Guttridge Medical Centre (Dr Shahid Surgery)

Quality Report

Guttridge Medical Centre
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Date of inspection visit: 11 January 2018
Date of publication: 22/02/2018

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Guttridge Medical Centre (Dr Shahid Surgery) on 13 June 2017. The overall rating for the practice was requires improvement. The full comprehensive report on the June 2017 inspection can be found by selecting the 'all reports' link for Guttridge Medical Centre (Dr Shahid Surgery) on our website at www.cqc.org.uk.

Following our inspection in June 2017 we rated the practice as requires improvement for providing safe, effective, responsive and well-led services and as requires improvement overall. We issued three requirement notices in relation to safe care and treatment, good governance and fit and proper persons employed by the practice.

This inspection was an announced focused inspection carried out on 11 January 2018 to confirm the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations we identified in our previous inspection on 13 June 2017. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is now rated as Good.

Our key findings were as follows:

- The practice generally had clear systems to manage risk so safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes. However, there was no system in place to identify the risk of having incomplete patient clinical records and we saw records for one GP lacked detail and did not follow best practice guidance for record-keeping.
- Staff and GP training was up-to-date; however, we saw the outcome of GP training was not always assessed to ensure it was effective.
- We saw patient safety had been improved since our inspection in June 2017. There was better governance of vaccine storage, the security of prescriptions and staff recruitment.
- The arrangements for managing medicines in the practice generally kept patients safe; however, the practice had failed to inform patients of the risks associated with prescribing a particular medicine for use other than the one it was licenced for.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. There was an improved programme of clinical audit since our last inspection.
- Staff involved and treated patients with compassion, kindness, dignity and respect.

Summary of findings

- Patients found the appointment system easy to use and reported they were able to access care when they needed it.
- There was a focus on continuous learning and improvement at all levels of the organisation.
- Following our last inspection in June 2017, the practice had taken steps to encourage patients who were carers to identify themselves to staff. They had appointed a carers' champion and introduced a carers' noticeboard in the patient waiting area. They had been helped by the local carers' support service and there were plans for a member of this service to attend the practice every other month to promote the service to carers. The practice so far had identified 0.6% of the practice list as carers.

However, there were also areas of practice where the provider needs to make improvements.

Importantly, the provider must:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

In addition the provider should:

- Continue to improve the identification and support for patients who are also carers.

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

Summary of findings

The six population groups and what we found

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

Older people	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

Guttridge Medical Centre (Dr Shahid Surgery)

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included a GP specialist adviser.

Background to Guttridge Medical Centre (Dr Shahid Surgery)

Guttridge Medical Centre (Dr Shahid Surgery) is situated on the Deepdale Road in Preston at PR1 6LL serving a mainly urban population. The building is a converted church that has been occupied by the practice since September 2016. The practice shares the building with two other single-handed GP practices, a physiotherapy service and a pharmacy. The practice provides ramped access for patients to the building with disabled facilities available and fully automated entrance doors. Part of the reception desk is lowered to aid patient access.

The practice has parking for disabled patients and there is parking available on nearby streets for all other patients, and the surgery is close to public transport.

The practice is part of the Greater Preston Clinical Commissioning Group (CCG) and services are provided under a General Medical Services (GMS) contract with NHS England. There is one male GP who provides nine surgery sessions each week, assisted by locum GPs. A practice nurse, a practice manager and seven additional administrative and reception staff assist them. One of the administrative staff is also the practice healthcare assistant providing a blood pressure clinic for patients and one staff member also acts as the practice medicines co-ordinator. One member of staff is the practice information technology lead.

The practice doors open from Monday to Friday from 8.30am to 6pm, and telephone access to the practice starts at 8am and finishes at 6.30pm. Doors are open late on a Wednesday until 7.30pm. Appointments are offered from 10am to 12.10pm and from 4pm to 5.20pm on weekdays with additional appointments offered on Wednesday from 6.30pm to 7.30pm. The surgery has no bookable surgery on Thursday afternoon when there is a rota for the three GP practices in the Medical Centre to cover any patient emergency appointments, including home visits. When the practice is closed, patients are able to access out of hours services offered locally by the provider GotoDoc by telephoning 111.

The practice provides services to approximately 2,423 patients. There are lower numbers of patients aged over 65 years of age (14%) than the national average (17%) and the same number of patients aged under 18 years of age (21%). The practice also has considerably more male patients than female.

Information published by Public Health England (PHE) rates the level of deprivation within the practice population group as three on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. The ethnicity estimate given by PHE gives an estimate of 2.7% mixed and 32.8% Asian. Male life expectancy is given as 77 years of age and female as 80 years.

Detailed findings

Why we carried out this inspection

We undertook a comprehensive inspection of Guttridge Medical Centre (Dr Shahid Surgery) on 13 June 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement. The full comprehensive report following the inspection in June 2017 can be found by selecting the 'all reports' link for Guttridge Medical Centre (Dr Shahid Surgery) on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of Guttridge Medical Centre (Dr Shahid Surgery) on 11 January 2018. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm the practice was now meeting legal requirements.

Good

Are services safe?

Our findings

At our previous inspection on 13 June 2017, we rated the practice as requires improvement for providing safe services as there was a lack of safe systems for the management of significant incidents and patient safety alerts. Also, there were no risk assessments in place for staff acting as chaperones or for the practice nurse, and the necessary checks for the recruitment of new staff and locum GPs were incomplete. We also found inadequate monitoring of prescriptions and fridge temperatures and found some policies and procedures were out of date or lacking. There was no induction pack for locum GPs.

These arrangements had improved when we undertook a follow up inspection on 11 January 2018. The practice is now rated as Good for providing safe services.

Safety systems and processes

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

- The practice conducted safety risk assessments. It had a suite of safety policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. At our last inspection we found there had been no occupational health checks undertaken for new staff to assess working conditions were appropriate. At this inspection, the practice told us although no new staff had been recruited since our last inspection, the practice recruitment policy would be to use an occupational health questionnaire for any new member of staff following their appointment at the practice and we were shown a copy of this questionnaire.
- The practice had improved the business continuity plan for use in emergencies. The plan contained all of the necessary information including staff contact numbers and the principal GP held a copy of the plan and was able to discuss it with us.
- The practice had systems to safeguard children and vulnerable adults from abuse. At our inspection in June 2017, we saw the safeguarding children policy was out of date. We viewed the practice policy at this inspection and found it was up to date and comprehensive. Safeguarding policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance. Contact numbers to report concerns were clearly displayed in the practice; there was a safeguarding noticeboard in the reception office.
- At our previous inspection we found checks for new staff and locum GPs were incomplete. At this inspection we found the practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken for all staff. (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 employed a locum practice nurse who also worked at another GP practice. They showed us evidence on recruitment of this nurse, they had gained signed assurances from the locum agency that all the appropriate checks had been made. We suggested copies of relevant documentation should be held by the practice and we were sent evidence of these following our inspection.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. We saw the practice had improved the policy for staff acting as chaperones and they were trained for the role and had received a DBS check. At the time of our inspection only clinical staff were acting as chaperones.

Risks to patients

- There was an effective induction system for temporary staff tailored to their role. There was a new induction pack in place for locum GPs which gave useful information about the practice.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients although clinical record keeping by one GP did not always follow best practice guidelines.

- Due to concerns expressed by the local clinical commissioning group (CCG) prior to our inspection, we viewed a selection of patient medical records to assess the quality of care provided by the service. We found individual care records were written and managed in a way that kept patients safe. For one GP, we found

Good

Are services safe?

patient presenting problems and outcomes of the consultations were recorded although there was no record at the time of consultation of the patients' medical history nor any examination made by the GP, as recommended by best practice guidelines. However, we saw evidence clinical decision-making for these patients was safe and referrals made were appropriate.

- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- We saw some GP referral letters evidenced a lack of consultation detail, although urgent referrals were made in a timely fashion and a new practice monitoring system ensured patient appointments were made and kept.

Safe and appropriate use of medicines

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

- At our last inspection, we found blank prescription forms and pads were securely stored but their use was not monitored. At this inspection, we found a monitoring system had been introduced and maintained.
- We looked at the monitoring of temperatures for the fridge used to store refrigerated vaccines and found this had improved since our last inspection and there were no gaps in these records. The practice had also purchased a temperature data-logger which recorded all temperatures electronically and enabled staff to review temperatures should a manual record be incomplete.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was an improved system for recording and acting on significant events and incidents. At this inspection, we saw evidence of meeting minutes that showed significant events were routinely shared with GPs and staff. Discussion of significant events was a standing agenda item at staff meetings and we saw there was good documentation of all events that occurred in the practice. Actions taken as a result of events were reviewed and staff told us an annual review of events was planned for April 2018. All records of events were stored in a folder in the reception office for staff to access.
- Following our inspection in June 2017, the practice had improved the system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts. Safety alerts were stored in a folder for use by locum GPs and actions taken in relation to these alerts were stored on the practice shared computer drive in clinical meeting minutes. We saw evidence of meeting minutes that demonstrated learning from these was shared with appropriate staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 13 June 2017, we rated the practice as requires improvement for providing effective services as the arrangements in respect of quality improvement work such as clinical audit and the management of patient test results and communications from other services needed improving. We also noted a lack of records for staff and GP training and no evidence guideline changes or patient safety alerts were shared with staff. There was no comprehensive system for ensuring patients who were referred urgently to other services were seen in a timely way.

These arrangements had improved when we undertook a follow up inspection on 11 January 2018. The practice is now rated as Good for providing effective services.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw changes to best practice guidelines and patient safety alerts were shared with staff at clinical meetings and there were minutes of these kept for staff to access when necessary. We saw clinicians had access to best practice guidelines.

- Prescribing data for the practice for 01/07/2015 to 30/06/2016 showed the average daily quantity of hypnotics prescribed per Specific Therapeutic group was higher than local and national averages; 3.19, compared to 0.72 locally and 0.9 nationally. (This data is used nationally to analyse practice prescribing and hypnotics are drugs primarily used to induce sleep.) Staff told us they were working to reduce this.
- Similar data for the prescribing of antibacterial prescription items showed practice prescribing was comparable to local and national levels; 1.2 compared to 1.15 locally and 0.98 nationally.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

We reviewed evidence of practice performance against results from the national Quality and Outcomes Framework (QOF) for 2016/17 and looked at how the practice provided care and treatment for patients. (QOF is a system intended to improve the quality of general practice and reward good practice.) The most recent published QOF results were 86% of the total number of points available compared with the CCG average of 94.6% and national average of 95.5%. The overall exception reporting rate was 10.3% compared with a national average of 9.9%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.) We saw evidence the practice QOF results had dropped since 2015/16 when the total achievement was 89% although exception reporting was a little lower (11.6% in 2015/16).

Older people:

- Older patients who were frail or may be vulnerable were discussed as part of the practice's complex care multidisciplinary team meetings.
- Staff told us care planning for older patients who were at risk was carried out but staff were unable to show us any examples of recorded patient care plans on the day of our inspection.
- The practice did not have a policy to routinely contact older patients who had been discharged form hospital after an unplanned admission, but told us they would contact them if they felt they were particularly vulnerable.

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 percentage of patients with chronic obstructive pulmonary disease (COPD, a lung condition) who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months was 64% compared to the clinical commissioning group (CCG) average of 91% and national average of 90%.

Good

Are services effective?

(for example, treatment is effective)

- The number of patients with hypertension (high blood pressure) in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 72% compared to the CCG average of 80% and the national average of 78%.
- The percentage of patients with diabetes on the register whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less was 63% compared to the CCG average of 79% and national average of 80%.
- In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who were treated with anticoagulation drug therapy was 59% compared to the CCG average of 85% and national average of 88%.

Families, children and young people:

- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.

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

- The practice's uptake for cervical screening was 63%, which was lower than the 80% coverage target for the national screening programme.
- 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 those with a learning disability.

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

- 83% of patients diagnosed with dementia had their care reviewed in a face-to-face meeting in the previous 12 months. This was comparable to the national average of 84%.
- 92% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was comparable to the national average of 91%.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example 96% of patients experiencing poor mental health had received discussion and advice about alcohol consumption (CCG and national averages 91%); and 98% of patients experiencing poor mental health had received discussion and advice about smoking cessation (CCG 96%; national 95%). Exception reporting for all indicators for patients experiencing poor mental health was a little higher than local and national averages except for patients with dementia where exception reporting was zero.

Staff told us that they hoped to improve their care for patients with long-term conditions with the appointment of a nurse practitioner employed jointly with the other practices in the building.

Monitoring care and treatment

The practice had a programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. For example, following an audit of diabetic patients, the practice had implemented measures to increase urine testing for these patients and planned to re-audit the effects of these changes in February 2018. Where appropriate, clinicians took part in local and national improvement initiatives; the practice medicines co-ordinator worked with the clinical commissioning group (CCG) medicines management team to audit aspects of practice prescribing.

- The practice used information about care and treatment to make improvements. An audit of the use of inhalers by patients with asthma had resulted in the better control of the number of inhalers issued by the practice to patients for use in acute situations.
- The practice was actively involved in quality improvement activity. We saw how discussion of a significant event had led to better management of patient blood samples taken in the practice. Where

Good

Are services effective?

(for example, treatment is effective)

appropriate, clinicians took part in local and national improvement initiatives. The practice had audited the use of antibiotics as part of a local and national initiative to reduce the prescribing of these medicines.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, 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.

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained including training completed online, in-house and externally. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included an induction process and appraisals. We saw the practice had introduced a new locum information pack since our last inspection which contained relevant information about the practice.
- 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 showed all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice had introduced a new monitoring system for patients who were referred urgently to other services to ensure they received and attended appointments in a timely way. We saw evidence of this monitoring.
- 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.
- Following our last inspection, the practice had changed the way that electronic test results and items of post were viewed and filed by staff. They had implemented a new policy that allowed for all of these communications to be viewed and filed by the relevant health professional, not by administrative staff alone.
- We saw evidence that showed changes were made when necessary to patient care and treatment following discharge from hospital. Meetings took place with other health care professionals on a monthly basis when vulnerable patients and those with complex needs were routinely reviewed. Information was shared between services, with patients' consent, using a shared care record.
- The practice ensured 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. Information about this care was shared with the out-of-hours service.

Consent to care and treatment

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

- Staff told us they understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005 although one GP did not assure us they had sufficient knowledge of the Mental Capacity Act (MCA) or Deprivation of Liberty safeguards (DoLs). However, we saw evidence training in these areas had been completed. The practice told us they would arrange further face-to-face training for the GP and we saw evidence of this following our inspection.
- All clinical staff were trained in consent and the requirements of relevant legislation including the MCA and DoLs.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 13 June 2017, we rated the practice as requires improvement for providing responsive services as patient satisfaction with access to the practice needed improving. The practice had not addressed the results of the national GP patient survey and there was no record learning from patient complaints was shared with staff.

These arrangements had improved when we undertook a follow up inspection on 11 January 2018. The practice is now rated as good for providing responsive services.

Timely access to the service

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately. We saw the next routine appointment with a GP was on the day following our inspection.
- Patients with the most urgent needs had their care and treatment prioritised. All children needing a doctor's appointment were seen on the same day.

Results from the July 2017 annual national GP patient survey showed patients' satisfaction with how they could access care and treatment had improved from results in July 2016 although results were lower than local and national averages for some areas.

- 69% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 77% and the national average of 76%.
- 74% of patients who responded said they could get through easily to the practice by phone; CCG average 72%; national average 71%.
- 76% of patients who responded said the last time they wanted to speak to a GP or nurse they were able to get an appointment compared to the CCG and national average of 84%.
- 69% of patients who responded said their last appointment was convenient; CCG and national average 81%.
- 59% of patients who responded described their experience of making an appointment as good; CCG average 72%; national average 73%.
- 51% of patients who responded said they don't normally have to wait too long to be seen compared to the CCG average of 60% and national average of 58%.

The practice had met to consider the results of the survey and had taken steps to increase patient access to the service. They had employed an additional locum practice nurse in November 2017 and work with the other two GP practices in the building was underway to appoint an advanced nurse practitioner to be shared by all three practices. We saw a meeting had been arranged in January 2018 with the practices and staff from the local medical committee to take this further. In addition, the practice had employed a locum GP who had previously worked in the practice to work every Tuesday to assist the principal GP. We saw at the time of our inspection, GP appointment availability was good. Staff also told us they hoped a female GP would join the practice in July or August 2018.

At the time of our inspection, the practice was conducting an audit of the reasons for patient non-attendance at booked appointments in order to assess whether improvements could be made to the way appointments were scheduled.

Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. There had only been one complaint received since our last inspection in June 2017 and we found it was satisfactorily handled in a timely way.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It

Good

Are services responsive to people's needs?

(for example, to feedback?)

acted as a result to improve the quality of care. At this inspection, we saw evidence of meeting minutes to show learning from complaints was shared in a timely way.

Are services well-led?

Requires improvement

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

Our findings

At our previous inspection on 13 June 2017, we rated the practice as requires improvement for providing well-led services as we found governance systems to ensure patient safety and best practice care were lacking or were not being followed.

We issued requirement notices in respect of these issues and found new arrangements had addressed these issues when we undertook a follow up inspection of the service on 11 January 2018. However, we identified further issues relating to the governance of GP prescribing, the effectiveness of GP training and record-keeping in the practice and the practice is still rated as requires improvement for being well-led.

Leadership capacity and capability

We were not completely assured leaders had the capacity and skills to deliver high-quality, sustainable care.

- We saw the principal GP had devolved responsibility for addressing the failures identified by our previous inspection in June 2017 to the practice manager. The practice manager had been instrumental in delivering the changes we saw at this inspection.
- 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

Following our last inspection, the practice had developed a strategy for the next three years that set out plans for future staff and GP recruitment. This strategy also included plans for future co-operative working with the other two practices ion the building to commission joint services and to meet regularly.

Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice. Most of the staff were long-standing with some having worked in the practice for over ten or twenty years.
- The practice focused on the needs of patients. Staff told us they prioritised caring, compassionate care.
- 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. Patients were offered apologies wherever appropriate and were invited to the practice to discuss any outstanding concerns. We saw learning from complaints was shared at staff meetings and staff told us they planned to conduct an annual review of complaints in April 2018.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. Staff training and support were highlighted in the practice business plan.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work. Consideration was given to the skill-mix of the practice team to ensure the best service could be offered to patients.
- There was a strong emphasis on the safety and well-being of all staff. New risk assessments had been introduced for staff working arrangements and all staff had received Disclosure and Barring Service (DBS) checks. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice actively promoted equality and diversity. Most staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

We saw evidence some areas of the governance of the practice were lacking or not being followed.

- At this inspection, we examined a selection of patient medical records on the practice electronic patient record system. This was to review the care offered to patients by the service following concerns expressed to

Are services well-led?

Requires improvement

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

us prior to our inspection by the local clinical commissioning group (CCG). We reviewed the care records of eight patients over a number of years and found in all instances detail recorded in consultation records made by one GP was lacking. For all eight patients, there was evidence of the patient presenting problem being recorded and also of any action taken, such as providing a prescription, however, there was no recorded relevant patient history or of any examination undertaken. This was contrary to the best practice guidance offered to GPs by the General Medical Council for record-keeping and did not adhere to practice processes and procedures. The practice did not have any clinical record peer review process in place to ensure guidelines were followed.

- Structures, processes and systems to support good governance and management were clearly set out. Staff had lead roles in the practice which encouraged ownership and promoted good practice. Time was given to staff to carry out these roles. The practice had conducted a review of staff roles and responsibilities in order to ensure both clinical and administrative work was carried out as effectively as possible.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- The practice governance of quality improvement had improved since our last inspection. We saw evidence of a meeting structure that allowed for learning from significant events, patient safety alerts, complaints, clinical guideline changes and audit activity to be shared and actions taken reviewed. There was an increased focus on the use of clinical audit to improve the quality of patient care.
- Since our last inspection in June 2017, work had been carried out to review and transfer practice policies and procedures to the practice shared drive for easy access by all staff. This work was still ongoing although the majority of work had been completed. We saw there was still some duplication of policies but the management of these was much improved. Staff we spoke to knew how to access these policies and we saw evidence policies were being followed, for example in the management of significant events and patient safety alerts. Policies we viewed were all up to date including the safeguarding children policy. The principal GP held a copy of the practice business continuity plan and was aware of its contents.
- The governance arrangements for locum staff had improved. There was a new locum pack in place to give locums relevant information about the practice and we saw all appropriate recruitment checks had been made for new locum staff. Information regarding best practice guidelines and patient safety alerts were held in a file for locum use.
- The arrangements for managing patient electronic test results and communications had been changed so all relevant health professionals were viewing and filing these items.
- There was improved governance of staff training and we saw a training matrix that included details of staff online, in-house and external training.

Managing risks, issues and performance

Processes for managing risks, issues and performance were lacking or not operating effectively.

- The practice had processes to manage current and future performance although we saw audit of GPs' clinical practice was limited to a referral triage project that had been carried out by the clinical commissioning group (CCG). There was no GP peer review process in the practice.
- We saw one GP had failed to assess the risks of prescribing a particular medicine to patients in some circumstances. The GP told us they sometimes prescribed Mirtazapine to help patients sleep. (This medicine is licenced to treat depression and its use as a sedative is therefore off-licence; it is not tested for this purpose). We saw no evidence patients were told it was being used off-licence or were advised of the risks of doing so although we noted there are no critical side-effects of prescribing this medicine.
- We saw training for one GP had been carried out in the Mental Capacity Act (MCA) 2005 and Deprivation of Safeguards (DoLs), but we were not assured this training had been effective. The GP was unable to comprehensively evidence knowledge and understanding of these subjects. Following our inspection, the practice sent us evidence further, face-to-face training had been arranged in the practice.
- Practice leaders had oversight of patient safety alerts, incidents, and complaints.
- The practice had introduced risk assessments for staff working.

Are services well-led?

Requires improvement

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

- Clinical audit had a positive impact on quality of care and outcomes for patients. There was evidence of actions taken to change practice to improve quality and we saw audit was relevant to the service delivered by the practice.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

Appropriate and accurate information was not always comprehensive.

- 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 practice IT lead managed the call and recall of patients with long-term conditions for regular reviews. Staff told us they were working to improve performance results for some patients.
- The information relating to patient consultations with one GP was not comprehensive. Omissions in the recording of patient histories and examinations did not allow for full clinical records to be maintained for patients.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were comprehensive arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

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

- A range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. For example, the provision of additional nurse and GP appointments to increase patient access to services.
- There was an active patient participation group.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There were systems and processes for learning and continuous improvement.

- There was a focus on continuous learning and improvement at all levels within the practice. Staff had reviewed the skill-mix in the practice and staff roles and responsibilities in order to optimise staffing and identify any unmet needs.
- The practice had plans to meet with the other two practices in the building once a month and planned to develop services jointly with them.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Staff lead roles were given protected time.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. **How the regulation was not being met:** There was a lack of systems or processes that enabled 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. In particular: · The risks of prescribing Mirtazapine as a sedative rather than as an anti-depressant had not been mitigated; patients had not been advised of the risks. · The effectiveness of some areas of GP training had not been assessed; GP knowledge and understanding of the Mental Health Act 2005 and the Deprivation of Liberty Safeguards was not comprehensive. · There were no systems or processes that enabled the registered person to ensure that accurate, complete and contemporaneous records were being maintained securely in respect of each service user. In particular: · There was no process in place to ensure GP records adhered to best practice guidelines; some patient medical records were incomplete.

This section is primarily information for the provider

Requirement notices

This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.