Silver Springs Medical Practice

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Silver Springs Medical Practice on 15 December 2016. The overall rating for the practice was inadequate and it was placed in special measures for a period of six months. The practice was also issued with a Warning Notice and a further focused inspection was carried out on 12 April 2017 to ensure that the practice had complied with the legal requirements of the Warning Notice. The full comprehensive report on the 15 December 2016 and 12 April 2017 inspections can be found by selecting the 'all reports' link for Silver Springs Medical Practice on our website at www.cqc.org.uk.

After the inspection on 15 December 2016 the practice wrote to us with an action plan outlining how they would make the necessary improvements to comply with the regulations.

This inspection was an announced comprehensive inspection undertaken on 23 August 2017 following the period of special measures. Overall the practice is now rated as requires improvement.

Our key findings were as follows:

- The practice now had systems for receiving and actioning patient safety alerts.
- Significant events were now being recorded, discussed, actioned and learned from to help improve patient safety.
- Medicines were managed safely including repeat prescriptions and high risk medicines.
- All staff who acted as chaperones received a DBS (Disclosure and Barring Service) check.
- All staff were now receiving an annual appraisal.
- The practice was carrying out audits to drive quality improvements in services.
- Although improved compared to the last inspection, patient satisfaction with phone access and some aspects of care was still lower than national and local averages.

Summary of findings

- We could not find evidence that a Legionella risk assessment had been carried out by someone with the qualifications, competence and experience to do so.
- The practice had a range of policies and procedures, but they were not always specific to the practice.
- We did not see evidence of a data sharing confidentiality agreement between the practice and the supporting organisation.
- The practice were seeking and acting on feedback from patients.

There were areas of practice where the provider needs to make improvements.

Importantly, the provider must:

- Ensure systems and processes are established and operated effectively to assess and monitor the service. This includes polices being specific to the practice, the detailed recording of significant events and verbal complaints and where indicated include a confidentiality sharing agreement between relevant parties.
- Ensure systems and processes are in place to identify and assess risks. This includes ensuring the training matrix is up to date and that records of the interview process and copies of staff induction forms are retained in staff files.

In addition the provider should:

- Assess and manage the risks to the health and safety of patients and staff by completing outstanding plumbing works and have a legionella risk assessment carried out by someone with the qualifications, competence and experience to do so. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Review ways of increasing the percentage of patients with dementia receiving face to face interviews.
- Consider ways of improving blood pressure control in patients with raised blood pressure and in particular those with diabetes.
- Gain further feedback from patients with a view to reviewing and improving patient satisfaction.

I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by the service.

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.

Following our initial inspection of 15 December 2016 the practice had made significant improvements. At our inspection on 23 August 2017 we found:

- The practice had implemented safety systems which assessed, monitored and mitigated risks to the health, safety and welfare of patients. However they had not had a Legionella risk assessment carried out by someone with the qualifications, competence and experience to do so.
- There were systems in place to ensure the safe management of medicines.
- Appropriate recruitment checks were carried out, but we did not find evidence of records of interviews retained in staff files.
- Safety alerts were received and actioned by the practice.
- Staff received an annual appraisal.

Are services effective?

Good

The practice is rated as good for providing effective services.

Following our initial inspection of 15 December 2016 the practice had made significant improvements. At our inspection on 23 August 2017 we found:

- Data from the Quality and Outcomes Framework showed patient outcomes were mostly average compared to the clinical commissioning group and national average.
- Staff were aware and followed current evidence based guidance.
- The practice had introduced the concept of a virtual ward to identify patients who were vulnerable and in need of closer monitoring.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- New staff had received induction and retained their own records, although there was no copy in the staff files.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Summary of findings

Are services caring?

Good

The practice is rated as good for providing caring services.

Following our initial inspection of 15 December 2016 the practice had made significant improvements. At our inspection on 23 August 2017 we found:

- Data from the national GP patient survey showed patients rated the practice similar to others for most aspects of care. This was a marked improvement over the figures recorded at the previous inspection.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

Following our initial inspection of 15 December 2016 the practice had made significant improvements. At our inspection on 23 August 2017 we found:

- The practice understood its population profile and had used this understanding to meet the needs of its population.
- The practice had responded to patient concerns about ease of access to care and had made changes to the appointments system and increased appointment availability.
- Patients that we spoke to commented that the appointments system had improved.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from eight examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff. Verbal complaints however were not recorded.

Are services well-led?

Requires improvement

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

Following our initial inspection of 15 December 2016 the practice had made significant improvements. At our inspection on 23 August 2017 we found:

- The practice had a clear strategy for the future which included continuing to improve services the practice and to merge with a neighbouring service within the organisation that was currently providing them with back office and clinical support.

Summary of findings

- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Policies were implemented and were available to all staff. These were updated and reviewed regularly although not all were specific to the practice and we could not evidence a confidentiality sharing agreement between the practice and the supporting organisation.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities. A new training matrix had been introduced but not all clinical staff training had been recorded on it.
- The partners and management encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken. However, a record of the member of staff responsible for the action was not always made.
- The practice sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.

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

Our inspection on 15 December 2016 identified issues which resulted in the practice being rated inadequate overall. This affected all patients including this population group and the practice was rated as inadequate for the care of older people.

At the inspection in August 2017 we saw significant improvements and the practice is now rated as requires improvement overall, this affected all patients including this population group.

- The practice assessed older patients using a frailty score.
- The practice collaborated with the frailty and crisis team to help prevent acute hospital admission.
- A paramedic practitioner helped co-ordinate care of the most vulnerable elderly patients.
- Patients considered to be vulnerable had a specifically designed care plan and medication reviews.
- Home visits were available to patients that required them and longer appointments were available if required.
- Multi-disciplinary meetings were held monthly at which patients with specific needs were, with their permission, discussed with health professionals from other agencies.

People with long term conditions

Requires improvement

Our inspection on15 December 2016 identified issues which resulted in the practice being rated inadequate overall. This affected all patients including this population group and the practice was rated as inadequate for the care of people with long term conditions.

At the inspection in August 2017 we saw significant improvements and the practice is now rated as requires improvement overall, this affected all patients including this population group.

- The practice ran chronic lung disease, asthma, diabetic and coronary heart disease clinics.
- Patients with any of these conditions were offered a yearly review with the nurse and were encouraged to have their yearly flu vaccine.
- Patients with complex needs were, if necessary, discussed at the multi-disciplinary meetings.

The practice offered a 24 hour blood pressure and a seven day ECG (heart recording) service.

Summary of findings

Families, children and young people

Requires improvement

Our inspection on 15 December 2016 identified issues which resulted in the practice being rated inadequate overall. This affected all patients including this population group and the practice was rated as inadequate for the care of families, children and young people.

At the inspection in August 2017 we saw significant improvements and the practice is now rated as requires improvement overall, this affected all patients including this population group.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk.
- The practice's uptake for the cervical screening programme was 82%, which was comparable with the clinical commissioning group average of 84% and the national average of 81%.
- The surgery offered a full range of immunisations and vaccines and also positively encouraged young people to take part in chlamydia screening.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Health visitors attend multi-disciplinary team meetings.
- The safeguarding lead worked with midwives and health visitors.

Working age people (including those recently retired and students)

Requires improvement

Our inspection on 15 December 2016 identified issues which resulted in the practice being rated inadequate overall. This affected all patients including this population group and the practice was rated as inadequate for the care of working age people (including those recently retired and students).

At the inspection in August 2017 we saw significant improvements and the practice is now rated as requires improvement overall, this affected all patients 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.
- The practice offered a range of online services including an appointments service and repeat prescription ordering. Patients could also sign up to a text reminder service.
- They also offered a full range of health promotion and screening that reflected the needs for this age group including a self-testing blood pressure cuff in the waiting room.

Summary of findings

- There were extended weekday surgery hours and Saturday morning surgeries available. Phone consultations were also offered.
- On site psychology services were available.

People whose circumstances may make them vulnerable

Requires improvement

Our inspection on 15 December 2016 identified issues which resulted in the practice being rated inadequate overall. This affected all patients including this population group and the practice was rated as inadequate for the care of people whose circumstances may make them vulnerable.

At the inspection in August 2017 we saw significant improvements and the practice is now rated as requires improvement overall, this affected all patients including this population group.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. The practice offered longer appointments for patients who required them. Alerts on the clinical system identified vulnerable patients.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients. The clinical system allowed data sharing of critical information (with consent).
- 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.
- There were noticeboards in the surgery displaying self-help material. A translation service was available.
- The practice worked with other health professionals to identify and address any special needs that individuals may have.
- Weekly prescriptions were available for patients at risk of overusing medicines.

People experiencing poor mental health (including people with dementia)

Requires improvement

Our inspection in December 2016 identified issues which resulted in the practice being rated inadequate overall. This affected all patients including this population group and the practice was rated as inadequate for the care of people experiencing poor mental health (including people with dementia).

Summary of findings

At the inspection in August 2017 we saw significant improvements and the practice is now rated as requires improvement overall, this affected all patients including this population group.

- 73% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the clinical commissioning group (CCG) 82% and national average of 84%.
- 91% of patients with severe and enduring mental health problems had a comprehensive care plan documented in their records within the last 12 months which was comparable to the CCG average of 87% and national average of 89%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- Carers were offered health checks and a flu vaccine.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice facilitated self-help and contact with counselling services for patients.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Same day appointments were available for those with acute mental health concerns.
- Patients diagnosed with mental health problems who were at risk of overusing medicines were prescribed medication accordingly; this was on a daily, weekly or monthly basis.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 6 July 2017. The results showed the practice was performing in line or below local and national averages. Two hundred and fifty eight survey forms were distributed and 110 were returned. This represented 1.6% of the practice's patient list.

- 80% of patients who responded described the overall experience of this GP practice as good compared with the clinical commissioning group (CCG) average of 85% and the national average of 85%.
- 70% of patients who responded described their experience of making an appointment as good compared with the CCG average of 76% and the national average of 73%.
- 64% of patients who responded said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 79% and the national average of 77%.

These figures were a marked improvement on those recorded at the last inspection.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received three comment cards. All of the three patient comment cards were positive about the service experienced although one had concerns about getting repeat prescriptions. We also saw six friends and family test cards. All six noted that they would highly recommend the practice and two made additional positive comments. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with five patients. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Two patients said that the practice had improved the appointments system. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

Silver Springs Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Silver Springs Medical Practice

Silver Springs Medical Centre provides primary care services to its registered list of approximately 6760 patients. The practice has a General Medical Services (GMS) contract with NHS England. (GMS is one of the three contracting routes that have been available to enable commissioning of primary medical services). The practice is part of NHS Hastings and Rother Clinical Commissioning Group. It is situated at:

Beaufort Road, St Leonards-on-sea, East Sussex TN37 6PP

The practice had been through a period of instability over the previous two years having commenced collaboration with another local practice with a view to merging, which was not completed. An agreement was made with a larger organisation to provide administrative, senior management and GP support. Although this commenced on 1 July 2016, the support and changes only started from November 2016. The practice has already adopted the larger organisation's procedures and policies and plans are in place for a merger with a local practice (which is already part of the supporting organisation) in 2018.

There are three GP partners (two female and one male), a further GP (male) who is named on the GP contract, carries out surgeries at the practice and is the CQC registered manager. There is a nurse practitioner, two practice nurses and two healthcare assistants. There is also a paramedic practitioner who, along with other staff, is shared with the local practice with whom Silver Springs Medical Practice plans to merge. The clinical staff are supported by a practice manager and administration and reception staff.

The practice is located on one floor, containing the reception area, waiting areas, consulting rooms, treatment rooms and disabled toilet facilities. There is step free access into the building and access for those in wheelchairs or with pushchairs.

The practice is open between 8.30am and 6.30pm each day, extended opening hours are provided on Wednesdays from 7.30am in the form of nurse led clinics and on Thursdays when GP appointments are available until 7.30pm. Patients phoning up requesting care and advice outside of these hours are directed to the out of hours service provider, IC24, via the 111 service.

The practice has a slightly higher than average number of patients over 65 years when compared to the national average. The practice also has a higher than average number of patients with long standing health conditions which could mean an increased demand for GP services. Deprivation amongst children and older people is higher than in the population nationally.

Detailed findings

Why we carried out this inspection

We undertook a comprehensive inspection of Silver Springs Medical Practice on 15 December 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as inadequate for providing safe and well led services and was placed into special measures for a period of six months.

We also issued a warning notice to the provider in respect of medicines management and informed them that they must become compliant with the law. We undertook a follow up inspection on 12 April 2017 to check that action had been taken to comply with legal requirements. The full comprehensive report on the 15 December 2016 and 12 April 2017 inspections can be found by selecting the 'all reports' link for Silver Springs Medical Practice on our website at www.cqc.org.uk.

We undertook this further announced comprehensive inspection of Silver Springs Medical Practice on 23 August 2017. This inspection was carried out following the period of special measures to ensure improvements had been made and to assess whether the practice could come out of special measures.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice. We carried out an announced visit on 23 August 2017. During our visit we:

- Spoke with a range of staff including GPs, a nurse practitioner, nurses, health care assistants, the practice manager, administrative and reception staff. We also spoke with patients who used the service.
- Observed how patients were being cared for in the reception area.
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Visited the practice location.
- Looked at information the practice used to deliver care and treatment plans.

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.

Requires improvement

Are services safe?

Our findings

At our previous inspection on 15 December 2016, we rated the practice as inadequate for providing safe services as the arrangements in respect of the reporting, recording, investigation and learning from significant events, management of repeat prescriptions including patients on high risk medicines, the receipt and management of safety alerts and risk assessments were not sufficient.

We issued a warning notice in respect of the recording, investigation and learning from significant events, management of repeat prescriptions including patients on high risk medicines and the receipt and management of safety alerts. We found arrangements had improved when we undertook a follow up inspection of the service on 12 April 2017 with the exception of a single incident relating to medicines management. We issued a further requirement notice in relation to this. The details of these previous reports can be found by selecting the 'all reports' link for Silver Springs Medical Practice on our website at www.cqc.org.uk.

These arrangements had significantly improved when we undertook a follow up inspection on 23 August 2017. However there was an issue relating to ongoing work in the heating and plumbing system and a lack of a Legionella risk assessment. The practice is now rated as requires improvement for providing safe services.

Safe track record and learning

There was now a system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available from the practice manager. The incident recording form 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).
- From the sample of 14 documented examples (eight of these raised from complaints) we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, an incident where a patient was retained on a medicine for longer than was necessary due to a failure of communication. We could not however always find a record of who had carried out the actions.
- We were told that all significant events were reviewed by one of the managers from the supporting organisation three months after closure of the record.

Overview of safety systems and process

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. 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 safeguarding children and one for safeguarding adults.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three. We saw an example where a safeguarding issue was raised by a staff member and discussed at a minuted meeting.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role. At the previous inspection we found that not all staff that acted as chaperones had received a Disclosure and Barring Service (DBS) check. (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). At this inspection we saw that all staff trained as chaperones had received a DBS check.

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place in each room. The lead practice nurse was the infection prevention and control (IPC) clinical lead who worked together with another staff member to carry out regular IPC checks of the building and who liaised with the local infection prevention lead to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. IPC audits were undertaken six monthly and we saw evidence that action was taken to address any improvements identified as a result.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- At the previous inspection we found that the practice did not have a consistent system in place for managing prescriptions which included the management of patients on high risk medicines. At this inspection we found that there were reliable new processes in place for handling repeat prescriptions, including prescriptions for controlled drugs, and reviewing high risk medicines. (Controlled drugs are medicines that require extra checks and special storage because of their potential misuse). The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems to monitor their use. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for clinical conditions within their expertise. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines and patient specific prescriptions or directions from a prescriber were produced appropriately.

We reviewed three personnel files of staff recruited since the last inspection and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS. However, the files did not contain records of the interview process.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available and an annual review of risks was carried out and recorded.
- The practice had an up to date fire risk assessment and carried out regular fire drills. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control. The practice had had a test for Legionella carried out (Legionella is a term for a particular bacterium which can contaminate water systems in buildings) with a negative result. However they had not had a Legionella risk assessment carried out by someone with the qualifications, competence and experience to do so as external contractors had identified several issues with the plumbing and heating system which they had started to address but would not be complete until around a month after the inspection.
- There were arrangements for planning and monitoring the number and mix of staff needed to meet patients' needs. There was a rota system in place to ensure enough staff were on duty to meet the needs of patients. Staff were now trained in several roles to allow them to cover each other during their absence.

Requires improvement

Are services safe?

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a business continuity plan for major incidents such as power failure or building damage, and an emergency policy, but both documents were generic with only a little local information. The business continuity plan included emergency contact numbers for senior staff from the back office support organisation, but only that of the practice manager and utilities suppliers locally. It did identify the covering practice. The practice had had an incident where the phones were not working for about three days and they dealt with the issue making calls from phones from a nearby practice. Although staff knew where emergency equipment was stored this was not detailed in the emergency plan.

Good

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 15 December 2016, we rated the practice as requires improvement for providing effective services as the arrangements in respect of the monitoring of training, clinical audits and staff appraisal needed improving.

These arrangements had improved when we undertook a follow up inspection on 23 August 2017. The provider is now rated as good for providing effective services.

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems 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.

Management, monitoring and improving outcomes for people

The practice used the information collected for 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 were 95% of the total number of points available compared with the clinical commissioning group (CCG) average of 97% and national average of 95%.

Overall exception reporting was 5% (CCG average 6% national average 6%). (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).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015 to 2016 showed:

Performance for diabetes related indicators was similar to the CCG and national averages. The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less was 79% (CCG 84%, national 80%).

One indicator was low: The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less was 59% (CCG 81%, national 78%).

Performance for mental health related indicators was mixed compared to the CCG and national averages. For example 73% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the national average of 84%. However 91% of patients with severe and enduring mental health problems had a comprehensive care plan documented in their records within the last 12 months which was comparable to the national average of 89%.

At our previous inspection in December 2015 the practice had presented three audits, but none had been two cycle audits. At this inspection there was evidence of quality improvement including clinical audit:

- There had been eight clinical audits commenced in the last two years, four of these were completed two cycle audits where the improvements made were implemented and monitored. We reviewed two of the completed audits in. This led to improved patient care such as an improvement in the management and use of antibiotics in patients with sore throats.
- The practice was additionally running monthly rolling audits of high risk medicines.
- Information about patients' outcomes was used to make improvements such as an improved compliance with diagnostic and therapeutic guidelines for patients with suspected urinary tract infections.

The practice had introduced the concept of a virtual ward. Patients who were currently at risk of admission, were particularly vulnerable or had just been discharged were added to a computerised list which was monitored daily and actioned until they were well enough to be 'discharged' from daily monitoring.

Effective staffing

Good

Are services effective?

(for example, treatment is effective)

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. The induction form was completed by staff, each element was signed, and the form was retained by staff for reference (and a completed copy was seen by the team) although copies were not retained in staff files.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions such as diabetes.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- 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, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. At the previous inspection only five members of staff had received an appraisal in the previous year. On this occasion all staff had received an appraisal within the last 12 months with the exception of one who had had to postpone it and had a new date rebooked.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. A new training matrix had been introduced and was monitored monthly, but not all recent clinical staff training had been updated. All non-clinical staff training was recorded and up to date.

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 system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- From the sample of two documented examples we reviewed we found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals 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, including when they were referred, or after they were discharged from hospital. Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

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. However at our inspection of 15 December 2016, only one member of the nursing staff had received training in the Mental Capacity Act 2005. On this occasion all staff had received this training.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process of seeking consent was registered in the patient records.

Good

Are services effective?

(for example, treatment is effective)

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and substance abuse.
- Referral to dietician services were available. Smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 82%, which was comparable with the CCG average of 84% and the national average of 81%.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were comparable to CCG/national averages. For example, rates for the vaccines to five year olds ranged from 86% to 90% (CCG 87% to 93%, national 88% to 94%). The 90% target was exceeded in three out of four parameters.

There was a policy to offer phone or written reminders for patients who did not attend for their cervical screening test. The practice could obtain information in different languages and for those with a learning disability if necessary and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. There were systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up patients who were referred as a result of abnormal results.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

Are services caring?

Our findings

At our previous inspection on 15 December 2016, we rated the practice as requires improvement for providing caring services as the practice were performing below local and national averages in patient responses to several aspects of care in the GP national survey and had not demonstrated that they had taken action to improve the situation.

We found that the patient responses had improved across almost all aspects of care in the GP national survey categories when we undertook a follow up inspection on 23 August 2017. The practice is now rated as good for providing caring services.

Kindness, dignity, respect and compassion

During our inspection we observed 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.
- Consultation and treatment room doors were closed and could be locked during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Background music was played in the waiting room with speakers positioned between the waiting area and desk to prevent discussions being overheard.
- Patients could be treated by a clinician of the same sex.

All of the three patient Care Quality Commission comment cards were positive about the service experienced although one had concerns about getting repeat prescriptions. We also saw six friends and family test cards. All six noted that they would highly recommend the practice and two made additional positive comments. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with five patients including a member of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Two patients said that the practice had improved the appointments system. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey which took place shortly after the last comprehensive inspection (January to March 2017, published July 2017), showed patients felt they were treated with compassion, dignity and respect. The practice was average or just below average for its satisfaction scores on consultations with GPs and nurses. For example:

- 84% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 83% of patients who responded said the GP gave them enough time compared to the CCG average of 87% and the national average of 86%.
- 97% of patients who responded said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%
- 76% of patients who responded said the last GP they spoke to was good at treating them with care and concern compared to the CCG average 85% and national average of 86%.
- 95% of patients said the nurse was good at listening to them compared with the CCG average of 91% and the national average of 91%.
- 93% of patients who responded said the nurse gave them enough time compared with the CCG average of 94% and the national average of 92%.
- 97% of patients who responded said they had confidence and trust in the last nurse they saw compared with the CCG average of 95% and the national average of 95%.
- 89% of patients who responded said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average (91%) and national average of 91%.

Good

Are services caring?

- 82% of patients who responded said they found the receptionists at the practice helpful compared with the CCG average of 88% and the national average of 87%.

All of these figures showed improvement over those that we saw at the time of the last inspection with the exception of one which was 1% less than in the last report. Five out of the nine questions showed improvements of between seven and eleven percent on the previous inspection results.

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. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Children and young people were treated in an age-appropriate way and recognised as individuals.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were mostly in line with local and national averages. For example:

- 82% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 86% and the national average of 86%.
- 68% of patients who responded said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 65% and national average of 82%.
- 92% of patients who responded said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 90% and the national average of 90%.
- 83% of patients who responded said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and national average of 85%.

All of these responses were between four and nine percent better than the responses to the same questions at the time of the previous inspection.

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

- Staff told us that interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. The self check-in system had multiple language options.
- The nurses held Information leaflets about diabetes that were written in several different languages.
- The website could be translated in to over a hundred languages.
- There was a hearing loop available in reception.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 151 patients as carers (2% of the practice list). Carers' notes were flagged up when accessed on the computer and linked to those of the patient that they cared for. Priority appointments were available if required. Written information was available to direct carers to the various avenues of support available to them. The website also contained information on how carers may access support services. Carers were offered a health check and flu vaccination annually.

Staff told us that if families had experienced bereavement, the practice would send them a sympathy card.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 15 December 2016, we rated the practice as requires improvement for providing responsive services as data from the GP national survey showed that patients rated the practice below others in respect as to whether staff treated them with compassion, dignity and respect and whether clinical staff involved the patient in planning and making decisions about their care and treatment. The practice could not provide evidence to demonstrate that they had taken action to improve these issues.

These arrangements had significantly improved when we undertook a follow up inspection on 23 August 2017. The practice is now rated as good for providing responsive services.

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population.

At the previous inspection we saw that the needs of the local population were not fully identified

or understood or taken into account when planning services. On this occasion we saw changes had been made to improve patient services in response to:

- The appointments system had been incrementally reviewed and changed in response to patient concerns. More appointments were made available due to increased clinical staff numbers which led to improved patient satisfaction figures in the recent GP national patient survey.
- The practice offered extended hours on Wednesday mornings from 7.30am and Thursday evenings until 7.30pm for patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice sent text message reminders of appointments and events. For example patients were reminded that they may need to order repeat prescriptions early because of the bank holiday.
- The nurses dispensed travel advice and patients were able to receive travel vaccines that were available on the NHS. They were referred to a travel clinic for vaccines only available privately.
- There were accessible facilities, which included a hearing loop, and interpretation services available.
- There were facilities accessible to patients in wheelchairs and baby changing facilities.
- Patients who have specific needs were flagged on the computer, for example patients with hearing difficulties who were unable to have phone consultations.
- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services.
- Patients were sent a card when they reached 100 years of age.

Access to the service

The practice was open between 8.30am and 6.30pm from Monday to Friday. Extended opening hours were provided on Wednesdays from 7.30am in the form of nurse led clinics and GP appointments were available on Thursdays when the practice offered extended GP hours until 7.30pm. Outside these hours patients could access emergency care from an out of hours provider IC24 via the NHS 111 phone number. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for patients that needed them. GP appointments were also available to be booked on the day and via a phone GP triage system. Phone consultations were also available.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was mixed compared to local and national averages.

- 71% 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%.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- 64% of patients who responded said they could get through easily to the practice by phone compared to the CCG average of 79% and national average of 71%.
- 81% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 73% and the national average of 71%.
- 80% of patients who responded said their last appointment was convenient compared with the CCG average of 83% and the national average of 81%.
- 70% of patients who responded described their experience of making an appointment as good compared with the CCG average of 76% and the national average of 73%.
- 60% of patients who responded said they don't normally have to wait too long to be seen compared with the CCG average of 62% and the national average of 58%.

Four of these responses were between six and thirteen percent better than the responses to the same questions at the time of the previous inspection. Five percent less respondents were satisfied with the practice's opening hours although there had been no change to opening hours since the last survey. Seven percent less found their appointment to be convenient however this was a national trend with the CCG average having decreased by nine percent and the national average by fifteen percent.

Patients told us on the day of the inspection that they were able to get appointments when they needed them and that the appointments system had improved recently.

The practice had a system to assess:

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

The list of patients requesting urgent appointments was recorded on a visits screen and seen by the GPs. Patients were informed if a visit was considered urgent and a GP would then contact the patient before visiting as necessary. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made and the GPs informed. Afternoon visits were put through to the duty GP. The paramedic practitioner was allocated appropriate follow up visits. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns. The new system had been introduced following the previous inspection.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. There were posters displayed in the waiting room and summary leaflets displayed.

We looked at eight complaints received in the last 12 months and found that these were satisfactorily handled, dealt with in a timely way with openness and transparency. Complaints were often also discussed as significant events and lessons were learned from individual concerns and complaints and analysis of trends. Action was taken to as a result to improve the quality of care. For example we saw a complaint that involved more than one member of staff, we saw that this was investigated, including staff interviews and recorded. It was also raised and discussed as a significant event. Changes were made and a letter of apology sent to the patient. The letter also informed the patient that changes were being made, although they did not specify what these would be. We were told that that significant events would be reviewed by the governance manager from the backroom support organisation three months after the actions had been taken. The complaints manager resolved minor verbal complaints by discussing them with the patient in a private room although they were not recorded in writing.

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 15 December 2016, we rated the practice as inadequate for providing well-led services as the governance framework did not ensure regular, comprehensive reviews of service quality. This included clinical audits, quality improvement processes and risk assessment. Also systems for monitoring staff training were ineffective, significant events were not reported, recorded, investigated or learning shared with the staff. Information requested by CQC prior to the inspection was not provided and the registered manager did not fully engage with the inspection process or understand the requirements of their registration. The practice had not acted on feedback from the GP national survey in order to make improvements. Leadership was weak and ineffective.

We issued a warning notice in respect of the fact that risks to patients were not always assessed and mitigating actions were not always taken. There was no process to assess the risks to the health and safety of patients arising from significant events and then mitigate any identified risks. There was no process to ensure the proper and safe management of medicines with regard to the handling of repeat prescriptions and high risk prescriptions. We found arrangements had improved when we undertook a follow up inspection of the service on 12 April 2017 with the exception of a single incident relating to medicines management. We issued a further requirement notice in relation to this. The details of these previous reports can be found by selecting the 'all reports' link for Silver Springs Medical Practice on our website at www.cqc.org.uk.

These arrangements had significantly improved when we undertook a follow up inspection on 23 August 2017. However we did still find some issues in relation to governance and the practice is now rated as requires improvement for being well-led.

Vision and strategy

The practice had a vision to deliver high quality care and promote good outcomes for patients.

- Staff knew and understood the practice values.
- The practice had a clear strategy for the future which included continuing to improve services and to merge with a neighbouring practice within the organisation that was currently providing them with back office and clinical support.

Governance arrangements

The practice had an overarching governance framework. However, this did not always support the delivery of the strategy or good quality care. The governance framework outlined the structures and procedures but in some instances were not specific to the practice. We saw that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in clinical key areas.
- Policies were implemented and were available to all staff. These were updated and reviewed regularly. However they were produced by the organisation that supported the practice, had their logo as the header and were not always clearly specific to the practice. For example the business continuity plan did mention the local practice that they were buddied with should there be a major disruption to services, there were numbers for utility companies and head office staff, but only the practice manager's name and number was included from this practice. Additionally the emergency plan did not have local details such as of the siting of emergency equipment at this practice.
- The practice had developed a new digital training matrix which was regularly reviewed and contained all of the non-clinical staff's training records, however not all of the clinical staff's recent training had been updated on the matrix. This appeared to be due to part of the process being carried out at a local level and then completed at the head office of the supporting organisation.
- Significant events were recorded, discussed, actioned, reviewed and learning disseminated, however we could not always find a record of the member of staff allocated to carry out the actions.
- Staff files were stored at the supporting organisation's head office although the practice were reviewing this situation.

Are services well-led?

Requires improvement

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

- Although data flowed between the practice and the supporting organisation's head office, we saw no evidence that a confidentiality sharing agreement between them had been put in place.
- The recruitment files of recently employed staff were complete with the exception of notes of the interview process. Induction records were retained by the staff member, but not in the staff file.
- An understanding of the performance of the practice was maintained. Practice meetings were held every two to three months which provided an opportunity for staff to learn about the performance of the practice. Multi-disciplinary team meetings were held monthly at which clinical issues and significant events were discussed and actioned.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. At the previous inspection in December 2016 we had found that there was a limited and inconsistent system for identifying, capturing and managing issues and risk. In particular the practice had not received or acted upon drug safety updates and they had no system in place for handling repeat prescriptions or managing patients on high risk medicines. Staff who were acting as chaperones had not received a Disclosure and Barring Service (DBS) check or risk assessment and very few staff had received an annual appraisal. On this occasion we found that all of these issues had been resolved. Drug alerts were being received and actioned, there was an efficient system in place for the provision of repeat prescriptions, the prescription and collection of controlled drugs and for the monitoring of patients on high risk medicines. (Controlled drugs are medicines that require extra checks and special storage because of their potential misuse). All chaperone trained staff had received a DBS check and staff had received annual appraisals. The practice were however unable to find any evidence of a Legionella risk assessment and further work was planned on the plumbing and heating system. . (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- At the previous inspection on 16 December 2016, we had found that there was no programme of continuous clinical and internal audit to monitor quality and to make quality improvements. On this occasion we saw evidence that a programme of clinical and internal audit to monitor quality and to make quality improvements was being followed.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

Leadership and culture

All the staff that we spoke to understood their role, that of their colleagues and clinicians and knew who their line manager was. Almost every member volunteered that a strong team spirit had developed since the last inspection and that they could see marked improvements in the practice. There was a leadership team in place, but the practice was in transition between being an individual partnership and a planned merger with another local practice which was part of the group that were currently supporting Silver Springs Medical Practice both administratively and clinically. This had led to improvements in processes and procedures since the last inspection, but we found that there was some lack of clarity as to responsibilities at a senior level. This was because there was a partnership in place that was involved in the clinical management of the practice but did not appear to be so involved in the day to day administration of the practice which was largely overseen by the supporting organisation. The newly appointed registered manager was a GP partner from the local practice with which they were hoping to merge and worked at Silver Springs about one day a week. We were told that the registered manager was in contact with the practice on a daily basis as his base was only one mile away and staff felt that they were an asset to the practice. We were also told by staff that members of the senior management from the supporting organisation did visit the practice regularly and were readily available on the phone

They told us they prioritised safe, high quality and compassionate care. Staff told us the partners and other members of the management team were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The partners encouraged

Are services well-led?

Requires improvement

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

a culture of openness and honesty. From the sample of documented examples we reviewed we found that the practice had systems to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a written apology.
- The practice kept written records of written correspondence, although not of verbal complaints.

Staff were aware of the leadership structure and felt supported by management.

- The practice held and minuted monthly multi-disciplinary meetings which included meetings with district nurses, hospice staff and social workers to monitor vulnerable patients. GPs held discussions with health visitors to monitor vulnerable families and safeguarding concerns where required.
- Staff told us the practice held team meetings every two to three months. The nursing staff also met informally on a daily basis as well as holding regular minuted meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We were told that GPs were open to ideas and listened. Minutes of meetings were available for practice staff to view.
- Staff said they felt respected, valued and supported by the management including the partners in the practice. They felt there was a strong team spirit at the practice and the management encouraged all members of staff to identify opportunities to improve the service delivered by the practice. Several staff members mentioned that since the last inspection team work and communication had improved a lot and they felt that they had come a long way.

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

At the previous inspection it was noted that the practice didn't seek and act on all feedback in order to make improvements to the services provided for patients. On this occasion we saw that the practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- Patients through the patient participation group (PPG) and through complaints received. There were friends and family test forms available for patients to feed back on. They had a digital patient survey form on the website although this was rarely accessed by patients. The PPG met regularly with the practice management and were kept up to date with current issues. There were notices in the waiting room encouraging patients to join the PPG and copies of the recent meeting minutes were available in the practice and on the website. Recent national patient GP survey results had shown improvements since the last inspection. Monthly family and friends results were also analysed and patients suggestions considered and implemented and we saw an example regarding seating in the waiting room.
- Staff generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example staff had suggested that posting local pharmacy opening times in the waiting room would be useful to patients and staff and this was done. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

The practice were developing a focus on continuous learning and improvement at all levels. One of the GPs was a GP trainer and another was training to teach post graduate doctors with a view to becoming a training practice. GPs from the practice were involved with other practices in some supervisory work for a practice requiring support in the locality. The practice had made significant improvements to their service since the previous inspection.

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: Policies and processes were not always specific to the location. Information was not always up to date and accurate. This included recording who action points were assigned to in significant events and verbal complaints were not recorded. The training matrix was not fully updated and records of the interview process and copies of the induction form were not retained in staff files. There was no confidentiality sharing agreement in place between the practice and supporting organisation. This was in breach of Regulation 17(1)