

Brigstock Medical Centre

Inspection report

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

Ratings

Overall rating for this location

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Requires improvement



Overall summary

This practice is rated as Requires improvement

overall. (Previous inspection 14 September 2017 – Good overall, but Requires improvement for Safety. The same rating was awarded following the inspection on 26 October 2016.)

The key questions are rated as:

Are services safe? – Requires improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? - Requires improvement

We carried out an announced comprehensive inspection at Brigstock Medical Centre on 12 April 2018. This was because there had been previous breaches of regulations.

At this inspection we found:

- A number of systems and processes were not operating effectively to keep patients, staff and people visiting the practice staff. Fire safety was not properly assessed or managed, recruitment checks were incomplete and there were other checks of medicines that were not being performed consistently.
- The practice ensured that care and treatment was delivered according to evidence-based guidelines. Group consultations for some long term conditions had been introduced and were reported to be effective and popular with patients.

- Staff treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- There was some evidence of learning and improvement. However, some of the issues (e.g. safeguarding training) related to concerns that we raised with the practice previously and were told had been addressed.

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

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

Please see the requirement notice section at the end of the report for more detail.

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

- Consider how to improve uptake of cervical screening and bowel cancer screening.

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

Population group ratings

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

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser, and a CQC inspection manager.

Background to Brigstock Medical Centre

Brigstock and South Norwood Partnership has nearly 17,000 patients and is in Croydon, south London. The surgery is purpose built premises, over two floors. The building has disabled access, toilet facilities and a recently installed lift. There is no dedicated parking for the practice, but cars can park on nearby side streets. The area is well served by public transport.

Compared to the England average, the practice has more young children as patients (age up to nine) and fewer older children (age 10 – 19). There are more patients aged 20 – 49, and many fewer patients aged 50+ than at an average GP practice in England. The surgery is based in an area with a deprivation score of four out of 10 (a score of one being the most deprived), and has a higher level of income deprivation affecting older people and children. Compared to the English average, more patients are unemployed.

Six doctors work at the practice: four male and two female. Four of the doctors are partners, with a pharmacist partner, and there are two salaried GPs (one male and one female). Some of the GPs work part-time. The combined GP working hours are the equivalent of five full-time GPs.

The (all female) nursing team is made up of a nurse prescriber, three practice nurses and three health care assistants. In addition to the pharmacist partner, there is also a salaried pharmacist. The practice also employs a full time physician associate.

Brigstock and South Norwood Partnership is a merger of two older practices, Brigstock Medical Practice and South Norwood Medical Centre. The merger took effect on the 10 August 2015 and the staff of the South Norwood Medical Centre moved into the former Brigstock Medical Practice building. There is also a cosmetic laser treatment clinic based within the practice, run by the partners, but with separate treatment and reception rooms. This is registered with CQC separately and so was not inspected as part of this inspection.


The practice trains junior doctors as GPs, and takes medical students, student nurses and physician associates for placements.

The practice is open 8am to 6.30pm Monday to Friday. Extended hours appointments are available with doctors and nurses from 6.30pm to 8.30pm, on Tuesday, Wednesday and Thursday.

When the practice is closed cover is provided by a local service that provides out-of-hours care.



The practice offers GP services under a Personal Medical Services contract in the Croydon Clinical Commissioning



Group area. The practice is registered with the CQC to provide family planning, surgical procedures, diagnostic and screening procedures, treatment of disease, disorder or injury and maternity and midwifery services.

Are services safe?

We rated the practice as requires improvement for providing safe services.

When we inspected in October 2016 we rated the practice as requires improvement for safety because:

- Some clinical staff had not received training in safeguarding adults, or recent training in child safeguarding. The non-clinical staff had not undertaken safeguarding training and some of them we spoke to were not very confident in their understanding of behaviour that might indicate a safeguarding issue.
- Not all staff (clinical or non-clinical) had completed basic life support training.
- A clinical samples bin was stored at floor level in reception. The practice did have systems to identify and act on infection prevention and control risks, but, because this risk had not been identified, we recommended that the practice review leadership and audit arrangements for infection prevention and control.
- There was no defibrillator, which had not been risk assessed.
- Not all portable appliances were tested and this decision had not been risk assessed.

In September 2017 we carried out a desk-based inspection. Most issues had been resolved but staff (clinical and non-clinical) still had not completed the expected training in how to safeguard children and adults from abuse. Nine clinical and non-clinical staff members had not completed the recommended training in child safeguarding and fourteen staff members had not completed adult safeguarding training (or only completed it after we asked for completion dates). In response to the draft report, the practice told us that safeguarding training had now been arranged for all staff and arrangements made to ensure this was kept up to date.

The practice told us that they had maintained the existing infection control arrangements, including ensuring that visitors to the practice could not access clinical samples. In response to the draft report, the practice sent us information about measures that had been taken to strengthen infection prevention and control.

At this inspection we found that there were still issues with safety, including ensuring staff had completed training in how to keep patients safe from abuse, preventing and controlling infection and with emergency equipment and medicines.

Safety systems and processes

The practice had systems to keep people safe and safeguarded from abuse, but they were not sufficiently well implemented.

- We checked the training records of five members of staff. All the staff members we checked had had recent training in keeping children safe from abuse, but the records of one clinical member of staff had no evidence of training in keeping vulnerable adults safe from abuse. Shortly after the inspection we were sent evidence that showed the staff member had now completed training in adult safeguarding.
- Staff we spoke to knew how to identify and report concerns. Reports and learning from safeguarding incidents were available to staff, where appropriate.
- We checked the recruitment records of three recently recruited staff. Evidence from the records seen showed that the practice did not conduct a disclosure and barring service (DBS) check on either of two clinical staff members. (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.) The practice had taken a copy of the previous DBS check. The DBS checks held on file for the two staff members (who were recruited in July and August 2017) dated from 2014 and 2016. Shortly after the inspection the practice sent us a DBS check for one of the two members of staff. This showed that it was completed after the inspection. The practice told us that it had requested a check for the second employee. In response to the draft report, the practice told us that DBS checks had now been completed.
- There were no references in the file of one of the clinical staff members. One was produced before the end of the inspection, which was only confirmation of attendance in professional training (with no reference to conduct or character). The practice policy states that at least two references will be taken up for each employee, with one being the most recent employer. There was no documented risk assessment for the decision to employ the staff member despite not having full references.
- The practice told us that staff who acted as chaperones were trained for their role and had received a DBS check. We did not check the files of these staff, but spoke to one member of staff who was clear as to her role as a chaperone.

Are services safe?

- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- There was a lead member of staff for infection prevention and control, who carried out twice yearly audits. However, we noted that these were incomplete (completed in part with question marks) and the same issues had been noted on several audits. We were told that some of the issues, for example not all non-clinical bins being pedal operated, had recently been addressed.
- The practice had arrangements to ensure that clinical equipment was safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

Systems to assess, monitor and manage risks to patient safety were not sufficiently well implemented. The practice had equipment and medicines to deal with medical emergencies, but there were not adequate systems to ensure that they were available and effective when required.

- There was one medicine missing from the practice supply of emergency medicines and one had expired. The practice told us that the missing medicines had expired and that replacements had been ordered but had not arrived. The missing medicine was for treating seizures. The glucogel (for low blood sugar) had expired. The practice told us that this had been risk assessed, but not documented. We saw evidence after the inspection that showed that the practice had ordered the medicines a week before the inspection despite the practice check system having identified the glucogel as having expired in March 2018.
- There was no system of checks on the defibrillator. Initially the practice told us that it was not possible to check the defibrillator's functioning, but shortly afterwards told us that the check process had been established from the maintenance manual for device, and would take place monthly.
- Staff told us that most, but not all, staff had received suitable training in basic life support.

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- There was an effective induction system for temporary staff, tailored to their role.
- 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 including sepsis. Reception staff had written guidance on symptoms that patients might report which would require that they were prioritised for medical attention, including the symptoms of sepsis.

Information to deliver safe care and treatment

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

- Systems were in place to provide staff with the information needed to deliver safe care and treatment. There was a documented approach to managing test results.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

Appropriate and safe use of medicines

The practice generally had reliable systems for appropriate and safe handling of medicines, but these were not all always consistently implemented.

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks but we noted that they were not all followed consistently. We observed that there was one day that checks were not made on the storage of vaccines and that the system to review prescriptions that had not been collected had not identified all of those older than one month (in line with the practice policy).
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.

Are services safe?

- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.

Track record on safety

The practice did not have a consistently good track record on safety. Risk assessments were not used consistently and effectively to monitor and improve safety.

- The most recent complete fire risk assessment in place dated from 2006, before the practice premises had been significantly extended. When we inspected in October 2016 there was a comprehensive risk assessment in place, associated with the building works underway at that time. Shortly after the inspection we were sent a fire risk assessment that had been completed by a member of staff. This identified a number of actions to be taken, with no prioritisation or time frames. In response to the draft report the practice sent us an updated fire risk assessment with dates attached to the actions."
- The practice had a process for weekly checks of the fire alarm system. From the records, we noted that there were a number of months when no checks took place.
- The practice could provide no evidence with regards to the management of the risk of Legionella (a term for a particular bacterium which can contaminate water systems in buildings), as we were told this had been

misplaced since the last inspection, although the practice had replaced some pipework and a water tank which staff believed had reduced the risk. This was noted in the practice premises' risk assessment.

- Although the practice identified and acted upon risks as they emerged, there was no systematic oversight of risks and the operation of safety systems introduced to mitigate them. The practice had not identified the issues that we found during the inspection.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate 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.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

Please refer to the Evidence Tables for further information.

Are services effective?

We rated the practice and all of the population groups as good for providing effective services overall .

(Please note: Any Quality Outcomes (QOF) data relates to 2016/17. QOF is a system intended to improve the quality of general practice and reward good practice.)

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff used appropriate tools to assess the level of pain in patients.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan. The practice told us that it had 662 eligible patients and over a 12 month period had carried out 56 75+ health checks.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication 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. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.

- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- The practice was able to demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension).
- The practice ran group consultations for patients diagnosed with COPD, diabetes and hypertension. The QOF 2016/17 indicators for these conditions showed that the practice performed in line with other practices, and generally above the Clinical Commissioning Group (CCG) average for these conditions. For diabetes, the practice performed statistically significantly above average for the percentage of with diabetes in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less. We saw evidence (submitted but not yet verified) that the practice had generally maintained their performance in 2017/18, and improved further the management of blood pressure in patients with diabetes.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates were in line with the target percentage of 90% or above.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

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

- The practice's uptake for cervical screening was 78%, which was below the 80% coverage target for the national screening programme (although in line with the CCG and national average).
- The practices' uptake for breast cancer screening was in line with the national average. Uptake for bowel cancer

Are services effective?

screening was below the national average. The practice said that they were aware of this and had plans to improve it, including involving the patient participation group in sharing information with patients.

- 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 which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

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

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- 86% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This is comparable to the national average.
- 98% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This is comparable to the national average.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example 98% of patients experiencing poor mental health had received discussion and advice about alcohol consumption. This is comparable to the national average.

- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice offered annual health checks to patients with a learning disability. The practice told us that 74 (99%) of their 77 patients with a learning disability had received a check in 2017/18.

Monitoring care and treatment

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

- Four audits had been completed in the past two years. All had been repeated to check for improvement.
- Patients can be exception-reported from individual indicators for various reasons, for example if they are newly diagnosed or newly registered with a practice, if they do not attend appointments or where the treatment is judged to be inappropriate by the GP (such as medication cannot be prescribed due to side-effects). They can also be exception-reported if they decline treatment or investigations. The practice exception reporting rate was in line with that of other practices.
- The practice used information about care and treatment to make improvements. The practice had expanded the provision of group consultations from diabetes to hypertension and COPD following evidence that they worked well to support patients to improve their health.
- Where appropriate, clinicians took part in local and national improvement initiatives. The practice was involved in a research study investigating patients' resistance to taking statins, a medicine to lower cholesterol, when they could benefit from them.

Effective staffing

Staff had the skills, knowledge and experience to carry out their specific roles, but there was not an effective system to ensure that all staff had completed mandatory training required for all roles.

- Staff had appropriate knowledge for their specific roles, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.

Are services effective?

- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- Staff were encouraged and given opportunities to develop.
- The practice had a learning and development plan, but this did not specify the frequency that some training should be completed (child safeguarding, adult safeguarding, information governance and infection control). It did not detail the level of training required for different roles.
- From the sample of staff records checked we found that up to date records of training were not consistently maintained.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, clinical supervision and support for revalidation, although these were not necessarily documented and stored in staff files. The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

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 appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for people with long term conditions and when coordinating healthcare for care home residents. The shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for children who have relocated into the local area.

- 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. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- 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 were proactive in helping 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, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through group consultations, and was beginning to develop social prescribing.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.
- The practice hosted visits from a locally funded health advisor.

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.

Please refer to the Evidence Tables for further information.

Are services caring?

We rated the practice as good for being caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was generally positive about the way staff treat people. Patients said that staff were caring and treated them with dignity and respect.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.

Involvement in decisions about care and treatment

Staff told us that they helped patients to be involved in decisions about care and treatment.

- Staff told us that communicated with people in a way that they could understand, for example, by text message or in writing, and easy read materials were available.
- A member of staff was training as a care navigator, to help patients and their carers find further information and access community and advocacy services.

- The practice proactively identified carers and supported them.
- In general, patients who responded to the National GP Survey (in 2017) said that they were happy with their care and how they were involved with treatment. However, patients from this practice were significantly less likely to report that the last time they saw or spoke to a nurse, the nurse was good or very good at explaining tests and treatments, compared to those at other practices. Practice staff were unaware of this.

Privacy and dignity

The practice respected patients' privacy and dignity.

- 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.
- Staff recognised the importance of people's dignity and respect. They told us that they challenged behaviour that fell short of this.

Please refer to the Evidence Tables for further information.

Are services responsive to people's needs?

We rated the practice, and all of the population groups, as good for providing responsive services.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs.
- The practice operated a 'doctor first' system, where all patients who requested a consultation with a doctor received a telephone consultation. Doctors then decided, with the patient, whether the patient needed a face to face consultation, and with which clinical staff member this should be. Staff told us that this appointment system had been introduced following an internal review, and that they believed that it was one of the factors that had led to a reduction in A&E attendances by patients from the practice.
- The facilities and premises were appropriate for the services delivered, although we found some issues with the emergency medicines and checks on emergency equipment. The practice had recently fitted a lift to improve access.
- The practice made reasonable adjustments when patients found it hard to access services. For example, some patients always received a face-to-face consultation rather than an initial telephone consultation because telephone conversations were difficult for them.
- The practice provided effective care coordination for patients who are more vulnerable or who have complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.
- The practice had introduced a programme of group consultations for diagnosed with COPD, diabetes and hypertension. Staff told us that these were popular with patients, who found them supportive and useful.

Families, children and young people:

- There were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- All parents or guardians calling with concerns about a child were offered a telephone consultation.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours and online booking services were available.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.

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

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

Are services responsive to people's needs?

- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Welfare benefit advisors and counsellors attended the practice to support patients.

Timely access to care and treatment

Patients were generally able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that generally the appointment system was easy to use, although we heard mixed feedback on the 'doctor first' system, with some patients saying they would prefer a face-to-face consultation.
- Some patients also told us that getting through by telephone was difficult. This was in line with patient responses to the National GP Patient Survey and the practice's own survey.
- There were systems to manage test results and referrals.
- The practice offered a same-day prescription service (for prescription requests submitted before 10am).

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously, but complaints processes did not always follow national guidance.

- The complaint policy and procedures were not consistently in line with recognised guidance, for example, in timescales and how complaints were completed. In response to the draft report, the practice told us that the complaints policy had been updated and the change communicated to all staff.
- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- 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. We saw evidence that complaints were discussed in the meetings of relevant staff groups, for example to ensure that all clinical staff were aware of best practice or to remind non-clinical staff of administrative procedures.

Please refer to the Evidence Tables for further information.

Are services well-led?

We rated the practice as requires improvement for providing a well-led service.

Leadership capacity and capability

- Leaders were knowledgeable about external issues affecting demands for care and the quality and future of services. They had prioritised some improvements to clinical care, and were implementing these. There were other areas, particularly related to safety, where the leaders did not have sufficient knowledge or oversight.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

Vision and strategy

- Leaders had a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- Staff had a strong sense of the practice values and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against national and local benchmarks.

Culture

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- 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.
- 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.
- Staff were encouraged to manage their own development. All staff received regular annual appraisals in the last year. The practice had a learning and development plan, but this did not specify the frequency that some training should be completed (child safeguarding, adult safeguarding, information governance and infection control). It did not detail the level of training required for different roles.

- We noted that not all staff had completed training in adult safeguarding, basic life support or information governance. The practice told us that one member of staff had not had information governance training because this only happened annually, but the learning and development plan says that all staff should complete information governance training as part of induction. The practice assured us after that last inspection that a process had been implemented to ensure that all staff received the training in safeguarding adults, but this was not what we found.
- Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- Practice staff told us that the practice actively promoted equality and diversity. Staff had not received equality and diversity training but felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

- Practice leaders had established policies, procedures and activities to support good governance and management, but we found that these were not all in line with best practice and some were not operating effectively, including those designed to ensure safety.
- Staff we spoke to felt that there were clear roles and responsibilities.

Managing risks, issues and performance

- Processes to identify, understand, monitor and address current and future risks, including risks to patient safety, were not consistently implemented. Some areas of risk, such as fire, had not been adequately assessed or addressed. Other areas of risk were not addressed in a timely way when they were identified by the practice's own systems (e.g. issues arising from the infection control audit).
- Practice leaders had oversight of national and local safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.

Appropriate and accurate information

Are services well-led?

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful.
- 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 engaged with patients through a patient participation group and an annual patient survey. Staff also responded to negative reviews on the NHS Choices website.
- The practice had created an action plan to respond to the results of the National GP Patient survey but this was based on the 2016 survey. The practice was unaware of the 2017 results and therefore had not considered that the deterioration in satisfaction in some key areas such as getting through by telephone and making an appointment, and in nurses explaining tests and treatment.

- Feedback from a number of sources suggested that telephone access was a source of considerable frustration for patients, but there was no action plan in place to address this.
- We were sent evidence that the 2017 national survey results, and patient feedback generally, was discussed at an away day after the inspection, but we were not sent an action plan.
- The service was collaborative with stakeholders.

Continuous improvement and innovation

- There was some evidence of learning and improvement. For example, the practice had developed additional group consultations in response to evidence of success in diabetes, and had implemented the use of physician associates in response to problems recruiting GPs. The practice was also a keen 'early adopter' and was involved in a number of local pilot schemes, for example hosting an in-house physiotherapist and taking part in the development of social prescribing.
- However, there were other instances where the practice had failed to make or sustain timely improvements, both in response to issues identified by the practice's own systems and in response to previous inspection findings.

Please refer to the Evidence Tables for further information.

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 the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:</p> <ul style="list-style-type: none">• There was no system of checks on the defibrillator.• Checks of the fire alarm system did not take place weekly.
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk.</p> <p>The practice had not identified the issues that we found during the inspection.</p> <p>The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person had maintained securely such records as are necessary to be kept in relation to persons employed in the carrying on of the regulated activity or activities. In particular:</p> <ul style="list-style-type: none">• DBS checks had not been undertaken for clinical staff.• References had not been taken in line with the practice policy. <p>The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to seek and act on feedback from</p>

Requirement notices

relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services. In particular:

- The results of the 2017 National GP Patient Survey had not been considered.

There was additional evidence of poor governance.

- There was no effective system to assess of the risk of, and prevent, detect and control the spread of, infections, including those that are health care associated.
- Issues with safeguarding training and governance of infection control were identified at the 2016 inspection. Safeguarding training had not improved when we checked in 2017. After both inspections the practice assured us that systems had been improved. At this inspection we found one clinical staff member had not completed adult safeguarding training.
- Most, but not all, staff had received suitable training in basic life support.
- Some policies were not in line with guidance or contractual obligations.