Care Quality Commission

Dilston Medical Centre

Quality Report

23 Dilston Road
Newcastle upon Tyne
Tyne and Wear
NE4 5AB
Tel: 0191 219 6975
Website: http://dilstonmedical.nhs.uk/

Date of inspection visit: 7 November 2016
Date of publication: 12/01/2017

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

Ratings

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

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	8
What people who use the service say	13
Areas for improvement	13

Detailed findings from this inspection

Our inspection team	14
Background to Dilston Medical Centre	14
Why we carried out this inspection	14
How we carried out this inspection	14
Detailed findings	16
Action we have told the provider to take	28

Overall summary

Letter from the Chief Inspector of General Practice

We first carried out an announced comprehensive inspection of this practice on 8 December 2014. We rated the practice then as requires improvement for providing safe, effective, caring and well-led care, we rated the practice as inadequate for providing responsive care. There were breaches of regulation, in particular we found the systems and processes were not operated effectively in order to assess, monitor and improve the quality of service provided in carrying out the regulated activities. We also found that systems to assess the risk and prevent, detect and control the spread of infection and the systems to ensure the premises were maintained were ineffective. After the inspection, the provider wrote to say what they would do to address the issues raised at the inspection. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Dilston Medical Centre on our website at www.cqc.org.uk.

We undertook this comprehensive inspection on 7 November 2016 to check that the practice had followed their plan.

Overall, the practice is rated as requires improvement.

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

- The practice had complied with two of the requirement notices we set following the last inspection. We found that the practice had effective systems to assess the risk and prevent, detect and control the spread of infection and that the systems to ensure the premises were maintained were more effective. However, while the practice had demonstrated the ability to improve their governance systems, we found areas where the practice must make improvements.

Summary of findings

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. However, when things went wrong, reviews and investigations were not sufficiently thorough to support improvement.
- Most risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. However, it was only available in English; it was not available in other languages to suit the practice population.
- Patients said that they sometimes had to wait a long time for non-urgent appointments. Urgent appointments were usually available on the day they were required. However, the practice sometimes referred patients requiring an urgent appointment to the local walk in centre during the practice's normal opening hours.
- The practice had good facilities and was well equipped to treat patients and meet their needs. However, the practice was aware of the need to make improvements to the building.
- There was a clear leadership structure and staff felt supported by the management structure and clinical team. The practice proactively sought feedback from staff. However, there were limited arrangements to seek feedback from patients.
- The provider was aware of and complied with the requirements of the duty of candour regulation.

The areas where the provider must make improvements are:

- Review the systems and processes in place to assess, monitor and improve the quality and safety of the service provided. Specifically, to enable lessons to be learned from significant events to prevent their reoccurrence and to improve the outcomes of patients at the practice. In addition, the practice's quality improvement and governance systems were not effective.
- Ensure that the required staff recruitment checks are completed; specifically ensure all clinical staff have a Disclosure and Baring Service check carried out.

The areas where the provider should make improvements are:

- Complete the process for the registration of the partnership with the Care Quality Commission.
- Review arrangements for the management and distribution of blank prescription forms to take into account national guidance.
- Continue to review their arrangements to effectively capture the views of patients to improve the service provided by the practice.
- Take steps to improve the identification of carers at the practice.

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

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

The practice had taken action to address some of the concerns raised during our previous inspection in December 2014. However, further improvements must be made. We found that:

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. However, when things went wrong, reviews and investigations were not sufficiently thorough to support improvement.
- Cleaning at the practice was supervised and monitored effectively. The infection control arrangements were appropriate. The poor condition of some areas had been noted at the previous inspection; not all of these concerns had been addressed.
- Arrangements were in place to ensure that when there were unintended or unexpected safety incidents, patients received reasonable support, truthful information and a verbal apology. The practice only provided a written apology when a significant event resulted in a complaint being made to the practice.
- Prescription pads were stored securely but the system to monitor the use of blank prescription pads was ineffective. We saw that prescriptions were kept in a locked cupboard but there was no system in place to monitor their distribution.
- Disclosure and Barring Service (DBS) checks or risk assessments had been completed for most of the staff that required them. Two of the nursing staff who acted as chaperones who had worked at the practice for many years had not had a DBS check or risk assessment completed.

Are services effective?

Requires improvement

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

The practice had taken action to address some of the concerns raised during our previous inspection in December 2014. However, further improvements should be made. We found that:

- Nationally reported data showed that the practice continued to perform below local and national averages. For 2015/2016, the practice had achieved 82.7% of the total number of QOF points available compared to the local clinical commissioning group (CCG) average of 96.9% and the national average of 95.3%. This

was an increase of 0.5% since the last inspection. No plan was in place to improve their QOF performance. At 10.8%, the practices' clinical exception reporting rate was 1.1% above the local CCG average and 1% above the national average. (Exception reporting is the removal of patients from QOF calculations where, for example, patients are unable to attend for a review meeting or certain medicines cannot be prescribed because of side effects).

- Quality improvement work was taking place. However, when we reviewed the work that had taken place a large majority of the work been completed by the CCG pharmacist and was CCG led.
- Since the last inspection, the practice had improved their cervical screening performance from 73% to 80.7%, which was in line with the CCG average of 80.9% and the national average of 81.8%. The exception rate (where patients are excluded from figures because, for example, they do not attend) was 30% compared to the local average of 8.5% and the national average of 6.5%.
- The practice provided information in their waiting area on a wide range of conditions and support organisations; however, when we inspected the practice all of the information that was available was in English only. The practice had a high proportion of patients from ethnic minorities.
- Systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.

Are services caring?

Requires improvement

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

The practice had taken action to address some of the concerns raised during our previous inspection in December 2014. However, further improvements should still be made. We found that:

- The layout of the building made it difficult to always ensure that conversations were not overheard in the reception area. The practice had been unable to address this concern.
- Information for patients about the services offered by the practice was available. They provided this information on the practice's website, in the practice's patient leaflet and in the waiting area. However, all the information for patients was only available in English. The practice had a high proportion of patients from ethnic minorities

Summary of findings

- Results from the National GP Patient Survey published in July 2016 showed that the practice was still below average for consultations with doctors. For example, of those who responded 75% said the last GP they saw or spoke to was good at involving them in decisions about their care (CCG average 85%, national average 82%). This was unchanged since the last inspection.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- The practice had links to local and national support organisations and referred patients when appropriate.
- Health checks for patients identified as carers were not offered by the practice.

Are services responsive to people's needs?

Requires improvement

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

The practice had taken action to address some of the concerns raised during our previous inspection in December 2014. However, further improvements should still be made. We found that:

- Feedback from some patients continued to report that access to appointments was not always available in a timely manner and urgent appointments were not always available on the same day.
- Some areas of the practice website were still not up to date, for example, the practice website did not display the rating awarded following the previous CQC inspection.
- Extended hours appointments were currently not available.
- The practice worked with other organisations and with the local community in planning how services were provided to ensure that they met patients' needs. However, the practice were not sufficiently responsive to the needs of the local population, for example, information for patients was only available in English; it was not available in various languages to suit the practice population.
- Patients said that they sometimes had to wait a long time for non-urgent appointments. Urgent appointments were usually available on the day they were required. However, the practice sometimes referred patients requiring an urgent appointment to the local walk in centre during the practice's normal opening hours.

Summary of findings

- The practice had good facilities and was well equipped to treat patients and meet their needs. However, the practice was aware of the need to make improvements to the building.

Are services well-led?

Requires improvement

The practice is rated as requires improvement for being well-led.

The practice had taken action to address some of the concerns raised during our previous inspection in December 2016. However, further improvements must still be made:

- There were systems in place to monitor and improve quality and identify risk but they were not effective.
- The practice had not developed an effective vision or strategy to lead the practice. The practice had a business plan, however, when we reviewed this plan it did not contain practice goals or business objectives, premises planning, workforce planning or performance goals. There was no effective strategy manage the high rate of patients that did not attend for booked appointments.
- The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- The arrangements for governance and performance management did not always operate effectively. When things went wrong, reviews and investigations did not always support improvement.
- Quality improvement work was taking place. However, when we reviewed the work that had taken place the large majority of the work been completed by the CCG pharmacist and was CCG led. Quality improvement work was not always effectively linked to improving patient outcomes for the practice population.
- There was a clear leadership structure and staff felt supported by the management structure and clinical team. The practice proactively sought feedback from staff. However, there were limited arrangements to seek feedback from patients.
- The provider was aware of and complied with the requirements of the duty of candour regulation. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice's partnership details recorded with the Care Quality Commission were not correct.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

Requires improvement

The practice is rated as requires improvement for the care of older people. This is because the provider was rated as requires improvement for providing safe, effective, caring, responsive and well-led care. The concerns which led to these ratings apply to everyone using the practice; including this population group.

- The practice offered proactive, personalised care to meet the needs of the older people in their population. All patients over the age of 75 had a named GP.
- The practice was responsive to the needs of older people; they offered home visits and urgent appointments for those with enhanced needs.
- Nationally reported data showed that outcomes for patients with conditions commonly found in older people were below local and national averages. For example, the practice had achieved 87.2% of the Quality and Outcomes Framework (QOF) points available for providing the recommended care and treatment for patients with heart failure. This was 11.7% below the local clinical commissioning group (CCG) average and 10.9% below the national average.
- The practice maintained a palliative care register and offered immunisations for shingles and pneumonia to older people.

People with long term conditions

Requires improvement

The practice is rated as requires improvement for the care of people with long-term conditions. This is because the provider was rated as requires improvement for providing safe, effective, caring, responsive and well-led care. The concerns which led to these ratings apply to everyone using the practice; including this population group.

- The nurses had lead roles in chronic disease management. Patients at risk of hospital admission were identified as a priority and supported appropriately by the practice.
- Nationally reported data showed that outcomes for patients with most conditions commonly found in this population group were varied. For example, the practice had achieved 100% of the QOF points available for providing the recommended care and treatment for patients with cancer. This was 0.4% above the local CCG average and 2.1% above the national average.

However, the practice had achieved 67.4% of the QOF points available for providing the recommended care and treatment for patients with diabetes. This was 26.1% below the local CCG average and 22.4% below the national average.

- The practice had initiated work to improve patient outcomes for patients with long-term conditions.
- Longer appointments and home visits were available when needed.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people. This is because the provider was rated as requires improvement for providing safe, effective, caring, responsive and well-led care. The concerns which led to these ratings apply to everyone using the practice; including this population group.

- There were processes in place for the regular assessment of children's development. This included the early identification of problems and the timely follow up of these. Systems were in place for identifying and following-up children who were considered at-risk of harm or neglect. For example, the needs of all at-risk children were regularly reviewed at practice multidisciplinary meetings involving child care professionals such as health visitors.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Regular children's height and weight clinics were held to help reduce childhood obesity.
- When a child under six registered with the practice, they were invited to attend an appointment that reviewed their immunisation records and needs. The practice had access to, and used, information on the immunisation programmes for many countries.
- There were arrangements for new babies to receive the immunisations they needed. Childhood immunisation rates for the vaccinations given to under two year olds ranged from 81.4% to 92.9% (clinical commissioning group (CCG) average 64.7% to 97.1%) and for five year olds ranged from 69.1% to 97.5% (CCG average 90.1% to 97.4%).
- Urgent appointments for children were available on the same day.

Requires improvement

Summary of findings

- Pregnant women were able to access an antenatal clinic provided by healthcare staff attached to the practice.
- Nationally reported data showed that outcomes for patients with asthma were above average. The practice had achieved 100% of the QOF points available for providing the recommended care and treatment for patients with asthma. This was 2.1% above the local CCG average and 2.6% above the national average.
- The practice provided contraceptive advice.

Working age people (including those recently retired and students)

Requires improvement

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students). This is because the provider was rated as requires improvement for providing safe, effective, caring, responsive and well-led care. The concerns which led to these ratings apply to everyone using the practice; including this population group.

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. Telephone appointments were available.
- Patients could order repeat prescriptions and book routine healthcare appointments online.
- A text message service informed patients of the details of their appointment if requested.
- Extended hours appointments were not available.
- The practice offered a full range of health promotion and screening which reflected the needs for this age group.
- The practice's uptake for cervical screening was 80.7%, which was in line with the CCG average of 80.9% and the national average of 81.8%. However, the exception rate (when patients are excluded from figures because, for example, they do not attend) was 30%, compared to the local average of 8.5% and the national average of 6.5%.
- Additional services such as new patient health checks, travel vaccinations and minor surgery were provided.
- The practice provided contraceptive and sexual health services.

People whose circumstances may make them vulnerable

Requires improvement

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. This is because

the provider was rated as requires improvement for providing safe, effective, caring, responsive and well-led care. The concerns which led to these ratings apply to everyone using the practice; including this population group.

- The practice held a register of patients living in vulnerable circumstances. This included a register of patients with a learning disability; the practice had reviewed this register to ensure it was up to date.
- The practice offered longer appointments for patients with a learning disability if required.
- The practice regularly worked with multi-disciplinary teams (MDT) in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- Arrangements were in place to support patients who were carers. However, information for carer's was only available in English and carer's health checks were not offered by the practice.

People experiencing poor mental health (including people with dementia)

Requires improvement

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). This is because the provider was rated as requires improvement for providing safe, effective, caring, responsive and well-led care. The concerns which led to these ratings apply to everyone using the practice; including this population group.

- The practice had identified 0.8% of their patient list as having enduring mental health conditions and had included these patients on a register to enable them to plan and deliver relevant services. Sixty-six patients were on this register and 44% had a care plan in place.
- Nationally reported data showed that outcomes for patients with mental health conditions were below average. The practice had achieved 43.8% of the QOF points available for providing the recommended care and treatment for patients with mental health conditions. This was 51.2% below the local CCG average and 49% below the national average.

Summary of findings

- Nationally reported data showed that outcomes for patients with dementia were below average. The practice had achieved 88% of the QOF points available for providing the recommended care and treatment for patients with dementia. This was 9.6% below the local CCG average and 8.6% below the national average.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia and the practice carried out advanced 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.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The National GP Patient Survey results published in July 2016 showed the practice was generally performing below or in line with local and national averages in many areas. There were 369 forms sent out and 51 were returned. This is a response rate of 14% and represents 0.6% of the practice's patient list.

- 73% found it easy to get through to this surgery by phone (clinical commissioning group (CCG) average 79%, national average of 73%).
- 87% were able to get an appointment to see or speak to someone the last time they tried (CCG average 85%, national average 85%).
- 74% described the overall experience of their GP surgery as good (CCG average 88%, national average 85%).
- 59% said they would recommend their GP surgery to someone who has just moved to the local area (CCG average 80%, national average 78%).
- 96% found the receptionists at this surgery helpful (CCG average 89%, national average of 87%).
- 70% said the last appointment they got was convenient (CCG average 76%, national average of 92%).
- 57% described their experience of making an appointment as good (CCG average 79%, national average of 73%).
- 49% usually waited 15 minutes or less after their appointment time to be seen (CCG average 79%, national average of 73%).

We reviewed 22 CQC comment cards that patients had completed. Seventeen of these were positive about the standard of care received; patients described the practice as good or very good and said the staff were caring and polite. Four cards said that it was not always possible to book an appointment in a timely manner and one card referred to several areas where the patient thought the practice could improve.

We spoke with six patients during the inspection. Patients said they were happy with the care they received. They said they thought the staff involved them in their care and explained tests and treatment to them. However, half of the patients told us that it was difficult to access routine appointments in a timely manner; most patients said that they had to wait on the day to be called in for their appointment and some thought that the practice did not have enough GP's.

Areas for improvement

Action the service MUST take to improve

- Review the systems and processes in place to assess, monitor and improve the quality and safety of the service provided. Specifically, to enable lessons to be learned from significant events to prevent their reoccurrence and to improve the outcomes of patients at the practice. In addition, the practice's quality improvement and governance systems were not effective.
- Ensure that the required staff recruitment checks are completed; specifically ensure all clinical staff have a Disclosure and Baring Service check carried out.

Action the service SHOULD take to improve

- Complete the process for the registration of the partnership with the Care Quality Commission.
- Review arrangements for the management and distribution of blank prescription forms to take into account national guidance.
- Continue to review their arrangements to effectively capture the views of patients to improve the service provided by the practice.
- Take steps to improve the identification of carers at the practice.

Care Quality Commission

Dilston Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Inspector. The team included a GP specialist advisor and a practice manager specialist advisor.

Background to Dilston Medical Centre

Dilston Medical Centre is registered with the CQC to provide primary care services. The practice provides services to around 8,300 patients from one location: 23 Dilston Road, Dilston, Newcastle upon Tyne, Tyne and Wear, NE4 5AB. We visited this address as part of the inspection.

Dilston Medical Centre is based in converted premises. All reception and consultation rooms are based on the ground floor and are fully accessible for patients with mobility issues. There is on street parking close to the practice. There is a toilet with disabled access; however, some patients would require support to access this facility due to the size of the room.

The practice has three GP partners (all male). The practice employs two long-term locum GP's (one male, one female). They employ a practice manager, two nurse practitioners, two practice nurses (all female) and seven staff who undertake reception and administrative duties. The practice provides services based on a General Medical Services (GMS) contract agreement for general practice.

Dilston Medical Centre is open at the following times:

- Monday, Tuesday, Thursday and Friday 8:30am to 6pm.
- Wednesday 8:30am to 12pm and 1pm to 6pm

The telephones are answered by the practice during opening times. When the practice is closed patients are directed to the NHS 111 service. This information is also available on the practice's website and in the practice leaflet. The service for patients requiring urgent medical care out of hours is provided by the NHS 111 service and Vocare, known locally as Northern Doctors Urgent Care Limited.

Appointments are available at Dilston Medical Centre at the following times:

- Monday, Tuesday, Thursday and Friday 8:30am to 11:40am then 1pm to 5:20pm.
- Wednesday 8:30am to 11:40am then 2pm to 5:20pm.

The practice is part of NHS Newcastle Gateshead clinical commissioning group (CCG). Information from Public Health England placed the area in which the practice is located in the second most deprived decile. In general, people living in more deprived areas tend to have a greater need for health services. Average male life expectancy at the practice is 74 years compared to the national average of 79 years. Average female life expectancy at the practice is 80 years compared to the national average of 83 years.

The practice population includes more patients who are under 40 years of age than the England average, and fewer patients who are aged over 45 years of age than the England average. The practice had a high proportion of patients from ethnic minorities (practice data: 20% other white/European, 20% Pakistani, 10% Bangladeshi, 8% other Asian). The practice told us that this is constantly changing as new people move to the area.

The proportion of patients with a long-standing health condition is below average (35% compared to the national average of 54%). The proportion of patients who are in paid

Detailed findings

work or full-time employment or education is above average (70% compared to the national average of 62%). The proportion of patients who are unemployed is above average (11% compared to the national average of 5%).

When we returned for our most recent visit, we noted that the previously awarded ratings were not displayed, either in the surgery premises or on the practice website.

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme. We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider 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 service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 7 November 2016.

During our visit we:

- Reviewed information available to us from other organisations, such as NHS England.
- Reviewed information from the CQC intelligent monitoring systems.
- Spoke to staff and patients. This included two GPs, the attached pharmacist, the practice manager, a nurse practitioner, the nurse infection control lead and two members of the reception and administration team. We spoke with six patients who used the service.
- Looked at documents and information about how the practice was managed and operated. We spoke with two members of the extended community healthcare team who were not employed by, but worked closely with the practice.
- Reviewed patient survey information, including the National GP Patient Survey (published in July 2016) of the practice.
- Reviewed a sample of the practice's policies and procedures.
- Reviewed the action plans put in place by the practice, following the earlier inspection that took place in December 2014.

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

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

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

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

Please note that when referring to information throughout this report, for example, any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

Safe track record and learning

When we inspected the practice in December 2014, we found that the practice was not able to demonstrate that they responded to safety concerns in a timely manner. We found:

- The systems and processes to address risks were not implemented well enough to ensure patients were kept safe. Information about safety was recorded, monitored appropriately reviewed and addressed, although this was not always done in a timely manner.

During the inspection in November 2016, we found:

- The practice had made some improvements in their approach to managing significant events. The practice manager was now the lead for significant events. Concerns and near misses were reported to the practice manager using the clinical system. We found that staff were encouraged to report significant events they identified and that these were discussed at the weekly primary healthcare team meetings. We saw minutes to confirm this.
- The practice kept safety records, including incident reports and minutes of meetings where these were discussed. However, when we reviewed the records kept by the practice we found that the record of actions taken, discussion and analysis was very brief. Eight significant events had been recorded on a significant events log. We reviewed the minutes of the meetings where significant events had been discussed and the incident reporting sheets which recorded the learning and actions taken by the practice. There was very little detail recorded and no in-depth analysis. One recent incident related to a patient being given an unnecessary immunisation following a change to the immunisation programme that had not been acted upon by the practice. None of the records we reviewed noted if the local immunisation and vaccination team had been contacted for advice or if they had audited practice records to see if any other patients had been affected. The practice had recorded four incidents that related to various duplicated vaccinations. Actions taken by the practice to address the number of these errors had not been effective.
- On the day of the inspection, the infection control lead told us about a recent significant event that was not recorded on the significant event log. A patient had been diagnosed with an infection that could easily be spread to others. The practice helped complete a root cause analysis of this incident with the local infection control team.
- The incident recording process supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).

We also found that:

- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information and a verbal apology. The practice only provided a written apology only when a significant event resulted in a complaint being made to the practice.

Overview of safety systems and processes

When we inspected the practice in December 2014, we identified concerns relating to safety systems and processes. We found:

- There was no evidence that the cleaning was supervised or monitored effectively. The September 2014 infection control audit carried out by the practice highlighted some concerns and there was no evidence that those concerns had been followed up.

During the inspection in November 2016, we found:

- The practice maintained appropriate standards of cleanliness and hygiene. We saw that the premises were generally clean and tidy. A log of the weekly and monthly cleaning was kept and cleaning was monitored. A nurse was the infection control lead; they liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received appropriate training to their role. We saw that a handwashing audit had been completed in 2015, and then again in 2016 by the local infection control lead. The practice had recently changed their infection control and audit process with the support of the local infection control lead. A weekly audit was now undertaken and we saw that action had been taken to address some of the

improvements required as a result. However, the poor condition of some walls had been noted at the previous inspection, not all of these concerns had been addressed. We saw areas of poor repair in the patient toilet, waiting area and the staff room/kitchen. The practice told us that they expected this to be addressed by roofing repairs that had been scheduled.

We also found that:

- We saw evidence that arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for adult and child safeguarding. The GPs attended safeguarding meetings and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to level three in children's safeguarding. Staff had completed Prevent training to support the protection of vulnerable individuals and protect them from being groomed in to terrorist activity or supporting terrorism.
- Staff were aware of and fulfilled their responsibilities in relation to serious case reviews. Staff told us that safeguarding issues were regularly discussed and we saw minutes of meetings that confirmed this.
- Notices in the waiting room and clinical rooms advised patients that staff would act as chaperones, if required. All clinical staff who acted as chaperones were trained, for the role. However, two of the nursing staff who acted as chaperones who had worked at the practice for many years had not had a DBS check or risk assessment completed. (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 told us that they would review this area and complete either a DBS check or an appropriate risk assessment.
- We reviewed a sample of personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate DBS checks.
- The practice had a system in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Medicines Management

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice required review (including obtaining, prescribing, recording, handling, storing, security and disposal). Prescription pads were stored securely but the system to monitor the use of blank prescriptions was ineffective. We saw that blank prescriptions were stored in a locked cupboard but that there was no system to monitor their distribution. This is contrary to guidance issued by NHS Protect, which states that 'organisations should maintain clear and unambiguous records on prescription stationery stock.
- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. (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). On the day of the inspection, we found that only three PGD's (seasonal flu, shingles and pneumococcal vaccines) that were in place and had been signed by the nurses, who administered these, none had been authorised by a GP or the practice manager. The practice stored all other PGDs electronically; however, they did not have records to show that any of these had been authorised by either a GP or the practice manager and the nursing staff. Shortly after the inspection, the practice told us that they had reviewed all the PGD's they had adopted and we saw that they were now all authorised in line with national guidance.

Monitoring risks to patients

There were procedures in place for monitoring and managing risks to patient and staff safety but these were not sufficiently effective.

- There was a health and safety policy available with a poster in the reception office, which identified local health and safety representatives. Since the last inspection, the practice had engaged external support to support the management of health and safety.

Are services safe?

However, they had not completed a fire drill when the practice was open to patients as they were concerned that the local area did not offer a suitable place for assembly due to the busy road. The practice told us that they would review this decision. All electrical equipment was checked to ensure it was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health (COSHH) and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and the mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure sufficient staff were on duty. The practice had reviewed the clinical staffing needs of the practice and were in the process of recruiting two additional GP's. However, when we inspected the practice most of the staff and some of the patients thought that the practice had insufficient clinical staff as they had to wait longer than they would like for a routine appointment. The practice sometimes referred patients requiring an urgent appointment to the local walk in centre during the practice's normal opening hours.

Arrangements to deal with emergencies and major incidents

- There was an instant messaging system on the computers in all the consultation and treatment rooms that alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. The practice had a system in place to ensure these were in date.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks was available in a treatment room. A first aid kit and accident book was available.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan identified key risks to the organisation. Copies of this plan were held off site and the plan was reviewed when required.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice had a system to ensure that clinical guidelines were easily available to staff. We reviewed a sample of these; national guidelines were available but they had not been adopted by the practice to support clinicians during consultations.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice.) The most recent published results for 2015/16 showed the practice had achieved 82.7% of the total number of QOF points available compared to the local clinical commissioning group (CCG) average of 96.9% and the national average of 95.3%.

At 10.8%, the practices' clinical exception reporting rate was 1.1% above the local CCG average and 1% above the national average. (Exception reporting is the removal of patients from QOF calculations where, for example, patients are unable to attend for a review meeting or certain medicines cannot be prescribed because of side effects). No plans were in place to improve the clinical exception reporting rate.

The exception reporting rate for cervical screening was well above average (30% compared to the CCG average of 8.5% and the national average of 6.5%). The practice told us that they tried to engage with patients from different cultural backgrounds who were often unaware of the benefits of the screening programme. They provided information from the national screening programme in the appropriate languages during consultations and they took tests opportunistically when they could. However, we reviewed six records where patients had been exception reported; five of these records showed that the patient had been excluded when the practice sent the required third letter. Only one record showed that the practice had undertaken the engagement work they described. The practice participated in a 'pink letter' scheme with a national cancer support organisation to encourage more women to attend cervical screening. All the letters the practice sent to these patients were in English.

Data from 2015/2016 showed:

- Performance for the diabetes related indicators was below average (67.4% compared to the national average of 89.8%).
- Performance for the arterial fibrillation related indicators was above average (100% compared to the national average of 99.2%).
- Performance for the dementia related indicators was below average (88% compared to the national average of 97.6%).
- Performance for the chronic kidney disease related indicators was in line with the average (100% compared to the national average of 100%).

The practice told us that their practice population included a high number of patients whose first language was not English. They recorded the preferred language of patients and we were told that 77 different language preferences were recorded. The practice told us that they were aware that this created cultural barriers to care and treatments that may have affected the overall QOF score. The practice provided information in their waiting area on a wide range of conditions and support organisations; however, when we inspected the practice all of the information that was available was in English only.

At this inspection, we found there was limited evidence of quality improvement work that was led by or initiated by the practice.

- The practice provided details of clinical audit and quality improvement work carried out at the practice. However, when we reviewed the work that had taken place, the large majority of the work been completed by the CCG pharmacist and was CCG led.

- For example, the CCG-provided practice pharmacist had undertaken an audit of patients prescribed low molecular weight heparin to ensure it was being prescribed in line with national guidelines as part of the

CCG prescribing engagement scheme. The initial audit in August 2015 identified that three patients required review, the second audit in April 2016, identified four patients that required review. The practice had reviewed these patients each time to ensure that they were being managed appropriately.

- We saw four action plans to improve prescribing quality that stated they were to be led by the practice, none of these plans included details of fully completed actions taken. For example, we saw that details of patients has been passed to the nursing team for review but there were no details recorded of the action that had been taken following a review of these patients in the plans provided.
- The practice provided a minor surgery service and they monitored the quality of this service.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff, including locum GPs. This covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updates for relevant staff. For example, for those staff reviewing patients with long-term conditions. Staff who took samples for the cervical screening programme had received specific training which included an assessment of competence. One member of the nursing team told us that they needed to complete the update training for cervical screening sample takers but that none of the available dates had been suitable; they told us that they would prioritise completing this training on returning from planned leave. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example, by having access to on line resources and discussion at practice meetings.
- Staff received training which included: safeguarding, basic life support and information governance. Staff had access to and made use of in-house training and external training including that provided by the local CCG.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings and support for revalidating GPs and nurses. All staff had received an appraisal in the last 12 months. Staff told us that the practice was supportive of training and that the appraisal process had been supportive.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record and intranet systems.

- This included risk assessments, care plans, medical records and investigation and test results. The practice shared relevant information with other services in a timely way, for example, when referring patients to other services.
- Staff worked together 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 patients moved between services, when they were referred to or, after discharge from hospital.
- We saw evidence that multi-disciplinary team (MDT) meetings took place each month. For example, the practice held monthly palliative care meetings as well as weekly primary healthcare team meetings that health visitors regularly attended.
- The practice identified patients at high risk of admission to hospital, care plans were put in place for these patients. If these patients were admitted to hospital, they were contacted by the practice after discharge to review the care required.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

Are services effective?

(for example, treatment is effective)

- Where a patient's mental capacity to consent to care or treatment was unclear, the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

When we inspected the practice in December 2014, we found that the practice did not always support patients to live healthier lives. We found:

- A range of health promotion information was available to patients in the reception and waiting area of the practice. However, most of the information was in English.

During the inspection in November 2016, we found:

- No improvements had been made on this matter. The practice provided information in their waiting area on a wide range of conditions and support organisations; however, when we inspected the practice all of the information that was available was in English only.

We also found:

- The practice ensure that patients receiving end of life care, carers and those at risk of developing long-term conditions were identified. Those identified as requiring advice on their diet or smoking cessation were able to access support.

Since the last inspection the practice had improved their cervical screening performance from 73% to 80.7%, which was in line with the CCG average of 80.9% and the national average of 81.8%. However, the exception rate (where patients are excluded from figures because, for example, they do not attend) was 30% compared to the local average of 8.5% and the national average of 6.5%. A policy was in place to send reminder letters to patients who did not attend a cervical screening test. The practice participated in a 'pink letter' scheme with a national cancer support organisation to encourage more women to attend cervical screening. All the letters the practice sent to these patients were in English.

Childhood immunisation rates for the vaccinations were in line with CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 81.4% to 92.9% (CCG average 64.7% to 97.1%) and for five year olds ranged from 69.1% to 97.5% (CCG average 90.1% to 97.4%). The practice worked to encourage uptake of immunisation programmes with the patients at the practice. For example, when a child under six registered with the practice they were invited to attend for an appointment that reviewed their immunisation records and needs. This was important as a high number of children had moved to the practice from countries were the immunisation programme was different to that offered at the practice. Screening tests and immunisation and vaccinations were also given opportunistically when possible.

Patients had access to appropriate health assessments and checks. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Requires improvement

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We saw that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard. However, conversations at the reception desk could easily be overheard due the very limited space in this area. On the day of the inspection, this area was frequently congested with patients queuing to be seen. The practice was aware of the limitations of the building and had been trying for several years to move to new premises; however, options in the local area were limited.
- On the day of the inspection we saw that staff were caring and that they treated the patients with respect.

We reviewed 22 CQC comment cards that patients had completed. Most of these were positive about the standard of care received; they described the practice as good or very good and said the staff were caring and polite.

Results from the National GP Patient Survey, published in July 2016, showed patients were generally satisfied with how they were treated and that this was with compassion, dignity and respect. However, results were below local and national averages. Of those who responded:

Of those who responded:

- 87% said they had confidence and trust in the last GP they saw or spoke to (clinical commissioning group (CCG) average 96%, national average 95%).
- 80% said the GP they saw or spoke to was good at listening to them (CCG average 91%, national average 89%).
- 85% said the GP they saw or spoke to gave them enough time (CCG average 90%, national average 87%).
- 80% said the GP they saw or spoke to was good at treating them with care and concern (CCG average 88%, national average 85%).
- 96% said they had confidence and trust in the last nurse they saw or spoke to (clinical commissioning group (CCG) average 98%, national average 97%).
- 87% said the nurse they saw or spoke to was good at listening to them (CCG average 93%, national average 91%).

The practice had no plan in place to address the areas of concern raised by this survey.

The practice gathered patients' views on the service through the national friends and family test (FFT). (The FFT is a tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience that can be used to improve services. It is a continuous feedback loop between patients and practices). However, few patients completed this feedback survey and from June to August 2016 no patients had responded.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

However, results from the National GP Patient Survey, published in July 2016 showed that patients' responses to questions about care planning and treatment were mostly below local and national averages. Of those who responded:

- 64% said the last GP they saw was good at explaining tests and treatments (CCG average of 88%, national average of 86%).
- 75% said the last GP they saw was good at involving them in decisions about their care (CCG average 85%, national average 82%).
- 88% said the last nurse they saw was good at explaining tests and treatments (CCG average 92%, national average 90%).
- 92% said the last nurse they saw was good at involving them in decisions about their care (CCG average 88%, national average 85%).

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

Requires improvement

Are services caring?

- Staff told us that translation services were available for patients who did not have English as a first language. On the day of the inspection we saw that this was well utilised by patients at the practice. GP's at the practice spoke Arabic, French, Romanian, Russian, Urdu and Hindi.
- A hearing loop was available in reception for patients who were hard of hearing. However, when we inspected the practice this was not in use in the waiting area and there were no signs alerting patients to its availability.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations. However, as when we last inspected the practice, all of the information that was available was in English only.

The practice's computer system alerted GPs if a patient was also a carer. The practice had links to support organisations and referred patients when appropriate but due to the low number of elderly patients registered at the practice few patients identified themselves as carers. The practice had identified 26 of their patients as being a carer (0.3% of the practice patient population). At the time of our inspection, 22% of carers on this register had received an influenza immunisation in the last year. The practice did not offer carers' health checks.

Staff told us that if families suffered a bereavement, the practice would offer support in line with the patient's wishes.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

When we inspected the practice in December 2014, we identified concerns relating to responding to and meeting people's needs. We found:

- There was information available in the waiting room and reception area. However, we saw that most of the information was in English.

During the inspection in November 2016, we found:

- The practice had not addressed this issue. There was information in their waiting area on a wide range of conditions and support organisations; however, all of the information that was available was in English only.
- The practice reviewed the needs of their local population and engaged with the NHS England Area Team and clinical commissioning group (CCG) to secure improvements to services where these were identified.
- When a patient had more than one health condition that required regular reviews, they were able to have all the healthcare checks they needed completed at one appointment if they wanted to.
- The practice held regular clinics to provide childhood immunisations and minor surgery.
- There were longer appointments available for patients with a learning disability, patients with long terms conditions and those requiring the use of an interpreter.
- Patients were able to receive travel vaccinations that were available on the NHS.
- Smoking cessation support was provided by the practice.
- There were disabled facilities and translation services available. A hearing loop was available to support patients with hearing difficulties. However, when we inspected the practice this was not in use in the waiting area and there were no signs alerting patients to its availability.
- Patients could order repeat prescriptions and book GP appointments on-line.
- Telephone appointments with a GP were available each morning.
- Same day appointments were available for children and those with serious medical conditions.
- When a child under six registered with the practice, they were invited to attend an appointment that reviewed their immunisation records and needs. The practice had access to, and used, information on the immunisation programmes for many countries. This was important as a high number of children had moved to the practice from countries were the immunisation programme was different to that offered at the practice.
- The practice participated in a CCG project to reduce childhood obesity, as part of this regular children's height and weight clinics were held. Patients could be signposted to local programmes for further support.
- The participated in 'ways to wellness', this is a social prescribing service for people with long-term health conditions, aged 40 to 74 years, who live in the west of Newcastle. Ways to Wellness provides non-medical support through a dedicated Link Worker. The service aimed to help and support patients to better manage long-term conditions.
- The practice provided contraceptive and sexual health services.

Access to the service

The practice was open at the following times:

- Monday to Friday 8:30am to 6pm.

Appointments were available at the following times:

- Monday, Tuesday, Thursday and Friday 8:30am to 11:40am then 1pm to 5:20pm.
- Wednesday 8:30am to 11:40am then 2pm to 5:20pm.

The telephones were answered by the practice during opening times. When the practice was closed patients were directed to the NHS 111 service. This information was available on the practice's website and in the practice leaflet.

Results from the National GP Patient Survey, published in July 2016, showed that patients' satisfaction with how they could access care and treatment was generally below local and national averages. Of those who responded:

- 73% of patients were satisfied with the practice's opening hours (CCG average 81%, national average of 76%).
- 73% patients said they could get through easily to the surgery by phone (CCG average 79%, national average 73%).
- 87% patients said they were able to get an appointment or speak to someone last time they tried (CCG average 85%, national average 85%).

Are services responsive to people's needs?

(for example, to feedback?)

- 43% feel they normally don't have to wait too long to be seen (CCG average 60%, national average 58%).
- 36% usually get to see or speak to their preferred GP (CCG average 61%, national average 59%).

The practice had a system in place to assess:

- Whether a home visit was clinically necessary; and
- The urgency of the need for medical attention.

We spoke with six patients during the inspection. Most patients told us that urgent appointments were available when required but that they had to wait longer then they would like for routine appointments. On the day of the inspection, there was a routine appointment with a GP available in seven working days, and in 13 working days with a nurse. Some patients also told us that they were called in late for their appointments. However, the practice sometimes referred patients requiring an urgent appointment to the local walk in centre during the practice's normal opening hours.

Listening and learning from concerns and complaints

When we inspected the practice in December 2014, we found that the practice was not able to demonstrate that they always effectively listened or learned from concerns and complaints. We found:

- Informal and verbal complaint were not recorded and the practice had not undertaken an annual review of their complaints to identify any trends that have emerged and required attention.

During the inspection in November 2016, we found that the practice had a more effective system in place for handling complaints and concerns.

- The complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated responsible person who handled all complaints in the practice; one of the partners was the GP lead who provided clinical oversight when required.
- We saw that information was available to help patients understand the complaints system. Information was on display in the reception area and practice leaflet and on the practice's website. However, this was only available in English.

We looked at a sample of the seven complaints received in the last 12 months and found that the practice now recorded verbal complaints and competed an annual review of complaints. We also found that complaints were dealt with in a timely manner and with openness and transparency. Lessons were learned from concerns and complaints; action was taken as a result to improve the quality of care.

Are services well-led?

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

Our findings

Vision and strategy

When we inspected the practice in December 2014, we found that the practice did not have a clear vision or strategy. During the inspection in November 2016, we found:

- The practice had a mission statement that included its aims and objectives to 'provide the best possible standard of medical care' and to 'ensure a safe and effective surgery environment'.
- The practice had a business plan; however, when we reviewed this plan it did not contain practice goals or business objectives, premises planning, workforce planning or performance goals.
- On the day of the inspection, we requested information on the number of appointments for the previous month where the patient had not attended for the appointment. We found that in the last month over 450 appointments had been recorded as 'did not attend' (DNA); this was 16% of the appointments booked in this period. The practice told us that they were aware of the issue but they had no plans in place to address this. The practice did not have a DNA policy in place.
- The practice list size had increased by approximately 1,000 patients since the last inspection. They told us that they planned to recruit two addition GPs to cope with the increased demand for appointments and that long term they were aware of the need to secure suitable premises, however, they had been unable to secure new premises.

Governance arrangements

When we inspected the practice in December 2014, we identified concerns relating to the arrangements for responding to and meeting people's needs. We found:

- The practice was not recording verbal and informal complaints, timely action had not been taken to address infection control, staff were referring patients to the local walk in centre during the practice's normal opening hours, the building maintenance programme was ineffective and the practice had no plans in place to improve the service provided.

During the inspection in November 2016, we found that the practice had an improved governance framework. However, it was not always effective. We found that:

- Informal and verbal complaints were now recorded and an annual review had been undertaken. The practice told us that most verbal complaints related to access to appointments.
- Infection control arrangements were appropriate and the practice had taken steps to improve building maintenance, and we saw that the practice had responded to some of the areas of concerns raised by patients in this area. However, the poor condition of some areas had been noted at the previous inspection; not all of these concerns had been addressed.
- Staff were referring patients to the local walk in centre during the practice's normal opening hours.
- The governance of the practice did not support a comprehensive understanding of the practice performance. For example, the practice did not have a plan to address the high number of patients that did not attend for pre-booked appointments. They were not able to demonstrate that they were fully aware of, or responding to, the performance issues at the practice. For example, the practice did not have a process in place to monitor the performance of the practice regularly. We found that QOF performance was well below local and national averages but there was no plan in place to improve performance. The practice held regular meetings; however, none of the minutes we reviewed included details of discussions to improve performance at the practice. The practice were also performing below local and national averages for many areas within the National GP Patient survey but this had not been reviewed by the practice and no work was planned to address the concerns raised.
- Quality improvement work was taking place. However, when we reviewed the work that had taken place this had large majority of the work been completed by the CCG pharmacist and was CCG led.

We also found that:

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific polices were implemented and available to all staff.
- The practice's partnership details recorded with the Care Quality Commission were not correct.

Are services well-led?

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

- When we inspected the practice in November 2016, we noted that the previously awarded ratings were not displayed, either in the surgery premises or on the practice website. Shortly after we inspected the practice, a link to the previous report was added to the practice website.

Leadership and culture

On the day of the inspection the partners in the practice told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to members of staff.

The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents. (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).

- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues and felt confident in doing so and were supported if they did.
- Staff said they felt respected, valued and supported. During the inspection, we saw that staff and the management of the practice had developed strong working relationships.
- The arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not effective and required review to ensure safe care was provided by the practice.

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

When we inspected the practice in December 2014, we found that there was no effective mechanism for seeking comments and feedback from patients. During the inspection in November 2016, we found:

- There were improved arrangements to engage with patients, however, arrangements were still limited. For example, improved arrangements were in place to manage complaints at the practice. A small virtual patient participation group (PPG) had been established, however, the practice had been unable to develop an effective patient participation group despite efforts to recruit members. Information on how to complain, to make a suggestion or comment and the PPG was available in the waiting area, however, it was only available in English.
- Staff told us that regular meetings were held and we saw minutes of these meetings. We were also told that they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

The new provider had a limited focus on continuous learning and improvement within the practice.

For example:

- The practice had responded to some of the concerns raised by the last inspection, for example, there were improved arrangements for managing complaints at the practice and some areas of the building that required improvement had been addressed. However, some areas of concern had not been effectively addressed, for example, new concerns have been identified about the management of significant events, patients still had difficulties in accessing appointments and information was not provided in languages to meet the needs of all their population.
- The practice was due to implement a ‘year of care’ approach to improve the outcomes for older patients.
- The practice was at the early stages of being part of a project that aimed to introduce education sessions for communities who were registered at the practice. The project had an education and engagement focus, the practice hoped to focus on their Romanian patients first.

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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance How the regulation was not being met: There was a lack of systems and processes in place to assess monitor and improve the quality and safety of the service provided. Specifically, there was no clear process to ensure lessons were learned from significant events to prevent them from reoccurring. There was a lack of systems and process in place to improve the quality and safety of the services provided. Specifically, there was no clear plan in place to improve the quality of the service provided. There were limited arrangements to ensure the specific needs of the practice population were met. There was no process in place to evaluate and improve practice in relation to the governance of the practice; the practice audit and governance systems were not effective. This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed How the regulation was not being met: Persons employed for the purposes of carrying on a regulated activity must be of good character. The provider did not done what was reasonably practical to ensure that persons employed were of good character.

Requirement notices

This was in breach of regulation 19 (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.