Great Bridge Partnership for Health

Quality Report

Sai Surgery
10 Slater Street
Great Bridge
Tipton
DY4 7EY
Tel: 08444771841
Website:

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

Ratings

Overall rating for this service	**Good**
Are services safe?	**Requires improvement**
Are services effective?	**Good**
Are services caring?	**Good**
Are services responsive to people's needs?	**Good**
Are services well-led?	**Good**

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We previously inspected Great Bridge Partnerships for Health on 28 April 2016. As a result of our inspection visit, the practice was rated as requires improvement overall with a requires improvement rating for providing effective, caring and well led services; the practice was rated good for providing safe and responsive services. A requirement notice was issued to the provider. This was because we identified a regulatory breach in relation to regulation 9, Person-centred care and also in relation to regulation 17, Good governance. We identified some areas where the provider must make improvements, as well as areas where the provider should make improvements.

We carried out an announced comprehensive inspection at Great Bridge Partnerships for Health on 20 July 2017. This inspection was conducted to see if improvements had been made following the previous inspection in 2016.

You can read the reports from our previous inspections, by selecting the 'all reports' link for Great Bridge Partnerships for Health on our website at www.cqc.org.uk.

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

- There were processes in place for formally reporting incidents and systems ensured compliance with the requirements of the duty of candour. Significant events and complaints were discussed with all staff and reflected on further during the partnerships quarterly clinical governance meetings.
- During our inspection we found that the practices systems to support effective safeguarding processes were not always effective. For instance, we found that safeguarding registers were not adequately maintained and the content was unclear in specific areas.

Summary of findings

- We saw evidence to support that adequate care plans were in place and there was an effective recall system in place for patients needing medication and general health reviews.
- Practice data indicated that the practice consistently met Quality and Outcomes Framework (QOF) targets and had made improvement with regards to mental health performance.
- We noted that in some areas the practice were not maximising the use of their patient record system to notify staff when patients were on certain high risk medicines and to highlight patient's major active problems.

The areas where the provider must make improvements are:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure patients are protected from abuse and improper treatment

The areas where the provider should make improvements are:

- Maximise the use of the patient record system to ensure staff are notified when patients are on high risk medicines and to highlight patient's major active problems.
- Ensure timely access to key documents associated with the practice premises for the service provided at Yew Tree Healthy Living Centre Surgery, to support areas such as premises safety and maintenance.
- Continue to work on areas identified for improvement from internal and external patient surveys.

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?

Requires improvement

At our previous inspection on 28 April 2016, we rated the practice as good for providing safe services. We identified some areas that require improvement when we undertook a follow up inspection on 20 July 2017 and the practice is now rated as requires improvement for providing safe services.

- There were processes in place for formally reporting incidents and systems ensured compliance with the requirements of the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- Significant events were discussed with all staff and reflected on further during the partnerships quarterly clinical governance meetings.
- We found that the practices safeguarding systems and processes were not always effective. For instance, we found that safeguarding registers were not adequately maintained and content was unclear in specific areas.
- We noted that in some cases the practice had not actively used the alerts option on the patient record system to notify staff when patients were on certain high risk medicines. However we saw that patients prescribed high risk medicines were monitored and reviewed.

Are services effective?

Good

At our previous inspection on 28 April 2016, we rated the practice as requires improvement for providing effective services. This was because we found that some care plans did not contain sufficient detail and some had not been updated. Additionally we found that exception reporting was above the local and national averages with regards to mental health performance under the Quality and Outcomes Framework (QOF). We noted improvements during our most recent inspection and therefore the practice is now rated as good for providing effective services.

- We saw evidence to support that adequate care plans were in place and there was an effective recall system in place for patients needing medication and general health reviews.
- The practices overall QOF achievement for 2015/2016 was 99% compared to the CCG and national average of 95%. Unverified

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data provided by the practice during our inspection demonstrated consistency with regards to meeting QOF performance targets and an improvement with regards to mental health performance.

- Multi-disciplinary team (MDT) meetings and palliative care meetings took place on a regular basis. Vulnerable patients and patients with complex needs were regularly discussed during the meetings.
- We saw that in some cases, audits and searches were used to drive improvements to patient care as well to improve systems and processes in the practice. On the day of our inspection the practice could not demonstrate what action had been taken in response to an audit which focussed on patients diagnosed with Atrial Fibrillation (AF). We noted that the audit was valuable as it identified a number of areas to improve patient safety, however the audit record did not contain actions to improve. For assurance the practice provided further information shortly after our inspection took place. The information demonstrated that a further search on patients diagnosed with AF was completed.

Are services caring?

Good

At our previous inspection on 28 April 2016 we rated the practice as requires improvement for providing caring services. This was because data from the national GP patient survey published in January 2016 indicated that patients rated the practice lower than others with regards to providing a caring service and the practice could not demonstrate how they were taking action to improve in response to the patient survey results.

We noted improvements during our most recent inspection and therefore the practice is now rated as good for providing caring services.

- We found that results from the most recently published national GP patient survey were below local and national averages in response to questions about care and involvement in decision making. However, the practice provided additional evidence following our inspection to demonstrate that areas of the survey had improved since the 2016 publication. This included some improvements in responses to questions about consultations with GPs.
- As the latest national GP patient survey results were published shortly before this inspection took place, the practice were able

Summary of findings

to share their current action plan in response to the survey results following our inspection. We saw records of a comprehensive action plan which outlined areas that the practice was focussing on in order to improve.

- We saw that staff were courteous and helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect.
- One percent of the practices patient list was carers. There was supportive information available, flu vaccinations and annual reviews to support carers.

Are services responsive to people's needs?

Good

At our previous inspection on 28 April 2016, we rated the practice as good for providing responsive services. The practice is still rated as good for providing responsive services.

- Patients could access appointments and services in a way and at a time that suited them. This included access to services at each of the three practice surgeries. Appointments could be booked over the telephone, face to face and online. The practice also utilised text messaging appointment reminders to remind patients of their appointments.
- There were hearing loop and translation services available. There were some facilities in place for disabled people and for people with mobility difficulties.
- Results from the national GP patient survey published in July 2017 highlighted some areas for improvement with regards to access. However, the practice was able to demonstrate that they were taking steps to improve this. This included changing their telephone system in response to patient feedback and offering a range of extended hours on evenings and Saturdays across the practice.
- The practice's complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. Minutes of practice meetings indicated that staff shared learning and monitored themes from complaints during the meetings.

Are services well-led?

Good

At our previous inspection on 28 April 2016, we rated the practice as requires improvement for providing well-led services. This was because previously we found that the provider did not operate

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effective systems to assess and monitor the quality of the service. We noted improvements during our most recent inspection and therefore the practice is now rated as good for providing well-led services.

- Policies and documented protocols were well organised and available as hard copies and also on the practices IT system across all three sites.
- We saw that risk was formally assessed and well managed across areas such as health, safety and infection control.
- We saw that the practice had acted on feedback from patients in order to improve access. A range of internal access surveys were also completed to monitor progress.
- The management team were visible across the practice and staff commented that they were supportive and approachable. Staff roles were clearly structured and well defined at all levels within the 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

Good

- The practice offered home visits and urgent appointments for those with enhanced needs.
- Immunisations such as flu and shingles vaccines were also offered to patients at home, who could not attend the surgery.
- Patients received continuity of care with a named GP and a structured annual review to check that their health and medicines needs were being met.
- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged over 75.

People with long term conditions

Good

- We saw evidence that multidisciplinary team meetings took place on a regular basis and that discussions took place to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment.
- Unverified data provided by the practice on the day of our inspection highlighted diabetic patients were generally up to date with their required blood monitoring and received regular reviews.
- Additionally, unverified data provided by the practice on the day of our inspection showed that 95% of the practice diabetic patients had received a flu vaccination.
- The practice had systems in place to identify and assess patients who were at high risk of admission to hospital.

Families, children and young people

Good

- During our inspection we found that the practices systems to support effective safeguarding processes were not always effective. For instance in some cases it was not clear if some of the patients listed on the practices child protection register had child protection plans in place.
- The practice operated an effective system for scheduling childhood immunisations and ensuring appropriate actions were taken if immunisation appointments were missed or risk factors identified.

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- 2015/16 childhood immunisation rates for the vaccinations were above CCG and national averages. For example, 98% of children aged one had received the full course of recommended vaccines compared to the national standard of 90%.
- The practice offered urgent access appointments for children, as well as those with serious medical conditions.

Working age people (including those recently retired and students)

Good

- Appointments could be booked over the telephone, face to face and online.
- The practice offered extended hours on Monday evenings between 6:30pm and 8pm at both Slater Street surgery and Cordley Street Surgery. Extended hours also operated on Tuesdays at Yew Tree Healthy Living Centre between 6:30pm and 8pm on Tuesdays. Additionally, the practice was open for appointments on Saturdays at Cordley Street Surgery between 9:30am and 1pm and then from 2pm to 5pm.
- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74.
- Practice data showed that they had offered smoking cessation advice and support to 2150 (18%) of their patients and five (0.2%) had successfully stopped smoking.

People whose circumstances may make them vulnerable

Good

- There were facilities in place for people with a disability and for people with mobility difficulties. There were hearing loop and translation services available.
- Patients with a learning disability received regular health and medicines reviews.
- Vulnerable patients were regularly reviewed and discussed as part of the Multi-disciplinary team (MDT) meetings to support the needs of patients and their families.
- The practice also supported patients by referring them to a gateway worker who provided counselling services on a weekly basis across the practice.

Summary of findings

People experiencing poor mental health (including people with dementia)

Good

- The practice regularly worked with other health and social care organisations in the case management of people experiencing poor mental health, including those with dementia.
- Practice data highlighted that 87% of the practices patients who were experiencing poor mental health had a comprehensive care plan in place; exception reporting had also decreased to 5%.
- Patients diagnosed with dementia were referred to the memory assessment service. Practice data indicated that performance was at 88% for dementia reviews.
- Patients with complex needs and patients experiencing poor mental health were regularly discussed during MDT meetings.

Summary of findings

What people who use the service say

The practice received 89 responses from the national GP patient survey published in July 2017, 365 surveys were sent out; this was a response rate of 25%. The results showed the practice received below average responses across most areas of the survey. For example:

- 39% found it easy to get through to this surgery by phone compared to the CCG average of 60% and national average of 71%.
- 53% were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 76% and national average of 84%.
- 59% described the overall experience of the practice as good compared to the CCG average of 77% and national average of 85%.
- 34% said they would recommend their GP surgery to someone who has just moved to the local area compared to the CCG average of 65% and national average of 77%.

We spoke with eight patients on the day of our inspection, including two members of the patient participation group (PPG). Most comments were positive, indicating that patients were satisfied with the care provided by the practice. As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 40 completed CQC comment cards and most of the comment cards were positive about the care provided at the practice.

Areas for improvement

Action the service MUST take to improve

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure patients are protected from abuse and improper treatment

Action the service SHOULD take to improve

- Maximise the use of the patient record system to ensure staff are notified when patients are on high risk medicines and to highlight patient's major active problems.
- Ensure timely access to key documents associated with the practice premises for the service provided at Yew Tree Healthy Living Centre Surgery, to support areas such as premises safety and maintenance.
- Continue to work on areas identified for improvement from internal and external patient surveys.

Great Bridge Partnership for Health

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector**.**The team included a GP specialist adviser, a nurse specialist advisor, a CQC inspection manager and a second CQC inspector.

Background to Great Bridge Partnership for Health

Great Bridge Partnerships for Health is a long established practice located in the area of Tipton, in the West Midlands. There are three practice locations that form the practice; these consist of the main practice at Slater Street Surgery (also known as Sai Surgery), Cordley Street Surgery and Yew Tree Healthy Living Centre. As part of our inspection we visited all three practice sites.

There are approximately 11,800 patients of various ages registered and cared for across the practice and as the practice has one patient list. Patients can be seen by staff at all surgery sites and systems and processes are shared across the three sites. Services to patients are provided under a General Medical Services (GMS) contract with NHS England. The practice has expanded its contracted obligations to provide enhanced services to patients. An enhanced service is above the contractual requirement of the practice and is commissioned to improve the range of services available to patients.

Great Bridge Partnerships for Health is led by three partners; a GP partner and two directors. The partners and the practice manager form the general management team across the practices. The clinical team includes six GPs, a practice nurse consultant, an advanced nurse practitioner, three practice nurses and a health care assistant. The clinical team is also supported by two clinical pharmacists. The practice is supported by a non-clinical team of 17 staff members who cover practice management, reception, and administration and secretarial duties.

- Slater Street Surgery is open for appointments from 8am to 6:30pm during weekdays, apart from Thursdays when the practice closes at 12:30pm; patients are directed to access appointments at Cordley Street Surgery on Thursday afternoons. Extended hours are provided at Slater Street Surgery between 6:30pm and 8pm on Monday evenings.
- Cordley Street Surgery is open for appointments from 8am to 6:30pm during weekdays and extended hours are available on Monday evenings between 6:30pm to 8pm, as well as Saturdays between 9:30am and 1pm and then from 2pm to 5pm.
- Yew Tree Healthy Living Centre is open for appointments between 8am and 6pm on Mondays, Wednesdays and Fridays. On Thursdays the surgery closes at 12:30pm and patients are directed to access appointments at Cordley Street Surgery during this time. Extended hours are provided at Yew Tree Healthy Living Centre from 6:30pm to 8pm on Tuesday evenings.

There are also arrangements to ensure patients received urgent medical assistance when the practice is closed during the out-of-hours period.

Detailed findings

Why we carried out this inspection

We previously inspected Great Bridge Partnerships for Health on 28 April 2016. As a result of our inspection visit, the practice was rated as requires improvement overall with a requires improvement rating for providing effective, caring and well led services; the practice was rated good for providing safe and responsive services. A requirement notice was issued to the provider. This was because we identified a regulatory breach in relation to regulation 9, Person-centred care and also in relation to regulation 17, Good governance. We identified some areas where the provider must make improvements, as well as areas where the provider should make improvements.

We carried out an announced comprehensive inspection at Great Bridge Partnerships for Health under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions, on 20 July 2017. This inspection was conducted to see if improvements had been made following the previous inspection in 2016. The inspection was also planned to check whether the provider is 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 provider under the Health and Social Care Act 2008 and associated regulations.

How we carried out this inspection

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

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

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

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

The inspection team:

- Reviewed information available to us from other organisations such as NHS England
- Reviewed information from CQC intelligent monitoring systems
- Carried out an announced inspection on 20 July 2017
- Spoke with staff and patients
- Reviewed patient survey information
- Reviewed the practices policies and procedures

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We reviewed comment cards where patients and members of the public shared their views and experiences of the service. 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.

Requires improvement

Are services safe?

Our findings

At our previous inspection on 28 April 2016, we rated the practice as good for providing safe services. We identified some areas that require improvement when we undertook a follow up inspection on 20 July 2017.

We found that the practices systems to support effective safeguarding processes were not always effective. In some areas we found that safeguarding registers were not adequately maintained and content was unclear in specific areas, the practice is now rated as requires improvement for providing safe services.

What we found at this inspection in July 2017

Safe track record and learning

- Staff we spoke with were aware of their responsibilities to raise and report concerns, incidents and near misses. There were processes in place for formally reporting incidents.
- The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour.
- The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- Records outlined actions taken and lessons learnt in response to significant events. We saw minutes of meetings which demonstrated that significant events were discussed with all staff.
- During our most recent inspection we saw records of eight significant events. We saw that a recent significant event was recorded with regards to a medical emergency; records indicated that the team responded efficiently and appropriately. The event was reflected on during a practice meeting where staff highlighted that the team worked well together and supported each other during the event with the sole aim to ensure that the patient was safely transferred to secondary care.

Overview of safety systems and processes

- Safety and medicines alerts were disseminated by the advance nurse practitioner (ANP). We discussed examples of recent alerts and we saw that action was taken where necessary. For instance, the practice completed a stock check of their oxygen masks to identify if they needed to take action in relation to a medical device alert pertaining to a manufacturing fault.
- We looked at five staff files. The files showed that appropriate recruitment checks had been undertaken prior to employment such as; proof of identity, references, qualifications and registration with the appropriate professional body and Disclosure and Barring Service (DBS) checks. 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.
- Notices were displayed to advise patients that a chaperone service was available if required. Members of the reception team would usually act as chaperones. We saw that DBS checks were in place for members of staff who chaperoned and all of them had received chaperone training.
- We saw that the practices safeguarding policies outlined who to contact for further guidance if staff had concerns about a patient's welfare. There were two GPs who were named as the lead members of staff for safeguarding, one of the GPs was the named lead for Slater Street Surgery and Cordley Street Surgery and the other GP was the named lead for Yew Tree Healthy Living Centre. The practices nurse consultant was also named as the deputy safeguarding lead.
- Although we saw that safeguarding leads were displayed on a practice contact sheet, we received mixed responses from some staff members when we asked about the safeguarding leads during our inspection. For instance some staff advised that there was one safeguarding lead for the whole practice and did not advise that there were named leads at each site, with a deputy lead in place. Staff we spoke with however were aware of how to spot the signs of safeguarding concerns and those who were not familiar with each named safeguarding lead highlighted that they would report to members of the management team with any concerns. Staff had received the appropriate level of safeguarding training relevant to their role including level three training for clinicians.

Requires improvement

Are services safe?

- During our inspection we saw that the practice had registers and notifications in place to inform and alert staff of key safeguarding information. However we found that in some areas, registers were not always current and up to date and content was unclear. For instance in some cases it was not clear if some of the patients listed on the practices child protection register had child protection plans in place. The safeguarding leads attended regular safeguarding meetings and provided reports where necessary for other agencies. We saw that school nurses had attended safeguarding meetings however during our inspection the practice could not demonstrate that they had regular contact with the health visitors. Following our inspection the practice evidence which highlighted that health visitors were routinely invited to the practices multi-disciplinary team (MDT) meetings.
- The practice had three nurses named as infection control leads at each of the three practice surgeries. There was an infection prevention control protocol in place; this was accessible across each practice site. Staff had received up to date infection control training and the training was also incorporated in to the induction programme for new staff members.
- We saw records of completed infection control audits that reflected the three practice surgeries and we saw that actions had been completed to make improvements. For example, a room cleaning schedule was implemented at Yew Tree Healthy Living Centre to improve cleaning monitoring and record keeping for infection control. We also observed the premises to be visibly clean and tidy and we saw that cleaning specifications and completed records were in place, demonstrating that the practice surgeries and medical equipment was frequently cleaned.
- There was a policy in place for needle stick injuries and conversations with staff demonstrated that they knew how to act in the event of an incident. We looked at the vaccination fridges at each of the three surgeries. Fridges were secure, the vaccinations were stored within the recommended temperatures and temperatures were logged in line with national guidance. We saw calibration records for each site to ensure that clinical equipment was checked and working. During our inspection we found that sometimes staff did not have access to some personal protective equipment such as aprons. We discussed this with members of the management team who assured us that equipment was in place and that they would ensure this was readily available for staff, including disposable gloves, aprons and coverings.
- The practice used an electronic prescribing system and across the practice, prescription stationery was securely stored. All prescriptions were reviewed and signed by a GP before they were given to the patient. There was a system in place to monitor and track prescription stationery. Uncollected prescriptions were checked on a regular basis and reviewed by the GP before being securely disposed of where appropriate.
- The practice nurses administered vaccines using patient group directions (PGDs) that had been produced in line with legal requirements and national guidance. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment. We saw up-to-date copies of PGDs and evidence that the practice nurses had received appropriate training to administer vaccines.
- There was a system in place for the prescribing of high risk medicines. We saw that patients prescribed high risk medicines were monitored and reviewed. However we noted that in some cases the practice had not actively used the alerts option on the patient record system to immediately alert staff when patients were on certain high risk medicines and when patients were taking a range of different medicines. This information was noted within the patient record system but in some cases staff were required to access the medication page on the patient record system to retrieve this information. Additionally, found that in some cases, major active problems were detailed within the patient record but were not always highlighted under the appropriate active problem field on the patient record system.

Monitoring risks to patients

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Requires improvement

Are services safe?

- There was a health and safety policy and the practice and we saw formal risk assessments in place covering fire risk for each of the three practice sites. We also saw records to show that fire alarm tests and fire drills had taken place.
- There were named leads for health and safety. There were also fire marshall's and deputies in post to support where needed. We noted that staff with lead responsibilities had received appropriate training and there were named leads in place to cover each of the three sites.
- We saw records of formal risk assessments associated with infection control across the practice, including the control of substances hazardous to health and for the risk of legionella. Legionella is a term for particular bacteria which can contaminate water systems in buildings.

Arrangements to deal with emergencies and major incidents

There was a system on the computers in all the treatment rooms which alerted staff to any emergency in the practice.

The practice kept emergency medicines, a defibrillator and oxygen with adult and children's masks at each practice site. Records highlighted that these were regularly checked to ensure they were fit for use.

On the day of our inspection we found that one emergency medicine was not in place at Cordley Street surgery, we highlighted this during our inspection and staff were unaware that it had been moved; records indicated that the medicine had been in place and had been checked over a period of time. Shortly after our inspection took place the practice provided evidence to demonstrate that the emergency medicine was put in back in place following the inspection.

There were business continuity plans in place for major incidents such as power failures, building damage and IT incidents. The plan included emergency contact numbers for staff and staff were aware of how to access the plan. Records showed that all staff had received training in basic life support. There were first aid kits and accident books at each site.

Good

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 28 April 2016, we rated the practice as requires improvement for providing effective services. This was because on the day of our last inspection we found that some of the care plans we reviewed did not contain sufficient detail and some had not been updated. We noted that the practice commenced with a review of all care plans shortly after our previous inspection took place. Additionally we found that exception reporting was above the local and national averages with regards to mental health performance under the Quality and Outcomes Framework (QOF). Exception reporting is used to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medicine cannot be prescribed due to a contraindication or side-effect.

We noted improvements during our most recent inspection and therefore the practice is now rated as good for providing effective services.

What we found at this inspection in July 2017

Effective needs assessment

We saw evidence to support that adequate care plans were in place and there was an effective recall system in place for patients needing medication and general health reviews. The practice had systems in place to identify and assess patients who were at high risk of admission to hospital. This included review of discharge summaries following hospital admission to establish the reason for admission. The practice also reviewed their patient's attendances at the local Accident and Emergency departments.

Management, monitoring and improving outcomes for people

The practice used the information collected for QOF as well as performance against national screening programmes to monitor outcomes for patients. The practices overall QOF achievement for 2015/2016 was 99% compared to the CCG and national average of 95%. During our inspection we looked at more recent QOF data to gain a picture of current performance. Unverified data provided by the practice during our inspection demonstrated consistency with regards to meeting QOF performance targets, for example:

- The practices QOF achievement for 2015/16 showed that the percentage of patients with hypertension having regular blood pressure tests was 100% compared to the CCG average of 97% and national average of 98%. The practice had an exception rate of 8% for this area.
- Unverified data provided by the practice on the day of our inspection demonstrated that 73% of the practices hypertensive patients had received a blood test since April 2017.
- QOF performance for 2015/16 for mental health related indicators was 100% compared to the CCG average of 91% and national average of 92%. The practice exception reported 18% for this area compared to the CCG average of 14% and the national average of 12%. Exception reporting is used to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medicine cannot be prescribed due to a contraindication or side-effect.
- Unverified data provided by the practice on the day of our inspection highlighted that 87% of the practices patients who were experiencing poor mental health had a comprehensive care plan in place; exception reporting had also decreased to 5%.
- QOF data for 2015/16 showed that the overall performance for dementia related indicators were 100%. Exception reporting was 8% for this area compared to the CCG and national average of 7%.
- Unverified data provided by the practice on the day of our inspection highlighted that performance was at 88% for dementia reviews.
- Performance for overall diabetes related indicators for 2015/16 was 93%, compared to the CCG average of 87% and national average of 89%.
- Unverified data provided by the practice on the day of our inspection highlighted that 78% of patients had an IFCC-HbA1c recording of 75mmol/mol or less, 65% of patients had an IFCC-HbA1c recording of 64mmol/mol or less and 57% of patients had an IFCC-HbA1c recording of 59mmol/mol or less. These percentages were within the recommended QOF target thresholds.
- Additionally, unverified data provided by the practice on the day of our inspection showed that 95% of the practice diabetic patients had received a flu vaccination.

Good

Are services effective?

(for example, treatment is effective)

The practice worked with two pharmacists, the pharmacists supported the practice with medicines reviews, audits and monitored the use of antibiotics to ensure they were not overprescribing. The pharmacists were from the local clinical commissioning group (CCG) and one of the pharmacists was also additionally employed by the practice so they could provide an additional days' worth of pharmacy support each week.

We saw that in some cases, audits and searches were used to drive improvements to patient care as well to improve systems and processes in the practice. For instance, we saw records of an audit aimed at ensuring that all patients newly diagnosed with cancer had a fast track two week referral so that they were promptly seen by a specialist service. This audit was complimented by searches carried out in 2015, 2016 and 2017. Audit records highlighted that in 2015 one patient did not receive a fast track referral, a case review took place and learning outcomes were shared with the team. The audits carried out in 2016 and 2017 demonstrated that all patients were fast track referred. Audit records also highlighted the importance of following up on patients who did not attend there screening appointments.

On the day of our inspection we also looked at records of an audit which focussed on patients diagnosed with Atrial Fibrillation (AF) to check if specific risk factors were being appropriately assessed. The audit had recently been conducted and was due to be repeated. We reviewed a sample of cases and discussed the audit with members of the management team during our inspection. Records of the audit highlighted that:

- Fifty patients were diagnosed with AF and had not been treated with the relevant high risk medicines within the previous three months.
- The audit highlighted that 17 of these patients were prescribed specific medicines which were not recommended by the National Institute for Health and Care Excellence (NICE).
- 29 records were highlighted as not having a risk score recorded in the previous 12 months, to demonstrate if risk factors associated with AF had been assessed.
- The audit also noted that 11 patients were overdue with regards to blood monitoring.

The practice could not demonstrate what action had been taken in response to the audit. We noted that the audit was valuable as it identified a number of areas to improve patient safety, however the audit record did not contain actions to improve. Additionally, we were not assured that the audit was effectively communicated across the practice for the team to effectively work on improvements where required.

As the audit identified some patient safety concerns we reviewed a sample of cases during our inspection. Out of 11 cases reviewed, we found that prescribing was in line with NICE guidelines and monitoring was up to date in most cases.

For assurance the practice provided further information shortly after our inspection took place. The information demonstrated that a further search on patients diagnosed with AF was completed. Records indicated that risk factors were being assessed where needed; prescribing had been reviewed to ensure patients received the required medicines and patients had been recalled in to the practice to support this.

Following our inspection, the practice provided records of an audit focussing on patients with COPD (chronic obstructive pulmonary disease) with the aim to support them in managing their condition. The audit highlighted that since April 2016, out of 283 identified patients, 19% had been given a rescue pack to help manage their condition. This included access to a priority contact number for advice and support. We saw that hospital admissions were also reviewed as part of the audit and that the audit highlighted the need to correctly code all respiratory related admissions to secondary care. The audit was due to be repeated and therefore we were unable to determine positive outcomes as a result however the audit indicated that patients were benefiting from use of the rescue packs and priority phone line, as this gave reassurance that they could access help and advice when needed, in an efficient and timely manner. The practice had plans to repeat the audit in the future, including a quality review of how patients responded to the priority contact facility. The practice expressed that this aided them in providing a caring service to patients within their long term conditions population group.

Effective staffing

Good

Are services effective?

(for example, treatment is effective)

The practice had an induction programme for newly appointed members of staff that covered topics such as safeguarding, fire safety, health and safety, infection control and confidentiality. Induction programmes were also tailored to reflect each role. The practice had an induction pack for locum clinicians to use when working at the practice.

Clinicians were up to date with their yearly continuing professional development requirements and most had been revalidated at the time of our inspection. Staff received annual appraisals were supported to attend training courses. We saw that nurses attended study days for updates on immunisations and cervical screening. In addition to in-house training staff made use of e-learning training modules. The GPs also regularly attended training and education events.

Coordinating patient care and information sharing

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital. Multi-disciplinary team (MDT) meetings and palliative care meetings took place on a regular basis. Vulnerable patients and patients with complex needs were regularly discussed during the meetings. We saw that discussions took place to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment.

Consent to care and treatment

We saw evidence to demonstrate that staff had received training in the Mental Capacity Act 2005 and staff we spoke with understood the relevant consent and decision-making requirements of legislation and guidance. Patients' consent to care and treatment was sought in line with legislation and guidance. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

Supporting patients to live healthier lives

- The practice operated an effective call and recall system for various patient groups, this included appropriate systems for scheduling childhood immunisations and ensuring appropriate actions were taken if immunisation appointments were missed or risk factors identified. There was also a policy in place to support this.
- 2015/16 childhood immunisation rates for the vaccinations were above CCG and national averages. For example, the percentage of children up to the age of two who were administered with a pneumococcal conjugate booster vaccine was 95% which was above the national standard of 90%. Additionally, 98% of children aged one had received the full course of recommended vaccines compared to the national standard of 90%.
- The practice offered annual reviews and flu vaccinations for various population groups including patients with a long term condition, carers and patients aged 65 and over.
- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74 and for people aged over 75. Patients who may be in need of extra support were identified and supported by the practice. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.
- Patients who may be in need of extra support were identified and supported by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long term condition and those requiring advice on their diet, smoking and alcohol cessation. Data provided by the practice showed that they had offered smoking cessation advice and support to 2150 (18%) of their patients and five (0.2%) had successfully stopped smoking.
- Data from 2015/16 showed that the practice's uptake for the cervical screening programme was 80%, compared to the CCG average of 46% and national average of 72%. The practice nurses operated effective failsafe systems for ensuring that test results had been received for every cervical screening sample sent by the practice. There was also a policy to offer telephone reminders for patients who did not attend for their cervical screening test.

Good

Are services effective?

(for example, treatment is effective)

- The practices breast cancer screening rates for 2015/16 were at 55% compared to the CCG average of 66% and bowel cancer screening rates were at 40% compared to the CCG average of 58% and national average of 57%.

Good

Are services caring?

Our findings

At our previous inspection on 28 April 2016 we rated the practice as requires improvement for providing caring services. This was because data from the national GP patient survey published in January 2016 indicated that patients rated the practice lower than others with regards to providing a caring service. During our previous inspection the practice advised that they were not familiar with the survey and therefore the practice could not demonstrate how they were taking action to improve in response to the patient survey results.

We noted improvements during our most recent inspection and therefore the practice is now rated as good for providing caring services.

What we found at this inspection in July 2017

Respect, dignity, compassion and empathy

We spoke with eight patients on the day of our inspection, including two members of the patient participation group (PPG). Most comments were positive, indicating that patients were satisfied with the care provided by the practice and that their dignity and privacy was respected. We received 40 completed CQC comment cards during our inspection. Most of the comment cards were positive about the care provided at the practice; most comments described staff as friendly, caring and helpful.

- Curtains and screens were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.
- Reception staff advised that a private area was always offered to patients who wanted to discuss sensitive issues or appeared distressed.
- We noticed that members of staff were courteous and helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect.

The practice conducted a range of in-house surveys as a method of gathering patient feedback and identifying areas to improve with regards to providing a caring service. We saw results from a survey carried out in October 2016; we noted that this focussed on patients attending Yew Tree Healthy Living Centre.

- Results highlighted that based on 48 completed surveys, 70% of the responses highlighted that the GP was good or very good at listening, compared to the practice benchmark of 80%.
- Results also indicated that 70% of patients who completed the survey felt that the GP gave them enough time, compared to the practice benchmark of 80%.
- 52% of the respondents had confidence or trust in the GP and 93% had confidence or trust in the nurse.

The practices responses were below average across the following areas of the recent national GP patient survey published in July 2017, for example:

- 70% said the GP was good at listening to them compared to the CCG average of 84% and national average of 89%.
- 69% said the GP gave them enough time compared to the CCG average of 81% and national average of 86%.
- 89% said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and national average of 95%. Following our inspection, the practice provided additional unverified data which demonstrated that this specific survey result had improved from 82% when comparing the 2016 and 2017 national GP patient survey publications.
- 67% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 80% and national average of 86%.
- 77% patients said they found the receptionists at the practice helpful compared to the CCG average of 82% and national averages of 87%.
- 67% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 80% and national average of 85%.

Care planning and involvement in decisions about care and treatment

Results from the practices in-house survey carried out in October 2016 for patients attending Yew Tree Healthy Living Centre highlighted that based on 48 completed

surveys, 93% of the responses highlighted that the GP was good or very good at explaining tests and treatments, compared to the practice benchmark of 84%. Additionally, 87% of the responses noted that patients felt involved in decisions about their care compared to the practice benchmark of 81%.

However, results from the most recent national GP patient survey were below CCG and national averages in response to questions about care planning and being involved in decision making, for example:

- 69% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 82% and national average of 86%.
- 62% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and national average of 86%. Following our inspection, the practice provided additional unverified data which demonstrated that this specific survey result had improved from 58% when comparing the 2016 and 2017 national GP patient survey publications.

Although we saw that previous surveys were circulated and discussed in the practice, it was not clear what actions were taken in relation to ensuring that patients experienced a caring service and were involved in care planning and decision making.

As the latest national GP patient survey results were published shortly before this inspection took place, the practice were able to share their current action plan in response to the survey results following our inspection. We saw records of a comprehensive action plan which outlined areas that the practice was focussing on in order to improve, these included:

- Plans to recruit an additional full time GP at Yew Tree Healthy Living Centre as a priority, in order to promote continuity of care and to support the practice to offer longer consultation times with patients.
- The action plan also indicated that the team had researched communication guidelines from the British Journal of General Practice to improve communication techniques when interacting with patients.
- The practice were also in the process of expanding their clinical team and skill set by recruiting a clinical pharmacist and increasing the number of sessions provided by their Advanced Nurse Practitioner; with the aim of improving patient experience.
- We saw that the practice was planning on repeating their internal surveys as a method of continual quality monitoring and that the GPs were undertaking their own surveys as an additional self-monitoring tool.
- The action plan highlighted that all areas for improvement were going to be shared with the patient participation group (PPG) at the next PPG meeting to ensure that patients were involved in improvement actions. Furthermore, the action plan highlighted that GPs would be attending PPG meetings to provide feedback where needed and to improve patient experience.

Following our inspection, the practice provided records of an audit focussing on patients with COPD (chronic obstructive pulmonary disease) with the aim to support them in managing their condition. The audit highlighted that some patients with COPD had been given a rescue pack to help manage their condition. This included access to a priority contact number for advice and support. The practice expressed that this aided them in providing a caring service to patients within their long term conditions population group.

Patient and carer support to cope emotionally with care and treatment

There were 104 patients in total on the practices register for carers; this was 1% of the practices overall list. The practice offered annual reviews and flu vaccinations for anyone who was a carer. We noted that there was a wide range of supportive information on display to support carers across the practice and carers also had the option to take information away.

We saw notices in the patient waiting rooms at Slater Street surgery and Cordley Street surgery, informing patients how to access support groups and organisations. However we noticed that information was on display was limited at Yew Tree Healthy Living Centre, for instance we did not see information on display with regards to bereavement support. Shortly after our inspection took place the

Good

Are services caring?

practice provided evidence which demonstrated that signposting had been improved by displaying further information for patients, this included information on bereavement support services.

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

The practice also supported patients by referring them to a gateway worker who provided counselling services on a weekly basis across the practice.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 28 April 2016, we rated the practice as good for providing responsive services. The practice is still rated as good for providing responsive services.

What we found at this inspection in July 2017

Responding to and meeting people's needs

- Patients could access appointments and services in a way and at a time that suited them. This included access to services at each of the three practice surgeries.
- Appointments could be booked over the telephone, face to face and online. The practice also utilised text messaging appointment reminders to remind patients of their appointments.
- The practice offered extended hours on Monday evenings between 6:30pm and 8pm at both Slater Street surgery and Cordley Street Surgery. Extended hours also operated on Tuesdays at Yew Tree Healthy Living Centre between 6:30pm and 8pm on Tuesdays. Additionally, the practice was open for appointments on Saturdays at Cordley Street Surgery between 9:30am and 1pm and then from 2pm to 5pm.
- There were longer appointments available at flexible times for people with a learning disability, for carers and for patients experiencing poor mental health. Urgent access appointments were available for children and those with serious medical conditions.
- Clinical staff carried out home visits for older patients and patients who would benefit from these. Immunisations such as flu and shingles vaccines were also offered to patients at home, who could not attend the surgery.
- Although patients could book appointments online and practice information was available through the practices NHS Choices webpage, we noted that the practice did not have their own website. Members of the management team highlighted that they were looking in to website options as part of their future plans, the team was in the early stages of this and no formal plans were in place at the time of our inspection.

There were some facilities in place for people with disabilities and for people with mobility difficulties. During our inspection we noticed that there was no emergency pull cord in the disabled toilet at Slater Street Surgery. Shortly after our inspection took place the practice provided records to demonstrate that arrangements were being made to install an emergency pull cord in the disabled toilet. There were translation services available and we saw that there were hearing loops in place during our inspection. There was an entrance at the rear of Slater Street Surgery for patients such as wheelchair users. On the day of our inspection we did not see a sign at the front of the practice to inform patients of this but shortly after our inspection took place the practice provided evidence which indicated that a sign had been displayed to inform patients of this.

Access to the service

Pre-bookable appointments could be booked up to six weeks in advance across each of the three practice surgeries and urgent appointments were also available for people that needed them.

- Slater Street Surgery was open for appointments from 8am to 6:30pm during weekdays, apart from Thursdays when the practice closed at 12:30pm; patients were directed to access appointments at Cordley Street Surgery on Thursday afternoons. Extended hours were provided at Slater Street Surgery between 6:30pm and 8pm on Monday evenings.
- Cordley Street Surgery was open for appointments from 8am to 6:30pm during weekdays and extended hours were available on Monday evenings between 6:30pm to 8pm, as well as Saturdays between 9:30am and 1pm and then from 2pm to 5pm.
- Yew Tree Healthy Living Centre was open for appointments between 8am and 6pm on Mondays, Wednesdays and Fridays. On Thursdays the surgery closed at 12:30pm and patients were directed to access appointments at Cordley Street Surgery during this time. Extended hours were provided at Yew Tree Healthy Living Centre from 6:30pm to 8pm on Tuesday evenings.

The results from the most recently published national GP patient survey highlighted that responses were mostly below local and national averages in relation to access. The latest national GP patient survey was published shortly before this inspection took place and we saw that the practice was in the process of updating their action plans to focus on areas for further improvement.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- 39% found it easy to get through to this surgery by phone compared to the CCG average of 60% and national average of 71%.
- 29% patients described their experience of making an appointment as good compared to the CCG average of 63% and national average of 73%.
- 56% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 76%.
- 57% of patients usually waited 15 minutes or less after their appointment time to be seen compared with the CCG average of 54% and national averages of 64%.
- 43% of patients felt they did not normally have to wait too long to be seen compared with the CCG average of 46% and national average of 58%.

We discussed these results with staff during our inspection and saw that outcomes from in-house surveys highlighted improvements to access for example:

- Staff explained that in response to patient feedback the practice changed the telephone system from one central phone line to separate lines for each practice. Furthermore, conversations with the PPG highlighted that the practice had acted on feedback when concerns were raised regarding the practices previous telephone system. Patients highlighted that it was sometimes difficult to get through to the practice via one central telephone line, the PPG shared this feedback with the practice and as a result three separate phone lines were installed for each of the three practice surgeries. The PPG expressed that this had improved access since the telephone lines were changed.
- A practice telephone access survey was conducted to assess the impact of these changes and results highlighted that 93% of the respondents were happy with the new telephone system.
- Results from an additional in-house survey carried out in January 2017 indicated that patient's telephone calls were usually answered within one to two minutes.
- In response to historical survey results regarding opening times, the practice introduced Saturday opening hours in addition to evening appointments available to patients across the three practice surgeries.
- Based on 93 completed surveys, 98% of the respondents were happy with the service they received. The practice highlighted that this had improved compared with the October 2016 result of 93%.
- Across the surveys carried out in October 2016 and January 2017, 100% of the respondents found the receptionists helpful.
- We noted that 21% of the practices patients were signed up for online access; therefore the practice had set a goal to achieve a 35% online registration target by December 2017. Members of the managed team expressed that this should also help to ease telephone lines and improve access.

The patients we spoke with during our inspection gave positive feedback with regards to the service provided and comments indicated that appointments were available when needed. This feedback was reflected in our comment cards as well as in the results from the practices NHS Family and Friends Test for July 2017, where 81% of the respondents highlighted that they would recommend the service to family and friends.

Listening and learning from concerns and complaints

- There was a designated responsible person who handled all complaints in the practice. The practice's complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- Patients were informed that the practice had a complaints policy which was in line with NHS requirements. The practice leaflet also guided patients to contact the practice manager to discuss complaints.
- We saw a summary of seven complaints which were received since May 2016; complaints were been investigated and responded to in a timely manner. We also looked at one of the complaint records and found that it had been satisfactorily handled and responses demonstrated openness and transparency. Minutes of practice meetings indicated that staff shared learning and monitored themes from complaints during the meetings.

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 28 April 2016, we rated the practice as requires improvement for providing well-led services. This was because previously we found that the practice had not always taken to action to improve patient satisfaction. We found that the provider did not operate effective systems to assess and monitor the quality of the service.

We noted improvements in systems for monitoring quality across most areas during our recent inspection and therefore the practice is now rated as good for providing well-led services.

What we found at this inspection in July 2017

Vision and strategy

The practice had a clear vision to provide patients with high quality patient centred care that is safe, effective, caring, responsive and well led. We spoke with a range staff from different departments across the three practice surgeries as part of our inspection, staff spoke positively about working at the practice and staff demonstrated a commitment to providing a high quality service to patients.

Governance arrangements

- Policies and documented protocols were well organised and available as hard copies and also on the practices IT system across all three sites. A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- We saw that risk was formally assessed and well managed across areas such as health, safety and infection control. During our inspection we noticed that maintenance records for the two sites as Slater Street and Cordley Street were readily available. The premises for Yew Tree Healthy Living Centre was managed by an external company and although maintenance records were viewed on the day of our inspection, we found that the practice did not hold copies of some records and arrangements needed to be arranged with the premises management company for us to access records as part of our inspection. This highlighted that the practice did not always have timely access to key documents associated with areas such as premises maintenance for the service provided at Yew Tree Healthy Living Centre Surgery.
- The practice held a range of regular meetings including practice meetings, clinical meetings and multidisciplinary meetings. Members of the management team and clinical staff attended joint quarterly clinical governance meetings with managers and clinicians from the wider partnership organisation. We saw that topics such as significant events, safeguarding, infection control and clinical audits were discussed during these meetings. We also saw that practices CQC inspection history had been discussed during these meetings to share learning on a wider scale across the partnership.
- The practice engaged with the local Clinical Commissioning Groups (CCG) had signed up to the CCGs Primary Care Commissioning Framework (PCCF) for 2017/18. This involved working towards a range of standards with an overarching aim to ensure patients receive high quality care and sustainable services.
- We saw that the practice had acted on feedback from patients in order to improve access. A range of internal access surveys were also completed to monitor progress.

Leadership, openness and transparency

The partnership was managed by three partners including a GP partner and two directors. The partners and the practice manager formed the management team, they were visible across the practice and staff commented that they were all supportive and approachable. Staff we spoke with described a culture of openness and honesty at the practice. Staff were aware of the practice's open door policy and staff said they were confident in raising concerns and suggesting improvements openly with the management team. Staff members had lead roles for various areas such as information governance, infection control and first aid. We saw that roles were clearly defined at all levels within the practice. Staff we spoke with were aware of their responsibilities, as well as the responsibilities of their colleagues.

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

The practice had a patient participation group (PPG) with meetings taking place on a quarterly basis. The group consisted of three members. We spoke with two members of the PPG as part of our inspection across two of the practices surgeries, one of the members advised that the

Are services well-led?

Good

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

practice was exploring ways to recruit more members and there were discussions taking place around developing a virtual PPG to help with this. Additionally, the PPG were considering holding a coffee morning at the practice to engage with patients and encourage them to join the group.

We looked at minutes of previous PPG meetings as part of our inspection. We saw that patient survey results and action plans had been discussed with the PPG. Findings highlighted that one of the areas highlighted in the survey related to satisfaction with practice opening times. To improve this the practice introduced Saturday opening times and ensured that patients were aware that they could access services and extended hours across each of the three practice sites by displaying information in the practice, on the practices NHS Choices web page and through general conversations with patients and members of the PPG. Furthermore, conversations with the PPG highlighted that the practice had acted on patient feedback when concerns were raised regarding the practices previous telephone system.

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 Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment How the regulation was not being met: The registered person did not have systems and processes in place that operated effectively to prevent abuse of service users. For instance, during our inspection we found that the practices systems to support effective safeguarding processes were not always effective. Safeguarding registers were not adequately maintained and content was unclear in specific areas.