offered osteopathy, counselling sessions and ultrasound guided injections which were funded by the lead GP to improve services for patients.

Access to the service

The practice had two different telephone lines for the different sites. The telephone lines at Valence Medical Centre were open from 8.00am to 6.30pm from Monday to Friday; with the exception of Wednesday when the practice was closed at 1pm. The branch surgery was open from 9am to 6.30pm and closed on Thursdays from 1pm. Appointments were from 9am to 11.30am every morning and 4pm to 6.30pm daily. Telephone lines at the branch surgery closed daily between 1pm and 4pm; all calls were redirected to the main branch. Extended hours appointments were offered on Thursday and Friday from 6.30pm to 7.30pm at the main practice and from 6.30pm to 8pm at the branch surgery. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for people that needed them on the day. Out of hours primary care is contracted to a local out of hours care provider. The practice provides patients with information in the practice leaflet and by answerphone about how to access urgent care when the practice was closed. We noted the practice did not have a website, however patients could use NHS Choices website to book appointments online and request repeat prescriptions.

Results from the July 2017 national GP patient survey showed that patient's satisfaction with how they could access care and treatment was mixed compared to local and national averages. Telephone access as well as long waiting times scored below CCG and national averages.

- 71% of patients were satisfied with the practice's opening hours compared to the CCG average of 73% and national average of 76%.
- 47% of patients said they could get through easily to the practice by phone compared to the CCG average of 62% and the national average of 71%.
- 23% of patients felt they did not normally have to wait long to be seen compared to the CCG average of 45% and national average of 58%.

The practice manager discussed the above results and told us actions had been taken to improve waiting times as well as telephone access in meeting patient demands.

- Walk in clinics were now available five days per week which had increased from three days.
- Previously, the female GP offered three weekly sessions which resulted in long waiting times. The practice addressed this issue by recruiting a new female GP who worked six clinical weekly sessions.
- Telephone lines now had a queuing system which automatically diverted incoming calls to the administrative team during peak times.
- Additional receptionists were deployed during busy periods.

Listening and learning from concerns and complaints

The system in place for handling complaints and concerns had been improved.

- The practice's complaint policy was reviewed and updated in October 2016 to now include the current responsible person.
- The practice implemented a verbal complaints log which we reviewed and found six concerns had been recorded between October 2016 and April 2017. Complaints were audited in order to identify any themes and trends, for example, appointments and staff attitude.

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 15 September 2016 we found that the practice did not have an effective governance framework to support the delivery of good quality care. Concerns included weaknesses in training systems, lack of induction programme for new employees, generic or lack of policies and irregular staff meetings. In addition we found staff had different understanding of what a significant event was and verbal complaints were not recorded. As a result of these concerns we rated the practice requires improvement for well-led. At this inspection, we found the aforementioned concerns had been addressed. The practice is now rated as good.

Vision and strategy

The practice had a vision and that was to provide individualised and personalised care to patients.

- At this inspection, staff we spoke with understood the practice's vision and although they were not able to tell us word for word, they were able to articulate it in their own words.
- The practice still did not have supporting business plans, however they told us they had future plans which included renovating the practice.

Governance arrangements

Improvements have been made to the overarching governance framework to support the delivery of individualised and quality care.

- There was an organisation list and staff were aware of their own roles and responsibilities. The practice had now implemented an induction programme for all newly appointed staff which included topics such as information governance, safeguarding and infection control.
- Practice policies had been reviewed and were now specific to the practice.
- A comprehensive understanding of the performance of the practice was maintained. The practice held fortnightly practice meetings and minutes were recorded and shared with staff across both sites. We also noted that significant events and complaints were standing items on meeting agendas.

- There were now better arrangements for identifying, recording and managing risks, issues and implementing mitigating actions, for example, there was now a practice specific incident policy and staff we spoke with on the day understood their roles in incident reporting.
- A verbal complaints log was implemented and maintained by the practice.

Leadership and culture

Staff told us the management team were always professional, open and helpful. They also told us they felt more supported and reassured since the practice manager started working full-time.

- Staff told us practice meetings were now held fortnightly and this was positive and boosted their morale. They also told us communication processes had improved as the practice manager was more available to discuss concerns in a timely manner.
- Staff said they felt respected, valued and supported, particularly by the management team in the practice and that they were encouraged to identify opportunities to improve the service delivered by the practice.

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

The practice told us they encouraged and valued feedback from patients and staff and this was demonstrated in some ways for example, in house patient surveys were undertaken, however the results had not been summarised at the time of inspection.

We were also told the practice no longer had a patient participation group (PPG), however at the time of the inspection practice posters were displayed which encouraged patients to join the Patient Reference Group (PRG).

Continuous improvement

Following the previous CQC inspection, the practice manager now worked full-time and told us they had worked to improve patient services. Most concerns we identified in the previous inspection had been addressed. The lead GP told us there was a focus on enhancing patient care and this was demonstrable through the various services the practice offered. For example, ultrasound guided injections and osteopathy which were funded by the lead GP to improve services for patients.