

The Grange Family Health Centre

Quality Report

Stubbing Road
Chesterfield
Derbyshire
S40 2HP

Tel: 01246 748000

Website: www.royalprimarycare.co.uk

Date of inspection visit: 23 January 2018

Date of publication: 04/04/2018

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Good



Are services effective?

Good



Are services caring?

Requires improvement



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Requires improvement



Summary of findings

Contents

Summary of this inspection

Overall summary	2
The six population groups and what we found	5

Detailed findings from this inspection

Our inspection team	6
Background to The Grange Family Health Centre	6
Why we carried out this inspection	6
Detailed findings	8
Action we have told the provider to take	24

Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as requires improvement overall. At the previous Care Quality Commission (CQC) inspection in May 2017, the practice received an inadequate overall rating and was placed in special measures for a period of six months.

Our announced comprehensive inspection on 23 January 2018 was undertaken to ensure that improvements that had been made following our inspection in May 2017.

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

The Grange Family Health Centre is the name that has been registered with the CQC, but the management of the practice and the two branch sites is undertaken by Royal Primary Care. Royal Primary Care is owned, managed and accountable by Chesterfield Royal Hospital NHS Foundation Trust.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Requires improvement

Are services responsive? – Requires improvement

Are services well-led? – Requires improvement

As part of our inspection process, we also look at the quality of care for specific population groups. We rated the practice as requires improvement for providing caring, responsive and well-led services. The concerns which led to these ratings apply across all the population groups we inspected. There were however, examples of good practice.

Older People – Requires improvement

People with long-term conditions – Requires improvement

Families, children and young people – Requires improvement

Working age people (including those recently retired and students) – Requires improvement

People whose circumstances may make them vulnerable – Requires improvement

Summary of findings

People experiencing poor mental health (including people with dementia) - Requires improvement

At this inspection we found:

- Significant work had been undertaken by Royal Primary Care to address the findings of our initial inspection in May 2017. It was acknowledged that some issues were part of a longer-term approach in order to impact positively on quality measures and patient experience.
- The practice had completed actions identified at the previous inspection and had made considerable improvements. However, we found some areas where systems and processes needed additional focus for example: improving patient experience in terms of telephone access; the management of uncollected prescriptions; regular health checks for patients with a learning disability; the identification and support for carers; and improving patient satisfaction results.
- Royal Primary Care had a clear strategy and had developed visions and values which had been communicated with the practice team to ensure individuals understood their contribution to this.
- The recent appointment of a lead GP helped to drive clinical improvements, and provided clinical leadership for the salaried GPs.
- We saw notable progress had been achieved with regards to the review and interpretation of NICE guidance, and the management of alerts issued by the Medicines and Healthcare products Regulatory Agency (MHRA).
- The practice provided evidence of a quality improvement programme. This included audits produced by both GPs and nurses and we saw how these were being used to drive improvements in patient care.
- The practice encouraged and supported staff to report incidents. When incidents did happen, the practice learned from them and improved their processes.
- The practice team worked in partnership with community based teams to deliver effective care for their patients. Regular meetings were held with health and social care representatives to plan and review the care of the practice's most vulnerable patients.
- Royal Primary Care had undertaken a successful recruitment campaign and used innovative means to approach new candidates including social media and an open day. This had led to recruitment to all but one new vacancy within the administrative team, and two long standing salaried GP posts.
- Continuous learning and improvement was encouraged at all levels within the practice. Staff training records showed that most essential training had been completed, and regular appraisals helped to encourage the development of the practice team.
- Results from the latest national GP patient survey published in July 2017 showed that the practice had performed below local and national averages in the majority of the questions about patient experience. However, these results related to the period January-February 2017 before our initial inspection took place, and patients told us that their experience was improving. The practice provided us with results from their own internal survey undertaken between October to December 2017, which showed that patient feedback was improving.
- Patients were mostly negative regarding access to GP appointments. However, improvements to telephone access had been achieved since our previous inspection, and the practice provided updates on progress to their patients. Further work was still required to improve patient experience in line with local averages.
- The practice had a complaints policy and procedure although some information required updating to be compliant with recognised guidance and contractual obligations for GPs in England. The complaints information provided was not consistent across the website, patient information leaflet, and patient response letters.
- The practice had identified almost 1.5% of their patients as being carers. There was limited evidence of measures being employed to support and review carers' needs.

Importantly, the provider **must** make improvements to the following areas of practice:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care. For details, please refer to the requirement notice at the end of this report.

The areas where the provider **should** make improvements are:

Summary of findings

- Review chaperone arrangements to ensure patients are aware of and understand this service, and reinforce with staff which staff are able to operate as chaperones.
- Review the procedure and frequency for monitoring uncollected prescriptions from reception.
- Follow up on the learning disability patient register review with an improved uptake of annual reviews.
- Consider approach to carers of all patients, to build on the work being undertaken with carers of patients with dementia.

At this inspection we found the providers had significantly strengthened their leadership and management and had taken a proactive team approach towards making and sustaining improvements in quality. I am therefore taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by this service.

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

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	Requires improvement 
People with long term conditions	Requires improvement 
Families, children and young people	Requires improvement 
Working age people (including those recently retired and students)	Requires improvement 
People whose circumstances may make them vulnerable	Requires improvement 
People experiencing poor mental health (including people with dementia)	Requires improvement 

The Grange Family Health Centre

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 advisor, a practice nurse specialist advisor, an expert by experience and a second CQC inspector.

Background to The Grange Family Health Centre

The Grange Family Health Centre is the registered name for three GP surgeries within the Chesterfield area of North East Derbyshire. It provides primary care services to approximately 20,600 patients. The practice has one patient list, meaning that registered patients can access services at any of the three sites which are:

- The Grange Family Health Centre, Stubbing Road, Chesterfield, S40 2HP.
- Rectory Road Medical Centre, Rectory Road, Staveley, Chesterfield. S43 3UZ.
- Inkersall Family Health Centre, Attlee Road, Inkersall, Chesterfield. S43 3HB.

We visited the Grange and Rectory Road sites as part of our inspection.

The management of the practice was taken over by Royal Primary Care in May 2015, initially as part of a caretaking arrangement, but it is now formalised via an Alternative Provider Medical Services (APMS) contract commissioned by NHS England and North Derbyshire Clinical

Commissioning Group (CCG). Royal Primary Care is part of Chesterfield Royal Hospital NHS Foundation Trust and manages two GP practices (five sites) across North Derbyshire and Hardwick CCGs.

The premises at the Grange and Inkersall locations operate from modern purpose built properties, whilst the Rectory Road site is an older premise which is maintained to a high standard.

The provider employs over 70 staff across the three sites. This includes eight female salaried GPs and a recently appointed full-time male GP clinical lead GP. At the time of our inspection, two regular male locum GPs were working at the practice to increase medical capacity.

Royal Primary Care employs two nurse practitioners and one nurse practitioner who was in the process of completing their training, nine practice nurses, and two nursing assistant practitioners. Assistant practitioners are qualified to degree level and occupy an intermediate position just below the level of professionally qualified staff, filling the gap between the traditional role of the health care assistant and practice nurse. The assistant practitioner works independently with training and under protocol, and covers skills that were previously only within the remit of registered professionals. The nursing team is complemented by six health care assistants. At the time of our inspection, all of the nursing staff were female.

The clinical team also includes physiotherapists, three pharmacists and two mental health nurses. The provider directly employs the two female mental health nurses, and purchases the musculo-skeletal physiotherapy service from an external provider. The pharmacists work within the practice as part of a pilot scheme led by NHS England to place pharmacists within GP practices.

Detailed findings

The clinical team is supported by 34 non clinical staff including receptionists, data and administrative staff, who work across the three sites.

A full time general manager heads a team of seven operational and managerial staff.

The registered practice population are predominantly of white British background. The practice is ranked within the third decile in terms of the deprivation status of their registered patients, and covers some areas with high levels of unemployment. The practice age profile is mostly in line with national averages, but has slightly lower percentages of over 65s and slightly elevated percentages of under 18s compared to the CCG average. The practice has a higher prevalence of patients with a long-term condition and this impacts upon the demand for health services.

The practice opens from 8am until 6.30pm Monday to Friday. Scheduled GP morning appointments times are available at varying times across the three branches, apart from on one Wednesday afternoon each month when the practice closes for staff training. When the practice closes, patients are directed to Derbyshire Health United (DHU) out of hours via the 111 service. Extended hours GP and nurse appointments are available every Monday morning from 7am-8am, Tuesday evenings 6.30pm-8.30pm, and Saturdays 8.30am-12.30am. Each site offers one of these extended options.

The provider is a GP teaching practice accepts medical students on placement and accommodated first year nursing students. A mental health nurse student was also working at the practice at the time of our inspection.

Why we carried out this inspection

We undertook an announced comprehensive inspection at The Grange Family Health Centre on 24 May 2017 as part of our regulatory functions. The practice received an overall inadequate rating including inadequate ratings for providing safe, effective, and responsive services, and was placed into special measures. The practice was rated as requires improvement for providing caring and well-led services. The full comprehensive report following the May 2017 inspection can be found on our website www.cqc.org.uk

We undertook an announced comprehensive inspection of The Grange Family Health Centre on 23 January 2018 following the period of special measures. This was to ensure improvements had been made and to assess whether the practice could come out of special measures.

Are services safe?

Our findings

At our comprehensive previous inspection on 24 May 2017, we rated the practice inadequate for providing safe services. This was because:

- Systems for safe prescribing in respect of safety alerts and those taking high risk medicines needed strengthening.
- The process for tracking the internal distribution of blank prescriptions required greater oversight
- The practice had a significant backlog of patient letters for review by a GP and computer generated tasks that had not been actioned.
- A number of test results indicating a potential diagnosis of diabetes had not been followed up to ensure patients received the appropriate care promptly.

These arrangements had improved when we undertook a follow up comprehensive inspection on 23 January 2018. We rated the practice, and all of the population groups, as good for providing safe services.

Safety systems and processes

The practice had developed systems to keep patients safe and safeguarded from abuse.

- The practice conducted safety risk assessments, including those for fire, Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings), and general health and safety issues. We saw action plans had been developed and completed in response to the most recent fire and Legionella risk assessments. It had a range of safety policies which were regularly reviewed and staff received safety information as part of their induction and ongoing training programme.
- The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance. Staff had received up-to-date safeguarding training appropriate to their role and knew how to identify and report concerns.
- The practice team worked with other agencies to support and protect patients from abuse, discrimination and breaches of their dignity and respect. We saw evidence of effective working with community based health and social care staff to achieve this aim.

- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment. Annual checks of professional registration for nurses and GPs were undertaken. Disclosure and Barring Service (DBS) checks were undertaken for all clinical staff and for non-clinical staff who undertook chaperoning duties (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). However, we found that a member of the team who had undertaken chaperoning duties had not received the appropriate DBS clearance. This appeared to have been a one-off situation which had arisen due to a misunderstanding in the chaperone procedure by the staff members involved. The practice took steps to ensure a more robust process was in operation when this was brought to their attention.
- Information was available to patients to advise them that they could request a chaperone for intimate examinations or support. We found that a number of patients who we spoke with during the inspection, did not understand the role of the chaperone. Staff who acted as chaperones were trained for the role, and we saw evidence that recent training had been delivered in December 2017. Chaperone duties were predominantly undertaken by a health care assistant.
- There was an effective system to manage infection prevention and control. Regular audits were undertaken and any follow up actions that were identified were addressed promptly. Since our previous inspection, the practice had made significant progress to comply with infection control guidance. Patients told us that they always found that the practice was kept clean and tidy.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems in place to support the safe management of healthcare waste.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed.

Are services safe?

- There was an effective induction system for staff tailored to their role. We saw examples of completed induction documentation. Staff told us they were well-supported when they had started working at the practice.
- Clinical staff such as mental health nurse practitioners and nurse prescribers who saw patients as a first-line contact, received appropriate support from GPs when this was needed.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis. Reception staff were provided with triage prompts on the computer screen to prioritise patients who may be presenting with chest pain, stroke or sepsis. The practice told us they were in the process of reviewing this to become more symptom based, to improve the likelihood of clearly identifying potential risk factors with appropriate escalation.
- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks.
- Three practice based pharmacists made a valuable addition to the team by supporting clinicians with medicines' issues, and in seeing patients directly to review their prescribed medicines. Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately.
- A GP had been designated as prescribing lead and this was helping to improve prescribing outcomes. Regular prescribing meetings were held in house.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. There was evidence of actions taken to support good antimicrobial stewardship, and we saw that the practice was in the upper third of CCG practices in terms of best performance for low prescribing of broad spectrum antibiotics. Whilst overall antibiotic prescribing remained above local averages, the practice had improved its performance since our previous inspection in May 2017. The practice was also proactively running a campaign within the surgery to improve patient awareness on antibiotic prescribing. We observed that the practice worked collaboratively with their local medicines management team.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. Information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information.
- At our previous inspection in May 2017, we observed a backlog in processing incoming correspondence, and the management of computer generated tasks. We saw that this had been effectively dealt with at the inspection in January 2018. Systems had been revised to ensure incoming correspondence was reviewed, coded and actioned appropriately and all backlogs had been cleared. New tasks were being managed and the backlog had been risk assessed to ensure no urgent issues had been overlooked. There was a process in operation to clear those tasks that remained open.
- The practice had a process to ensure any patients being prescribed high-risk medicines were being monitored closely. Shared care arrangements worked effectively to monitor those patients prescribed their medicines by a hospital consultant.
- The practice kept prescription stationery securely and monitored its use. In response to a query about the security of printed prescriptions, the practice told us they would review their arrangements to ensure these were fully risk assessed.
- Uncollected prescriptions were not reviewed regularly and we were told that uncollected prescriptions would be shredded after 12 months. We observed that some uncollected prescriptions included medicines used to treat mental health conditions for example. The practice agreed to review their approach to this.

Safe and appropriate use of medicines

The practice mostly had reliable systems for appropriate and safe handling of medicines.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Are services safe?

- There was a system for recording and acting on significant events, incidents and near misses.
- Staff understood their duty to raise concerns and report incidents. Training had been provided to practice staff on incident training and duty of candour in December 2017.
- Managers supported and encouraged the practice team to report incidents. We saw that a total of eight significant events had been recorded since our previous inspection in May 2017. Untoward events and incidents were reviewed and risk rated, and any significant risks were escalated and monitored through the trust's governance procedures.
- There were effective systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. Learning was also shared with the other practice managed by Royal Primary Care in the neighbouring CCG. Two clinicians had been trained in root cause analysis to help with the investigation of significant events, and three others had been identified to complete this training in February 2018.
- The system for receiving and acting on patient and medicine safety alerts, including those from the Medicines and Healthcare products Regulatory Agency (MHRA) had been improved significantly since our previous inspection. We saw evidence that when medicines alerts were received, they were reviewed and logged, and searches were undertaken to identify patients this might affect. The practice were able to provide audits that had been undertaken to evidence the effective review of MHRA alerts. A GP had been allocated leadership time to focus on improvement work for acting on alerts, and alerts were reviewed at fortnightly prescribing meetings which had been introduced as a temporary measure to create oversight of systems and clear any backlog of alerts. The plan was to incorporate this into the general governance meeting once there was assurance that the system was effective and up to date.

Are services effective?

(for example, treatment is effective)

Our findings

At our comprehensive previous inspection on 24 May 2017, we rated the practice inadequate for providing effective services. This was because:

- There was no clear process documented to show that new or revised guidance had been reviewed and acted upon where appropriate.
- There was limited evidence of a structured quality improvement programme
- Levels of exception reporting were above local and national averages.
- Antibiotic prescribing exceeded local and national average figures.

These arrangements had improved when we undertook a follow up comprehensive inspection on 23 January 2018. Therefore, we rated the practice as good for providing effective services.

Effective needs assessment, care and treatment

The practice had developed systems to keep clinicians up to date with current evidence-based practice. The systems had been significantly strengthened since our previous inspection and we observed that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance. We saw evidence that new and updated guidance was considered at regularly held clinical meetings and guidance was stored in an easily accessible location on the practice computer system.

Processes had been aligned with the wider organisation and we saw that the practice used a response form which was submitted to the trust reporting how they complied with the guidance, or providing actions to demonstrate how they would achieve compliance. For example, in response to NICE guidance on sepsis, the practice demonstrated their compliance by having parameters within their computer system to identify abnormal observations. This was further supported by laminated decision making tool in each clinical room to assist in diagnosing the condition. A GP had been assigned as the practice lead on NICE guidance to ensure a coordinated approach across the practice team.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing. Care plans were available for appropriate patients.

- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who were frail or may be vulnerable received assessments of their physical, mental and social needs.
- Fortnightly multi-disciplinary meetings reviewed the ongoing care and support for patients who were at risk of hospital admission or had complex health and care needs. A GP always attended this meeting. We observed that the practice team worked effectively with community based staff as part of an integrated approach to care.
- The practice based pharmacist undertook reviews for all patients aged over 80 who had been prescribed multiple medicines to ensure these were still appropriate for their needs. .

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. The practice had undertaken recent work to follow up patients who did not attend for their appointment to improve engagement, and this had made a significant impact on their level of exception reporting.
- For patients with the most complex needs, the GP worked with other health and care professionals, including the community matron, district nurses and community mental health teams, to deliver a coordinated package of care.
- Advice was sought from specialist nurses (for example, the community respiratory specialist nurses) when this was indicated.
- The practice monitored those individuals prescribed high risk medicines within secondary care as part of shared care arrangements to keep patients safe.

Families, children and young people

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were above the target percentage of 90% or above. There were arrangements in place to follow up any non-attenders.

Are services effective?

(for example, treatment is effective)

- The practice provided a full range of contraceptive services, including implants and coil fittings.
- Meetings were held every month between the safeguarding lead GP and the health visitor to review any children where there were any known safeguarding concerns. The school nurse and midwife would also attend the meeting when they were available.

Working age people (including those recently retired and students):

- The practice's uptake for cervical screening was 83%, which aligned with the local average, and was slightly above the national average. This outcome contributed to the 80% coverage target for the national screening programme. Exception reporting rates were 8% above the local rate and 5% above the national average. The practice was trying to improve patient engagement and we saw a good display promoting the benefits of this service on one site. There had been a drive to contact patients directly rather than just by letter. Additionally, to coincide with the national smear campaign the practice reminded patients to attend via a text message and provided a smear clinic on every day of the campaign week. Following the inspection, the practice informed us that 114 patients had attended for screening who had previously been excepted.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way with collaboration from the multi-disciplinary team via meetings every month with ongoing communication in-between. The care provided took into account individual needs such as the patients preferred place of care.
- Annual health reviews had been completed for 54% of the 111 patients on the practice's learning disability register. The practice had been working with the CCG learning disability lead since our previous inspection to ensure verification of the patients included on this register.

- The practice provided shared care arrangement for stable patients in recovery from drug use. This was done in conjunction with a drug worker from the local drugs team, and included the prescribing of opiate substitute therapy.

People experiencing poor mental health (including people with dementia):

- The practice employed two mental health nurses to oversee and coordinate care for patients aged 16 and over requiring mental health support.
- 75% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was a decrease from 82% in the previous year, and was lower than the local average of 82% and national average of 84%. The practice provided their own data for 2017-18 (subject to external verification) which showed that achievement for the latest year to date had increased to 86%.
- 86% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was below the local average of 94% and national average of 90%. The exception reporting rates aligned with the average figures. The practice explained that their latest unverified achievement for 2017-18 was 93%. There had been a discrepancy in the figures as the reviews undertaken by other organisations had not been coded to update the practice's overall data.
- The practice considered the physical health needs of patients with poor mental health and those living with dementia. For example, 92% of patients experiencing poor mental health had received discussion and advice about alcohol consumption in the last 12 months (this was in alignment with local and national averages but with generally higher exception reporting).

Monitoring care and treatment

The most recent published Quality Outcome Framework (QOF) results for 2016-17 showed an achievement of 99% of the total number of points available and this aligned with the clinical commissioning group (CCG) average of 99%, and above the national average of 96%. The overall exception reporting rate was almost 15% which was higher than the CCG average of 12% and the national average of 10%. QOF is a system intended to improve the quality of general practice and reward good practice. Exception

Are services effective?

(for example, treatment is effective)

reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate). There had been a slight reduction in the level of exception reporting since 2015-16 and we raised this issue at our previous inspection in May 2017.

The practice had focused on exception reporting and had introduced a new process to call patients by up to three letters, and then to have a conversation with these patients. This may have then indicated that the person would require a home visit to have their review done. If the verbal contact still resulted in a failed contact, the information was passed onto a clinician who would review the case and consider any further actions before deciding to exception report the case. A team had also been established to concentrate on QOF and enhance patient engagement. These measures had lowered levels of exception reporting and the practice was able to provide their own unverified data showing that from April to December 2017, the level had diminished to 8%, although it is acknowledged that this was not the final year end position.

The practice provided evidence of a programme of quality improvement activity and reviewed the effectiveness and appropriateness of the care provided.

- The practice provided us with a number of examples of recent clinical audits. This included a full cycle audit on the monitoring of patients being treated with a medicine used to block the effects of chemicals released when the immune system attacks the joints. Of 117 patients identified as taking the medicine, 13% had not received the required quarterly blood tests. Actions taken in response to the first audit, reduced non-attendance to 5% within a month. This demonstrated that patients were receiving regular monitoring to ensure they did not experience any side effects from taking their prescribed medicines.
- Clinical audit work was being undertaken by both medical and nursing staff. Clinical audit training had been provided to members of the practice team.
- We saw evidence of clinical audits focused on NICE guidance, and in response to MHRA alerts. For example, following a MHRA alert issued in 2016, we saw an audit on a medicine used to control conditions such as epilepsy which could cause harm to an unborn baby in

pregnant women. The audit showed that all the patients who could be affected had been contacted by the practice and provided with advice and a review of their prescribed medicines.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation had received specific training and could demonstrate how they stayed up to date.

- Staff were encouraged and given opportunities to develop. The practice understood the learning needs of staff and provided protected time and training to meet them. The practice maintained a record of staff training. Most staff had completed the training modules identified as being mandatory by the practice. However, two nurses were overdue an update to support their role in taking samples for the cervical screening programme. The practice booked training updates as soon as this was identified, and took advice to ensure they could continue to undertake this role in the interim, which was confirmed.
- The practice provided staff with ongoing support. This included regular staff meetings, appraisals, clinical meetings and support for revalidation. The appraisal process had been revised and aligned to the processes within the wider trust. This was to be rolled out with staff at their next appraisal and we saw that the process would be linked to service objectives and values. Managers had received appraisal training to ensure that appraisals were delivered effectively. Salaried GPs were to be incorporated into the practice appraisal process. This would be undertaken by the clinical GP lead and complement the existing GP appraisal programme by not duplicating what was already in place, but to ensure that the salaried GPs had a clear focus towards practice aspirations and values.
- The practice had developed a comprehensive induction programme for new starters. This included a comprehensive 12 week induction on all aspects of the role for administrative and reception staff. There was a process to sign-off individual competencies once they had been achieved. There was an induction pack available for GPs and we saw this was updated as required, for example if an issue relevant to locums was identified via an incident or complaint.

Are services effective?

(for example, treatment is effective)

- There was a clear approach for supporting and managing staff when their performance was poor or variable.
- Royal Primary Care was mindful of the loss in organisational memory when many employees left the organisation during the transition from the former partnership. This was considered as part of the induction of the new cohort of employees to ensure they were effectively supported and given time to develop within their roles.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. Information was shared appropriately with out of hours' and other relevant providers to ensure a smooth transition across services for patients.
- 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.

Helping patients to live healthier lives

Staff helped patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, and patients at risk of developing a long-term condition.
- Staff encouraged and supported patients to be involved in monitoring and managing their health. For example, there was access to smoking cessation and weight management advice.
- Staff discussed changes to care or treatment with patients and their carers as necessary.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Are services caring?

Our findings

At our comprehensive previous inspection on 24 May 2017, we rated the practice requires improvement for providing caring services. This was because:

- Results from the last national GP patient survey showed the practice was below average for its satisfaction score on consultations with GPs
- There was limited evidence to show how the practice supported identified carers

These arrangements had made some improvement when we undertook a follow up comprehensive inspection on 23 January 2018. However, we still rated the practice, and all of the population groups, as requires improvement for providing caring services.

Kindness, respect and compassion

Patients told us that staff treated them with kindness, respect and compassion.

- Staff understood patients' personal, cultural and social needs. Staff had access to training in equality and diversity.
- 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. We observed that this happened on the day of our inspection.

Results from the annual national GP patient survey published in July 2017 showed that most patients felt they were treated with compassion, dignity and respect. 312 surveys were sent out and 130 were returned. This represented about 0.6% of the practice population. The practice was below average for its satisfaction scores on consultations with GPs and nurses in comparison to local and national averages. For example:

- 79% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 72% of patients who responded said the GP gave them enough time; CCG - 88%; national average - 86%.
- 87% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 96%; national average - 95%.

- 74% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG - 89%; national average - 86%.
- 84% of patients who responded said the nurse was good at listening to them; CCG - 94%; national average - 91%.
- 88% of patients who responded said the nurse gave them enough time; CCG - 94%; national average - 92%.
- 94% of patients who responded said they had confidence and trust in the last nurse they saw; CCG - 98%; national average - 97%.
- 82% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 94%; national average - 91%.
- 69% of patients who responded said they found the receptionists at the practice helpful; CCG - 88%; national average - 87%.

The results from the 2017 national GP survey related to patient feedback canvassed in January-February 2017, which was before our initial inspection in May 2017. These results were mostly lower than those achieved in the 2016 survey and reflected a period in which the practice was undergoing significant change, including the recruitment of many new team members. The practice was aware of the results, and was striving to address them. The practice had implemented their own programme of patient surveys to monitor progress, but we found that the most recent practice survey (undertaken between July-September 2017) was generally in line with the national results. However, the feedback received from the 38 CQC patient comment cards, and most of the 13 patients we spoke with on the day of our inspection were positive about their interactions with the practice team, and the support they had provided to them. Following our inspection, the practice provided more recent patient survey data from October to December 2017 which showed that patient experience was improving.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given).

- The practice team identified patients with information access needs upon registration. If a patient was identified as having a support need to aid

Are services caring?

communication, their records would be flagged and longer appointments could be arranged if necessary. Easy-read documents were used for appropriate patients with a learning disability, and information was available in alternate formats for other patients to suit their own individual needs.

- Interpreter services and access to British Sign Language and Makaton (a language programme using signs and symbols to help people to communicate) was available to support patients who needed this to aid their communication with the practice team.

The practice proactively identified patients who were carers. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 289 patients as carers (this was almost 1.5% of the practice list). There was no identified carers' champion, although a health care assistant helped to signpost carers of patients with dementia to access support. There were no carers support packs available to distribute to carers and no specific support was offered to carers by the practice, other than an invitation to receive the annual flu vaccination. There was no evidence of practice engagement with the local carers' federation, although the PPG had considered developments in this area and had received a presentation about carers' groups at one of their meetings.

- Staff told us that if families had experienced bereavement, a card would usually be sent to families or carers, and GPs would often them by telephone. Individuals could be signposted to formal bereavement support should this be required.

Results from the July 2017 national GP patient survey showed patients responded less positively to questions about their involvement in planning and making decisions about their care and treatment. Results were below local and national averages:

- 73% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 89% and the national average of 86%.
- 72% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 85%; national average - 82%.
- 85% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 93%; national average - 90%.
- 81% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 89%; national average - 85%.

The results relating to involving patients in decisions about their care had improved since the 2016 national GP survey, whilst satisfaction on explaining tests and treatments had decreased slightly. The practice was aware of the results, and was trying to respond to this. The most recent patient survey (July-September 2017) undertaken by the practice to monitor progress showed outcomes to be generally in line with the outcomes from the national survey. However, the feedback received within the 38 completed patient CQC comment cards, and the 13 patients we spoke with on the day of our inspection were mostly all positive about this aspect of their care.

Privacy and dignity

The practice respected and promoted privacy and dignity.

- Royal Primary Care recognised the importance of patients' dignity and respect. This was supported by a patient dignity policy, and a practice equality and diversity policy. A practice dignity at work policy outlined the process to promote the same principles for practice employees.
- The practice complied with the Data Protection Act 1998, and most staff were up to date with training in information governance.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our comprehensive previous inspection on 24 May 2017, we rated the practice inadequate for providing responsive services. This was because:

- Results from the last national GP patient survey showed the practice was below average for its satisfaction score on telephone access and continuity of care
- Our observations on the day, and feedback received from patients and some community staff, demonstrated that contacting the practice via telephone was problematic

These arrangements had made some improvement when we undertook a follow up comprehensive inspection on 23 January 2018. We rated the practice, and all of the population groups, as requires improvement for providing responsive services.

Responding to and meeting people's needs

- The practice offered extended opening hours, online services such as repeat prescription requests, and advanced booking of appointments.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- The main site was accessible via automatic doors with a low level reception desk, and good access throughout the building. There was a hearing loop in place to assist patients who were hard of hearing.

Older people:

- The practice was responsive to the needs of older patients, and offered home visits for those who had difficulties getting to the practice. Royal Primary Care commissioned a home visiting service from a nurse practitioner employed by another local health service provider. Additional visits were covered by GPs working at the practice.
- Nurses and pharmacists working at the practice provided visits to ensure patients were monitored effectively and received the services they needed – for example, anticoagulation (INR) tests and medicine reviews.

- The practice provided care for residents at two designated residential care homes. A weekly visit was made to the home by a named GP, and any urgent requests were responded to on the day.
- A meeting took place each month with the local hospice team regarding patients at the end of their life. Medicine changes were made promptly to improve the responsiveness for this group of patients with rapidly changing needs.

People with long-term conditions:

- The practice held regular meetings and worked with community based teams to discuss and manage the needs of patients with complex medical issues.
- Practice nursing staff provided individual care planning for patients with long-term conditions such as asthma, diabetes and breathing problems. Members of the nursing team could initiate insulin for patients with newly diagnosed diabetes meaning that they did not have to travel to another service to access care.

Families, children and young people:

- All children were offered a same day appointment when this was requested.
- Early and late appointments were available with the practice nurse to accommodate schoolchildren.
- The midwife provided ante-natal clinics for practice patients and also patients from the wider community.

Working age people (including those recently retired and students):

- The practice offered extended opening hours appointments to see either a GP or nurse were available on one morning and one evening each week, and also on a Saturday morning.
- Appointments could be booked online. The practice participated in the electronic prescription service meaning that patients could request repeat prescriptions online and collect these from their preferred pharmacy.
- Patients could request access to their online medical records affording easier access to their own information at a convenient time.
- Telephone consultations with the GP were offered each day which supported patients who were unable to attend the practice during normal working hours, or had expressed to have this type of consultation as their preference.

Are services responsive to people's needs?

(for example, to feedback?)

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The Citizens Advice Bureau ran sessions within the practice to provide advice, and help signpost patients to other services which could offer them with support and guidance.
- The practice registered patients on a temporary basis if their personal circumstances were not stable enough for them to have a permanent abode, and support with their issues would be offered on an individual basis.
- Double appointments were available to accommodate those patients who needed more time to discuss their needs.

People experiencing poor mental health (including people with dementia):

- Royal Primary Care directly employed two mental health nurses at the practice. Patients could book an appointment directly to see one of these nurses, rather than a GP. Appointment times were extended to 30 minutes in recognition of the need to deal with patients sensitively and allow sufficient consultation time. Patients were often allocated a follow up appointment at the time of their initial consultation to facilitate their attendance.
- Annual physical health checks were offered for patients with long-term health problems and for patients with dementia.
- The practice had dementia friendly status and the practice team had a good understanding of how to support patients with mental health needs and those patients living with dementia. A member of staff had been designated as the practice Dementia Champion.
- Carers of patients with dementia were flagged to allow consideration of their needs, such as appointment flexibility and respite needs.

Timely access to the service

- Patients with the most urgent needs had their care and treatment prioritised. Most GP appointments were released on the day, although some pre-bookable appointments were available. Advanced bookings to see a GP could be made up to two weeks in advance.
- At our previous inspection, we identified that telephone access to obtain appointments was difficult for patients.

Since the inspection, Royal Primary Care had been working hard to improve patient experience and we saw that progress was being made. However, the practice was aware that further improvement was needed and had a clear plan of action to address this.

- We observed that waiting times for incoming calls to be answered had reduced significantly since our previous inspection and 80% of calls were being answered within 10 minutes. This had been achieved by a combination of measures including resolving glitches in the previous system which moved some callers back in the queue; having more staff available to deal with calls; having a dedicated phone trainer in place; and being able to access reliable reports to show pick up rates and speed in which calls were resolved. An information leaflet was available to patients to explain what had been done, as well as the next steps being taken to make further improvements.
- The practice operated a triage system run by the reception team in which some patients could be directed to an alternative clinician such as the nurse practitioner, physiotherapist, pharmacist or mental health nurse. Patients retained the choice not to participate in the triage process and ask specifically for a GP appointment. Triage appointments were reviewed by a GP and redirected if felt to be inappropriate for a particular presenting case. A 'pool' system also operated twice daily for patients requiring an on-the-day appointment when all available slots had been filled. These were reviewed by the GPs and if deemed urgent were seen on the day by a GP.

Results from the annual national GP patient survey published in July 2017 showed that patients' satisfaction with how they could access care and treatment was below local and national averages. 312 surveys were sent out and 130 were returned. This represented approximately 0.6% of the practice population.

- 60% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 79% and the national average of 76%.
- 16% of patients who responded said they could get through easily to the practice by phone; CCG – 72%; national average – 71%.

Are services responsive to people's needs?

(for example, to feedback?)

- 73% of patients who responded said that the last time they wanted to speak or see a GP or nurse; they were able to get an appointment; CCG - 86%; national average - 84%.
- 62% of patients who responded said their last appointment was convenient; CCG - 84%; national average - 81%.
- 43% of patients who responded described their experience of making an appointment as good; CCG - 73%; national average - 73%.
- 37% of patients who responded said they don't normally have to wait too long to be seen; CCG - 64%; national average - 58%.
- 16% of patients who responded said they usually got to see or speak to their preferred GP; CCG - 57%; national average 56%

The results from the 2017 national GP survey reflected patient feedback canvassed in January-February 2017, which was before our initial inspection in May 2017. These results were mostly lower than those achieved in the 2016 survey and reflected a period in which the practice was undergoing significant change, including the recruitment of many new team members. Royal Primary Care had implemented a patient experience improvement delivery plan to improve access to a clinician and had instigated their own programme of patient surveys to monitor progress. This included measures such as completing a telephone capacity and demand study to ensure enough staff were allocated to deal with incoming calls. We saw that the actions taken had not impacted significantly on patient experience at the time of this inspection, although we were able to see that the practice were actively trying to make improvements.

Almost all of the 38 Care Quality Commission patient comment cards we received, were generally positive about the way patients were able to access the service. Three of the comment cards included a negative remark about

access to the service, one relating to access to appointments and two others regarding a lack of continuity in being able to see the same GP. The majority of the 13 patients we spoke with on the day of the inspection did report ongoing difficulties about making an appointment. We asked patients specifically to focus on their most recent experience, and most reported a lengthy wait on the telephone and some said they came into the surgery to arrange an appointment directly as it was so difficult to call. A number of the patients we spoke with also raised concerns about the lack of continuity in seeing different clinicians with the same health problem.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them to improve the quality of care.

- Staff treated patients who made complaints compassionately.
- Information about how to make a complaint or raise concerns was available upon request, although this was not displayed in the waiting area.
- The practice had a complaints policy and procedure although some information required updating to be compliant with recognised guidance and contractual obligations for GPs in England. The complaints information was not consistent across the website, patient information leaflet and response letters.
- The practice provided us with data on complaints which showed that 45 complaints had been received since May 2017. These mostly related to the difficulties with the telephone system. We reviewed a sample of complaints and found that they were satisfactorily handled in a timely way.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care.

Are services well-led?

Requires improvement 

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

Our findings

At our comprehensive previous inspection on 24 May 2017, we rated the practice requires improvement for providing well-led services. This was because:

- Elements of the practice's governance structure were not sufficiently robust and this led to a number of risks being highlighted in relation to patient safety
- As Royal Primary Care had taken over the contract relatively recently at our last inspection, they had inherited a number of long-standing issues which needed time to become embedded and show a positive impact and become part of the practice's culture and daily operation.

These arrangements had made some improvement when we undertook a follow up comprehensive inspection on 23 January 2018. However, we still rated the practice, and all of the population groups, as requires improvement for providing well-led services. This was because the oversight of some arrangements, for example, responding to patient experience including access to appointments, required further strengthening.

Leadership capacity and capability

Leaders had the capacity and skills to deliver good-quality care.

- The practice had developed a clear approach in terms of the leadership of the practice, and was aware of future succession planning requirements.
- Royal Primary Care had recently appointed a clinical lead GP whose role was split between managerial/ leadership responsibilities and clinical commitments. This role was impacting on driving clinical improvements to enhance patient care.
- Salaried GPs had been assigned clear lead responsibilities since our last inspection such as prescribing and governance. We saw how this had produced significant improvements, for example in the oversight and management of NICE guidance and MHRA alerts.
- Managerial arrangements had been strengthened and aligned to processes within the trust. A full-time general manager had been seconded to coordinate and oversee the management of Royal Primary Care since our previous inspection.

- GPs and managers were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

Vision and strategy

Royal Primary Care had a vision to be a first-class provider of sustainable primary care services, delivering the best possible care to their patients, and being a great place for people to work. There was a clear strategy for the practice that fed into the Trust's overall strategy and business planning arrangements. The strategy was monitored by the Trust's Board.

The practice vision was underpinned by core values and objectives specific to primary care.

- Staff we spoke to demonstrated their commitment towards the vision and values and their role in achieving them. Royal Primary Care had undertaken work to engage staff in understanding how they contributed to objectives and the vision, and it was planned to align individual objectives with the strategy into a revised appraisal process in the forthcoming year.
- There was an awareness of the most important challenges and risks facing the practice and these were risk assessed with actions taken to try and minimise their potential impact. For example, it was recognised that the IT infrastructure may not be adequate to address future requirements and plans had been made to review this to help forward planning.
- Royal Primary Care engaged with their CCG to influence and drive improvement in the delivery of patient care within the locality. Management representatives attended local meetings, for example, practice manager meetings, to discuss local issues and share best practice.

Culture

- Staff stated they felt respected, supported and valued. They told us that they enjoyed their work and were proud to work in the practice and felt they were treated equally.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.

Are services well-led?

Requires improvement 

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

- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- All staff received who had been in post for over 12 months had received their annual appraisal. Staff were supported to meet the requirements of professional revalidation where necessary.
- There were positive relationships between staff and teams. 'Glimpse of Brilliance' awards had been introduced recently to acknowledge the good work of individual staff. The practice team received a weekly notification to inform them who had been nominated and why. There were plans to introduce a monthly award to the best nominee.

Governance arrangements

Whilst there were generally clear responsibilities, roles and systems of accountability to support good governance and management, we identified some ongoing concerns. The practice had completed actions identified at the previous inspection and had made considerable improvements. However, we found some areas where systems and processes needed additional focus, for example, uncollected prescriptions; health checks for patients with a learning disability; the identification and support for carers; ensuring that all staff chaperoning had evidence of appropriate DBS clearance; and improving patient experience to impact positively on patient satisfaction results. We also saw positive examples of effective governance arrangements:

- Structures, processes and systems to support good governance and management were set out, understood and were mostly effective.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control
- Practice leaders had established concise policies and procedures which were regularly reviewed, and could be accessed easily by the practice team.
- There was a schedule of regular in-house meetings which were well documented. This including a rolling weekly meeting to focus in turn on governance, significant events, safeguarding and palliative care.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Practice leaders had oversight of incidents and complaints.
- Clinical audit was driving the quality of care and outcomes for patients. There was evidence of action to change practice to improve quality.
- The practice had plans in place and had informed staff how to deal with incidents which may impede the delivery of the service. We saw evidence that this had been implemented recently following a gas leak at one of the sites.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- The practice used performance information which was reported and monitored.
- The practice utilised information technology (IT) systems to monitor and improve the quality of care. Royal Primary Care planned a review of their future IT needs as they were mindful that these may need to be enhanced to be fit for purpose when new requirements evolved.
- The practice submitted data or notifications to external organisations as required.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A range of patients', staff and external partners' views and concerns were encouraged to shape services and culture.
- Staff meetings were held each month and when possible joint meetings were held with the other practice managed by Royal Primary Care to facilitate joined up working.

Are services well-led?

Requires improvement 

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

- Staff surveys were undertaken on an annual basis. Results were analysed and three key priority areas for action would be identified in response. For example, following the previous year's survey, amendments had been made to the appraisal programme.
- There was an active patient participation group with twelve core members, with a recent addition of eight virtual members. We spoke with the chair and three other members of the PPG who informed us that the PPG had monthly meetings with practice representatives. These had been held bi-monthly before our previous inspection but the frequency was increased to support the practice to address some key actions which affected patients. The PPG representative told us that the group was treated respectfully and was listened to by the practice. Practice representatives attended every meeting, and the PPG had been involved in practice protected learning time events. The practice was open with them and consulted the PPG on issues that impacted upon patients. The PPG were involved in patient surveys and gathered patient views, for example in relation to what information was displayed on the television screen in the waiting area. The PPG produced a quarterly newsletter to inform patients on any practice developments. The group had also established links beyond the practice including the Council of Governors and established relationships with the Trust's wider governance process.
- Royal Primary Care analysed patient survey data and considered any areas that could be improved. We saw that the results from the last national GP survey had been discussed with the practice team at a staff meeting. The practice undertook their own quarterly survey to compliment the national GP survey, and review how changes were impacting upon patient experience. The PPG also assisted with a monthly mini-survey of 15 patients at each site. Feedback was also monitored through other means including Family and Friends Test returns.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- Following the initial CQC inspection in May 2017, Royal Primary Care had implemented a significant programme of change. Throughout this, there had been an emphasis on staff inclusion and gaining their

commitment to review tasks and introduce new ways of working. Daily 'huddles' had been introduced across the three sites to provide an opportunity for the team to catch up on key issues each day and share any key messages. We also saw how staff had been involved in discussions on how they contributed to the CQC's assessment criteria and we saw a large whiteboard displaying the outcomes from this in the main administration office area.

- Staff briefing bulletins had been developed to summarise some key issues that were covered within the five key areas assessed by the CQC inspection. The information was relevant to all staff and helped to embed an understanding of what the inspection process was about, as well as to consider areas for learning following the initial inspection.
- Staff were empowered to make changes. A change management process called 'Listen into Action' had been introduced by the practice. This enabled an individual to facilitate a change when this was needed by identifying ten colleagues to work with, and find a workable solution. We saw examples where this had been used effectively including changes to the practice's travel vaccination programme.
- A process called 'crystal clear results' had been introduced to give patients information and ownership of their own test results. When tests were undertaken, the patient would be handed a sheet of paper identifying which specific test(s) had been performed, with an indication of the timescale it would take to receive the result of their particular test. The sheet provided patients with a number to ring the practice after 2pm to obtain their results.
- The practice had embarked on a major recruitment campaign following our last inspection. They had used innovative ways to tackle this including targeting candidates via social media and an open day in October 2017. This had been highly successful and had brought in many staff who were new to the NHS. Whilst this created a more extensive training and support package, this also helped to foster innovation and bring new ideas into the way the service could be delivered.
- Royal Primary Care continued to look at ways to improve access to care. Plans were being developed to look to employ paramedics to provide triage and free up GP time to see more patients. The service was also looking at nurse practitioners and GPs doing home visits to bring the home visiting service back in-house.

Are services well-led?

Requires improvement



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

- The practice had made changes to GP locum contracts to include responsibilities for dealing with incoming

pathology results and undertaking some home visits. This helped to take work off the salaried GPs and ensured that locums provided additional duties to contribute to the delivery of a more responsive service.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 17 HSCA (RA) Regulations 2014 Good governance The provider must continue to work towards improving patient experience. This incorporates those areas which are significant outliers in the national GP patient survey including assessing and monitoring access to appointments. The provider must also ensure that information on making a complaint is displayed clearly for patients and that the information provided is accurate and consistent.
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	