Dr PV Gudi and Partner

Quality Report

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Date of inspection visit: 4 October 2017
Date of publication: 04/12/2017

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr PV Gudi and Partner on 17 and 19 January 2017. The full comprehensive report of January 2017 inspection can be found by selecting the 'all reports' link for Dr PV Gudi and Partner on our website at www.cqc.org.uk. During the inspection, we found the practice was in breach of legal requirements and the overall rating for the practice was inadequate and the practice was placed in special measures for a period of six months. This was because appropriate processes were not in place to mitigate risks in relation to the safety and quality of the services offered. Following the inspection, the practice wrote to us to say what they would do to meet the regulations.

This inspection was an announced comprehensive inspection, carried out on 4 October 2017 to confirm that 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. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection. We found some of risks had been mitigated and improvements had been made; however further breaches were identified and as a result of our inspection findings the practice is still rated as inadequate and remains in special measures.

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

- At the previous inspection we found the systems and processes in place to minimise risks to patient safety did not always operate effectively. This included infection control and management of emergency equipment and ensuring there were adequate supplies of medicines to deal with emergency situations. At this inspection we found these risks had been mitigated with the implementation of procedures to manage emergency equipment and medicines and monitor infection prevention.
- At the inspection in January 2017 clinical outcomes for a number of long term conditions and mental health were below the local and national averages. At this inspection we found the practice had started to review their current processes, however results were still low in comparison to local and national averages.

Summary of findings

- At the previous inspection we found the service could not demonstrate effective management of patients on high risk medicines. At this inspection we found patients in receipt of prescriptions for medicines, which required closer monitoring, were not always receiving a review of their treatment in line with prescribing recommendations. Since the inspection we have received evidence to confirm that all patients on high risk medicines have been reviewed.
- At the previous inspection, coding errors were identified on patients' records. We found at this inspection that the practice were not fully utilising the clinical system and there were errors on the clinical registers with patients being inappropriately coded. Since the inspection we have received assurances that training sessions have been organised to update the clinical team on the use of the clinical system.
- Since the last inspection the practice had addressed the support staff required in undertaking their roles and a new health care assistant had been recruited to support the practice nurse.
- The results of the latest national patient survey showed improvements on waiting times to be seen by the GP after their appointment time. This was an area of concern highlighted at the previous inspection in January 2017.
- During the inspection we found the practice was not thoroughly following systems and processes in relation to information governance and security. For example, consulting rooms were left unlocked, smart cards were left in the rooms and there was easy access to emergency drugs and patient information. Since the inspection we have received assurances that keypad locks have been added to each room.
- There was a clear leadership structure and staff felt supported by management.
- Staff understood their responsibilities to raise concerns, incidents and near misses and there was a system in place for reporting and recording significant events. From the sample of documented examples of recorded significant events we reviewed, we found there was an effective system for reporting and recording significant events and the practice reported all events to the local clinical commissioning group through web based incident reporting and risk management software. Investigations were discussed with the practice team to mitigate further risks.
- Arrangements were in place to safeguard children and vulnerable adults from abuse and local requirements and policies were accessible to all staff. Since the last inspection, all staff have received safeguarding training relevant to their role.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns. The practice proactively sought feedback from staff and patients, which it acted on.

However there were areas of practice where the provider must make improvements:

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

There were also areas of practice where the provider should make improvements:

- Review how the practice could proactively identify carers in order to offer them support where appropriate.
- Review current processes for the collection of prescriptions to ensure practice policies are adhered too.
- Consider how to further encourage patients to attend annual reviews.

I confirm that this practice has not improved sufficiently and continues to be rated as inadequate overall and as a result remains in special measures.

Services placed in special measures will be inspected again within six months. If, after re-inspection, the service has failed to make sufficient improvement, and is still rated as inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a

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further six months, and if there is not enough improvement we will move to close the service. Special measures will give people who use the service the reassurance that the care they get should improve.

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?

Inadequate

At our previous inspection, we rated the practice as requires improvement for providing safe services as some areas relating to the management of risks needed improving. Some of these arrangements had improved when we undertook a follow up inspection on 4 October 2017; however some concerns identified had not been addressed. In addition there were further breaches identified and the practice is now rated as inadequate for providing safe services.

- At the previous inspection we found the service could not demonstrate effective management of patients on high risk medicines. At this inspection we found patients which required closer monitoring, were not always receiving a review of their treatment in line with national guidelines before medicines were prescribed. Since the inspection we have received evidence to confirm that all patients on high risk medicines have been reviewed.
- During the inspection we found the practice was not following their systems and processes for security. For example, consulting rooms were left unlocked, smart cards, which allow access to patient's records, were left in the rooms and there was easy access to emergency drugs and patient information. Since the inspection we have received assurances that keypad locks have been added to each room.
- Some of the arrangements for managing the collection of prescriptions required strengthening to ensure there was a clear audit trail on medicines patients had received.
- At the previous inspection we found the systems and processes in place to minimise risks to patient safety did not always operate effectively. This included infection control and management of emergency equipment and ensuring there was adequate stock of medicines to deal with emergency situations. At this inspection we found these risks had been mitigated with the implementation of procedures to manage emergency equipment and medicines and monitor infection prevention.
- Arrangements were in place to safeguard children and vulnerable adults from abuse, and local requirements and policies were accessible to all staff.

Summary of findings

- Staff understood their responsibilities to raise concerns, incidents and near misses and there was a system in place for reporting and recording significant events. Lessons learnt from incidents were shared to make sure action was taken to improve safety in the practice.

Are services effective?

Inadequate

At our previous inspection, we rated the practice as inadequate for providing effective services as we found the assessment of patients' needs were not delivered in line with current evidence based guidance and there was not an effective recall system in place for inviting patients for regular health reviews. The results from the Quality and Outcomes Framework (QOF) were also low for some of the clinical indicators in comparison with the national averages. Some of these arrangements had improved when we undertook a follow up inspection on 4 October 2017; however we still found that some of the clinical indicators were not showing improvement, therefore the practice continued to be rated as inadequate for providing effective services.

- Quality and Outcomes Framework (QOF) most recent published results (2015/16) showed the practice had achieved 78.3% of the total number of points available. This was below the clinical commissioning group (CCG) average of 94.9% and the national average of 95.3%. Exception reporting rate was 8% in comparison to the national exception reporting rate of 10%. Unverified data provided by the practice showed a QOF achievement of 76.5% for 2016/17. Exception reporting for 2015/16 was 8% which was lower in comparison to the national average exception reporting of 10%. (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). Data provided by the practice showed the progress for the year 2017/18 was showing improvements with the practice currently having an achievement of 82%.
- At the inspection in January 2017 clinical outcomes for a number of long term conditions and mental health were below the local and national averages. At this inspection we found the practice had started to review their current processes and had introduced a recall system for inviting patients for regular health reviews, however data from 2016/17 was still low in comparison to local and national averages. Data provided by the practice showed the progress for the year 2017/18 was showing improvements.

Summary of findings

- We found staff had the skills, knowledge and experience to carry out their roles with staff having received training and updates relevant to their role.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

At our previous inspection, we rated the practice as good for providing caring services. The practice continued to be rated as good for providing caring services.

- Patients we spoke with said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Data from the national GP patient survey showed patients rated the practice in line with the clinical commissioning group (CCG) average, but lower than the national average for some aspects of care. For example 77% say the last GP they saw or spoke to was good at treating them with care and concern, compared to the CCG average of 80% and the national average of 86%.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had a carers register and data provided by the practice showed 1% of the practice's population had been identified as carers. There was a carers corner in the waiting room, which gave patients details on support groups available and this also included support information for young carers.

Are services responsive to people's needs?

Good

At our previous inspection, we rated the practice as requires improvement for providing responsive services as feedback from patients highlighted concerns about long waiting times and limited action taken by the practice to secure improvements. These arrangements had improved when we undertook a follow up inspection on 4 October 2017 and the practice is now rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- The practice had seen an improvement in the satisfaction scores of the national GP survey published in July 2017 for waiting times. For example, 39% of patients usually waited 15

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minutes or more after their appointment time to be seen compared to the CCG average of 54% and national average of 64%. This was an improvement on the July 2016 results where 69% of patients said they had to wait 15 minutes or more and this was also reflected in the comment cards we received on the day of inspection.

- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients could access appointments and services in a way and at a time that suited them; this included by telephone, online and face to face, with urgent appointments available the same day and late evening appointments available two evenings a week.
- 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 we reviewed showed the practice responded quickly to issues raised. Improvements were made to the quality of care as a result of complaints and concerns. Complaints were shared with staff at practice meetings.

Are services well-led?

Inadequate

At our previous inspection, we rated the practice as inadequate for providing well led services as clinical and managerial leadership was not effective and some areas of the practice governance arrangements needed improving. When we undertook a follow up inspection on 4 October 2017; we found some improvements had been made, however clinical leadership was still not effective therefore the practice continued to be rated as inadequate for providing well led services.

- The practice had a vision and strategy to deliver quality care and promote good outcomes for patients, but this was not always effective as we found the practice focused on improvements required, identified during inspection, but there was deterioration in other areas. For example, the management of patients' medicines and long term conditions, which was reflected in the performance data and the review of anonymised records we reviewed on the day of inspection.
- There was a clear leadership structure and staff felt supported by the practice manager, but clinical leadership was not effective and needed strengthening. The practice had a number of policies and procedures to govern activity and held regular governance meetings.

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- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff and appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The practice had acted on results from patient surveys and developed an action plan to address areas that were below local and national averages. This had resulted in improved outcomes for patients especially those who had expressed concerns about the waiting times experienced after their appointment time.

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

Inadequate

The practice is rated as inadequate for providing safe, effective and well led services; this affects all six population groups.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. This included blood tests and vaccinations for those patients who were unable to attend the practice.
- The practice offered health checks for patients aged 75 years and over.
- The practice had systems in place to identify and assess patients who were at high risk of admission to hospital. Patients who were discharged from hospital were reviewed to establish the reason for admission and care plans were updated.
- Multi-disciplinary team meetings were held regularly and well attended by community teams, including palliative care nurses and the community matron.

People with long term conditions

Inadequate

The practice is rated as inadequate for providing safe, effective and well led services; this affects all six population groups.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice worked with the community diabetes specialist nurses and consultants to support patients with complex diabetes needs. Performance for diabetes related indicators (2015/16) was 69% which was lower than the CCG average of 88% and the national average of 90%. Unverified data provided by the practice showed a decline in the QOF data with the practice having achieved 63% for 2016/17.
- The practice could not demonstrate effective management of patients on high risk medicines. We found patients in receipt of prescriptions for medicines, which required closer monitoring, were not always receiving a review of their treatment in line with prescribing recommendations.
- Nationally reported data showed patient outcomes for a number of long term conditions were below local and national averages. This included chronic obstructive pulmonary disease (COPD), coronary heart disease and stroke.

Summary of findings

- The practice offered a range of services to support the diagnosis and management of patients with long term conditions, however we found the practice were not fully utilising the clinical system and we found errors on the clinical registers with patients being inappropriately coded, therefore it was difficult to determine if patients with long term conditions were receiving the appropriate reviews.

Families, children and young people

Inadequate

The practice is rated as inadequate for providing safe, effective and well led services; this affects all six population groups.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Appointments were available outside of school hours and baby changing facilities were available.
- We saw positive examples of joint working with midwives. The midwife undertook an antenatal clinic every week at the practice.
- Childhood immunisation rates for under two year olds ranged from 93% to 100% compared to the national average of 90%. Immunisation rates for five year olds ranged from 97% to 100% compared to the national average of 88% to 94%.
- There were policies, procedures and contact numbers to support and guide staff should they have any safeguarding concerns about children.
- The practice's uptake for the cervical screening programme was 76% which was slightly lower than the national average of 82%.

Working age people (including those recently retired and students)

Inadequate

The practice is rated as inadequate for providing safe, effective and well led services; this affects all six population groups.

- 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 was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- The practice provided a health check to all new patients and carried out routine NHS health checks for patients aged 40-74 years.

Summary of findings

- The practice offered extended hours to suit the working age population, with late evening appointments available twice a week. Weekend appointments were also available as part of the federation group the practice had joined, where the practice could book weekend appointments in advance for patients that were unable to attend the practice during the week.
- The practice provided an electronic prescribing service (EPS) which enabled GPs to send prescriptions electronically to a pharmacy of the patient's choice.

People whose circumstances may make them vulnerable

Inadequate

The practice is rated as inadequate for providing safe, effective and well led services; this affects all six population groups.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability. Data provided by the practice showed that 19 patients were on the learning disability register. The practice told us that the patients are invited to attend their reviews.
- The practice held regular meetings with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations and sign posted patients to relevant services available.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Inadequate

The practice is rated as inadequate for providing safe, effective and well led services; this affects all six population groups.

- The latest published data from the Quality and Outcomes Framework (QOF) of 2015/16 showed 78% 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%.
- The practice had told patients experiencing poor mental health how to access various support groups and voluntary organisations.

Summary of findings

- The latest published QOF data of 2015/16 showed 56% of patients on the mental health register had a care plan in place, which was lower than the national average of 89%. Data provided by the practice showed 72 patients on the mental health register. On reviewing a sample of seven anonymised records we found two patients included on the register did not have any history of mental health issues recorded.
- Performance for depression related indicators of patients who had received a review no later than 56 days after the date of diagnosis was 0% which was lower than the CCG average of 91% and the national average of 92%. This was supported by three anonymised records we looked at of patients experiencing depression and found that patients had not been reviewed in line with prescribing guidelines.
- QOF data for 2015/16 for depression related indicators was 0% which was below the national average of 92%. Unverified data provided by the practice showed some improvement with the practice having achieved 43% for QOF 2016/17.
- Counselling services were offered twice a week at the practice from a visiting counsellor to support patients with mental health needs.

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 mixed results in comparison to local and national averages. A total of 335 survey forms were distributed and 95 were returned. This represented 28% response rate and 2% of the practice population.

- 91% of patients found it easy to get through to this practice by phone compared to the CCG average of 60% and the national average of 71%.
- 68% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 76% and the national average of 84%.
- 79% of patients described the overall experience of this GP practice as good compared to the CCG average of 77% and the national average of 85%.
- 62% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 65% and the national average of 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 38 comment cards. The majority were all positive about the standard of care received. Comments included staff were friendly and polite and a good service was always received. Five of the comment cards highlighted long waiting times to see the GP after their appointment time. We spoke with two patients. Both patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. The latest results of the Friends & Family Test (FFT) showed 81% of patients would recommend the practice to others.

Areas for improvement

Action the service MUST take to improve

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

Action the service SHOULD take to improve

- Review how the practice could proactively identify carers in order to offer them support where appropriate.
- Review current processes for the collection of prescriptions to ensure practice policies are adhered too.
- Consider how to further encourage patients to attend annual reviews.

Dr PV Gudi and Partner

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Dr PV Gudi and Partner

Dr P V Gudi and Partner is a practice located in Hill Top, West Bromwich an area of the West Midlands. The practice has a General Medical Services contract (GMS) with NHS England. A GMS contract ensures practices provide essential services for people who are sick as well as, for example, chronic disease management and end of life care and is a nationally agreed contract. The practice also provides some enhanced services such as minor surgery, childhood vaccination and immunisation schemes. The practice provides primary medical services to approximately 4,300 patients in the local community.

The clinical team comprises two GP Partners (1 male and 1 female) and a long term male locum GP, one practice nurse and one health care assistant. The non-clinical team consists of administrative and reception staff and a practice manager.

Based on data available from Public Health England, the levels of deprivation in the area served by the practice are below the national average, ranked at two out of ten, with ten being the least deprived.

The practice reception is open from 8am to 7pm Monday to Friday. GP appointments were available from 9am to 12.30pm Monday to Friday and 4pm to 6.30pm Monday to Friday with the exception of Thursday when the last appointment was for 5.50pm. The practice offers extended hour appointments on Monday and Wednesday between 6.30pm and 7pm. Telephone consultations are available if patients request them; home visits were also available for patients who are unable to attend the surgery.

The practice had recently joined Sandwell Health Partnership, a local GP federation. A GP federation is a group of general practices or surgeries that work together to share responsibility for delivering high quality, patient-focussed services for its communities. As part of the federation, the practices had set up access 'hubs' across the locality so patients could access appointments during the weekend. These appointments could be booked in advance by the surgery for patients who were unable to attend the practice during the week. When the practice is closed, primary medical services are provided by Primecare, an out of hours service provider and the NHS 111 service and information about this is available on the practice website.

The practice is part of NHS Sandwell & West Birmingham CCG which has 91 member practices. The CCG serve communities across the borough, covering a population of approximately 559,400 people. (A CCG is an NHS Organisation that brings together local GPs and experienced health care professionals to take on commissioning responsibilities for local health services).

Why we carried out this inspection

We carried out a comprehensive inspection of Dr PV Gudi and Partner on 17 and 19 January 2017 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 effective and well led services and requires improvement for safe and responsive services. We carried

out a further comprehensive inspection on 4 October 2017 to ensure improvements had been made and to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 4 October 2017.

During our visit we:

- Spoke with a range of staff including the GP partners, locum GP, practice nurse, health care assistant, practice manager and reception/administration staff.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Observed how patients were being cared for in the reception area
- Looked at information the practice used to deliver care and treatment plans.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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.

Inadequate

Are services safe?

Our findings

At our previous inspection on 17 and 19 January 2017, we rated the practice as requires improvement for providing safe services as some areas relating to the management of risks needed improving. Some of these arrangements had improved when we undertook a follow up inspection on 4 October 2017; however some concerns identified had not been addressed. In addition there were further breaches Identified.

Safe track record and learning

There was a system in place 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 on the practice's computer system. 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). Staff advised that when things went wrong with care and treatment patients were informed of the incident as soon as reasonably practicable and were told about any actions to improve processes to prevent the same thing happening again.

During our most recent inspection we reviewed three significant events since July 2016. We saw evidence to confirm that significant events were discussed with staff during practice meetings to share learning. An annual review of significant events was also completed to review outcomes from incidents, to ensure lessons had been learnt and to monitor any trends. All events were sent to the local clinical commissioning group via a web based incident reporting and risk management software.

Safety alerts were received by the practice manager and forwarded on to the clinical team and a record was kept to monitor actions taken. One of the GP partners was the responsible lead for

reviewing alerts to check if they were relevant to the practice or affected patients and to ensure all information was disseminated to the relevant staff. We reviewed patient safety alerts received from Medicines and Healthcare products Regulatory Agency (MHRA) and minutes of meetings where these were discussed. We saw evidence that appropriate actions was taken to improve safety in the practice.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies.
- Staff demonstrated they understood their responsibilities and since the last inspection, all staff had received training relevant to their role. GPs were trained to child safeguarding level 3 and the nursing team to level 2.
- There was a notice in the waiting room to advise patients that chaperones were available if required. The practice nurse acted as the chaperone within the practice. Staff carrying out this role had a Disclosure and Barring Service (DBS) check in place. (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).
- We saw that staff did not follow processes to ensure patient information was kept secure. For example, we saw smart cards had been left in clinical rooms. (Smartcards are 'chip and pin' cards which are placed in card readers attached to staffs computers, smartcards allow access to a range of information such as confidential patient care records).

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 and staff had access to appropriate hand washing facilities and personal cleaning equipment.
- The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and annual infection control audits were undertaken. At the previous inspection we found no action plan in place to address improvements. The latest audit had been completed in

September 2017 and the practice had achieved 97%, we saw evidence of an action plan in place that had been acted on. All staff had received the appropriate training relevant to their role.

- The practice had immunisation records for staff and there was an effective system in place to ensure all staff were up to date with their immunisations.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice were not adhered to and we identified risks to patient safety in some areas (including obtaining, prescribing, recording, handling, storing, security and disposal).

- At the previous inspection a review of patients on high risk medicines showed the GPs
- did not always have access to the blood test results undertaken at hospital to inform the safe prescribing for specific medicines such as lithium and methotrexate. The GPs told us this had been highlighted to the clinical commissioning group (CCG) and was under review. At this inspection we found five patients that were not under a shared care agreement with the hospital that were being monitored by the practice. Of the five records we reviewed we found three of the patients had not received the appropriate monitoring as recommended and had not had any blood monitoring done in the previous 12 months, but prescriptions had continued to be issued. Since the inspection we have received evidence to confirm that all patients on high risk medicines have been reviewed, however we have received no assurances that a system has been embedded to ensure appropriate monitoring and reviews are completed. Some of the arrangements for managing the collection of prescriptions required strengthening to ensure there was a clear audit trail on what patients had received. This included the processes of obtaining, prescribing, recording, handling and disposal of prescriptions. For example, we were told that a review of uncollected prescriptions was carried out every 4-6 weeks. On reviewing the prescriptions awaiting collection we found five prescriptions from the beginning of August that had not been collected. Of the prescriptions we reviewed, four were for children under the age of 18 years. After further investigation, we found the prescription had been generated by the electronic prescribing system and had therefore gone directly to a chemist of the patients' choice. The practice could offer no explanation why another signed prescription was awaiting collection.
- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. (A PGD is a set of instructions detailing conditions under which prescription medicine can be supplied to patients without a prescription).
- The arrangements for managing vaccines followed Public Health England guidelines for the recording of vaccination fridge temperatures.
- We found one of the clinical rooms situated out of sight of the reception area was left unlocked and emergency medicines were left unsecure. Since the inspection we have received assurances that keypad locks have been added to all clinical rooms.

We reviewed two personnel files and found recruitment checks had been undertaken prior to employment. For example, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and appropriately managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available and health and safety risk assessments had been completed. The practice had up to date fire risk assessments, fire alarms were tested on a weekly basis and regular fire drills were carried out.
- All electrical equipment was checked to ensure the equipment was safe to use. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- The practice used a long term locum for four sessions a week and locum cover was also organised as and when required. There was a locum pack in place to guide

locums on the services, contact phone numbers and all relevant information that they may require and we saw evidence of the relevant checks completed before locums commenced at the practice.

- There were arrangements for planning and monitoring the number of staff and skill mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place 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 and in each consulting room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- 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 comprehensive business continuity plan in place for major incidents such as power failure or building damage. This included contact details for all staff and was accessible to all the practice team.

Inadequate

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection, on 17 and 19 January we rated the practice as inadequate for providing effective services as outcomes from the quality and outcomes framework were lower in a range of clinical indicators and the monitoring of patients with long term conditions needed improvement. These arrangements had not improved when we undertook a follow up inspection on 4 October 2017 and the practice continued to be rated as inadequate.

Effective needs assessment

The practice assessed needs and generally delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines; however this was not always effective. For example:

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs, however we found guidelines for monitoring patients on high risk medicines were not adhered too.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. However, the practice was not fully utilising the clinical system and we found errors on the clinical registers with patients being inappropriately coded, therefore the practice were unable to demonstrate that the system they had in place was effective for monitoring patients.

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 (2015/16) showed the practice had achieved 78.3% of the total number of points available; this was lower than the national average of 95%. Unverified data provided by the practice showed a QOF achievement of 76.5% for 2016/17. Exception reporting for 2015/16 was 8% which was lower in comparison to the national average exception reporting of 10%. (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). Data provided by the practice showed progress for the year 2017/18 with the practice currently having an achievement of 82%.

This practice was an outlier for some QOF (or other national) clinical targets. Data showed:

- Performance for diabetes related indicators was 69% which was lower than the CCG average of 88% and the national average of 90%. Unverified data provided by the practice showed a decline in the 2016/17 QOF data with the practice having achieved 63% for 2016/17. Further data provided by the practice showed progress for the year 2017/18 for diabetes indicators with the practice currently having an achievement of 74%.
- Performance for mental health related indicators was 53% which was lower than the CCG average of 92% and the national average of 93%. Unverified data provided by the practice showed a slight improvement in the 2016/17 QOF data with the practice having achieved 59%. Further data provided by the practice showed progress for the year 2017/18 with the practice currently having an achievement of 81%. However, on reviewing a sample of anonymised records on the mental health register we found two patients out of seven records we reviewed had no mental health issues recorded.
- Performance for depression related indicators of patients who had received a review no later than 56 days after the date of diagnosis was 0%, the CCG average was 91% and the national average 92%. This was supported by three anonymised records we looked at of patients experiencing depression and found that patients had not been reviewed in line with prescribing guidelines.
- Performance for chronic obstructive pulmonary disease (COPD) indicators was 80% which was lower than the CCG average of 96% and the national average of 96%. Exception reporting rate was 36%, which was higher than the national average of 13%. Unverified data provided by the practice showed decline in the 2016/17 QOF data with the practice having achieved 59%.
- Performance for stroke and transient ischaemic attack (TIA) indicators was 66% which was lower than the CCG average of 97% and the national average of 97%. Exception reporting rate was 15% which was higher than the national average of 10%.

- Performance for coronary heart disease indicators was 74% which was lower than the CCG average of 95% and the national average of 95%.

The practice had employed a health care assistant to improve and monitor patients and ensure they were invited for regular reviews. Also to improve patients' care the practice was working with the community diabetes service specialist nurses and diabetic consultants to monitor patients with complex diabetes needs. Clinics were held every two months to support these patients.

There was some evidence of quality improvement including clinical audit.

- The practice participated in local audits, national benchmarking, accreditation, peer review and research. This included the Clinical Commissioning Group (CCG) primary care commissioning framework to improve the overall quality of clinical care.
- The practice had completed some clinical audits in the last 12 months where the improvements made were implemented and monitored. For example, the practice had participated in an audit to review patients with atrial fibrillation to ensure patients were receiving the appropriate anti-coagulation therapy. The audit showed 58 patients on the atrial fibrillation register. On reviewing the register, the practice identified two patients were inappropriately coded and did not belong on the register, 49 patients were on anti-coagulation therapy and four were not receiving the appropriate treatment. The four patients were offered a medicine review and the practice will continue to monitor patients on the register and told us a re-audit will be carried out again in six months.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, fire safety, health and safety and confidentiality, infection prevention and control.
- 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.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competency. 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.
- All staff had received an appraisal and their learning needs had been identified through this process. 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.
- Staff received training that included: fire safety awareness, basic life support and information governance.

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.
- 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. Staff we spoke with told us that meetings took place regularly with other health care professionals when care plans were routinely reviewed and updated for patients with complex needs. We saw minutes of bi-monthly multi-disciplinary team meetings for patients with end of life care needs.

Documentation provided by the practice showed patients on the palliative care register had care plans in place and they were regularly reviewed. We saw evidence which showed that patients were discussed at bi-monthly meetings and their care needs were co-ordinated with community teams.

Inadequate

Are services effective?

(for example, treatment is effective)

There were 19 patients on the learning disability register and two of these had had a care review since April 2017. The practice told us that the patients would be invited for a review and health check. These patients were discussed as part of multi-disciplinary team meetings to support the needs of patients and their families.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. 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. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 76%, which was lower than the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability there was easy read information. They also ensured a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Results were comparable to CCG and national averages. For example,

- 74% of females aged 50-70 years of age had been screened for breast cancer in the last 36 months compared to the CCG average of 66% and the national average of 72%.
- 52% of patients aged 60-69 years, had been screened for bowel cancer in the last 30 months compared to the CCG average of 45% and the national average of 58%.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 93% to 100% which were higher than the national average of 90%. Immunisation rates for five year olds ranged from 97% to 100% which were comparable to the national average of 88% to 94%.

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 years. 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, we rated the practice as good for providing caring services. The practice continued to be rated as good for providing caring services.

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

The majority of the 38 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they were pleased with the service and staff were helpful and supportive and treated them with care and concern.

We spoke with two patients, who were also members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed satisfaction scores for consultations with GPs were comparable to the CCG and national averages and this was reflected in the feedback we received. For example:

- 80% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 84% and the national average of 89%.
- 81% of patients said the GP gave them enough time compared to the CCG average of 81% and the national average of 86%.
- 77% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 80% and the national average of 86%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.

The practice satisfaction scores for consultations with nurses showed:

- 90% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average of 91%.

The practice satisfaction scores for helpfulness of reception staff showed:

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

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.

Results from the national GP patient survey showed some patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and this was supported by the comments we received on the day of inspection. For example:

- 78% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 82% and the national average of 86%.
- 68% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 76% and the national average of 82%.

Results for nurses showed:

- 86% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 82% and the national average of 85%.

Good

Are services caring?

The practice had reviewed the results of the GP patient survey and had also completed an in house survey during March 2017. The results of the GP patient survey showed 81% of patients said the GP was good at explaining tests and treatment and 80% of patients said the GP was good at involving them in decisions about their care.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients about services in a variety of languages.
- Information leaflets were available in easy read format.

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 43 patients as carers, which represented 1% of the practice list. Information was on display in the waiting room and written information was available to direct carers to the various avenues of support available to them, this also included information for young carers.

Staff told us that if families had suffered bereavement, the GP contacted them. A patient consultation at a flexible time and location to meet the family's needs was available if required and the practice gave advice on how to find a support service.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection, on 17 and 19 January 2017 we rated the practice as requires improvement for providing responsive services as we found some patient's needs were not being met through the way services were organised and delivered. This included long waiting times and limited action had been taken by the practice to secure improvements. At this inspection we found the practice had improved on patient satisfaction and the practice is now rated as good for providing responsive services.

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice offered minor surgery services for patients registered at the practice.

Services were planned and delivered to take into account the needs of different patient groups and to help ensure flexibility, choice and continuity of care. For example:

- Patients could access appointments and services in a way and at a time that suited them. Appointments could be booked over the telephone, face to face and online.
- There were longer appointments available for patients with a learning disability and patients experiencing poor mental health.
- Extended hours appointments were offered on a Monday and Wednesday evening from 6.30pm to 7pm.
- Home visits were available for older patients and patients who were unable to attend the practice.
- Immunisations such as flu vaccines were also offered to vulnerable patients at home, who could not attend the practice.
- We saw examples of joint working with midwives with the midwife holding an antenatal clinic once a week and the practice nurse held weekly childhood immunisation clinics.
- Same day appointments were available for children and those patients with medical problems who required same day consultation.
- Patients requiring support with mental health needs were referred to the local counselling team who held a clinic twice a week at the practice.
- Minor surgery including joint injections and a range of immunisations and NHS travel vaccinations were offered at the practice. For vaccines only available privately, patients were referred to other clinics.
- The practice provided an electronic prescribing service (EPS) which enabled GPs to send prescriptions electronically to a pharmacy of the patient's choice.
- There were baby changing facilities and interpretation services were available.
- The practice held specialist consultant and nurse led diabetic clinics every two months to support patients with complex diabetes needs.
- There were accessible facilities for patients with a disability. This included disabled parking bays with level access to the building at the rear of the practice, a ramp to the front door, ground floor consultation rooms and automatic doors.
- The practice offered a variety of services including cervical screening, minor surgery and phlebotomy.

Access to the service

The practice reception was open between 8am and 7pm Monday to Friday. GP appointments were available from 9am to 12.30pm Monday to Friday and 4pm to 6.30pm Monday to Friday with the exception of Thursday when the last appointment was for 5.50pm. Extended hours appointments were offered at the following times: 6.30pm to 7pm on Mondays and Wednesdays. Routine appointments could be booked up to three months in advance via telephone or online.

The practice had recently joined Sandwell Health Partnership, a local GP federation. A GP federation is a group of general practices or surgeries that work together to share responsibility for delivering high quality, patient-focussed services for its communities. As part of the federation, the practices had set up access 'hubs' across the locality so patients could access appointments during the weekend. These appointments could be booked in advance by the surgery for patients who were unable to attend the practice during the week.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment were higher in comparison to local and national averages. For example:

Good

Are services responsive to people's needs?

(for example, to feedback?)

- 83% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and the national average of 76%.
- 91% of patients said they could get through easily to the practice by phone compared to the CCG average of 60% and the national average of 71%.

The practice had reviewed how they could improve patient satisfaction in relation to opening times. The practice told us they had seen an improvement in waiting times and this was reflected in the latest patient survey data of July 2017. For example:

- 39% of patients usually waited 15 minutes or more after their appointment time to be seen compared to the CCG average of 54% and the national average of 64%. This was an improvement on the previous results where the practice had achieved 69%.
- 33% of patients felt they normally have to wait too long to be seen compared to the CCG average of 46% and the national average of 58%. This was an improvement on the previous results where the practice had achieved 69%.

The two patients we spoke with also told us that they were able to get appointments when they needed them and had no difficulties in accessing the service.

The practice had a system in place to assess whether a home visit was clinically necessary and the urgency of the need for medical attention. 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. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits. On reviewing home visits, we found that three home visits requests had been made in the past three months; however we found no record of the home visits in the patients' clinical records and what action had been taken.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns.

- The practice's 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.

We looked at nine complaints received since December 2016; these had been well documented and included the recording of verbal complaints. We found evidence of learning being shared with staff and stakeholders to ensure quality of care was improved.

Are services well-led?

Inadequate

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

Our findings

At our previous inspection, we rated the practice as inadequate for providing well led services as clinical and managerial leadership was not effective and some areas of the practice governance arrangements needed improving. When we undertook a follow up inspection on 4 October 2017; we found some improvements had been made; however clinical leadership was still not effective and the practice continued to be rated as inadequate for providing well led services.

Vision and strategy

The practice had a mission statement which was displayed in the waiting area and on the staff noticeboard and staff knew and understood the values. The practice vision was to provide quality primary health care to patients. We spoke with five members of staff who told us the team generally worked well together and all staff were committed to providing a high quality service to patients. During the inspection practice staff demonstrated values which were caring and patient centred. Feedback received from patients was positive about the care received.

The future strategy of the practice centred on partnership working with other local practices as part of the local GP federation, Sandwell Health Partnership. The male GP partner was the chair for the partnership and we were told that regular meetings were held to discuss the collaborative working and new models of care.

Governance arrangements

Since our previous inspection, we found a governance framework had been implemented to support the delivery of the strategy and good quality care and some of the risks identified from the inspection in January 2017 had been actioned. However, governance arrangements did not operate effectively to monitor and manage the performance of the practice. For example:

- The practice was able to demonstrate some improvements in their performance. For example, the practice's overall achievement for the Quality Outcomes Framework (QOF) for 2015/16 was 78.3%. The practice had seen a decline in their achievements for 2016/17 where data provided by the practice showed they had achieved a total of 76.5%. Further data provided by the practice showed progress for the year 2017/18 with the practice currently having an achievement of 82%.
- We found the practice focused on improvements required, identified during inspection, but there was deterioration in other areas. For example, the service could not demonstrate effective management of monitoring of patients on high risk medicines.
- Staff did not follow the processes for security of patient data with smartcards being left in computers in unlocked consulting rooms.
- We found the security of emergency medicines was not effective with consulting rooms being unlocked where medicines were stored.
- The policy for the collection of prescriptions was not being adhered too.
- We found long term condition registers were not accurate due to coding issues and patients not receiving the appropriate reviews in line with national guidelines.

We found areas where the governance framework was effective. For example:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas such as minor surgery.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- At the previous inspection we found the practice did not have an effective and planned audit programme in place to continuously drive improvements. At this inspection we found the practice had completed a number of audits to review patients' care.

Leadership and culture

Staff told us the practice manager was approachable and always took the time to listen to all members of staff. Staff told us there was an open culture within the practice and they had the opportunity to raise issues at team meetings and were confident in doing so.

The provider was aware of 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). This included support training for all staff on communicating with

Are services well-led?

Inadequate

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

patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems to ensure that when things went wrong with care and treatment:

- There was a clear leadership structure in place and staff felt supported by the practice manager, but clinical leadership was not effective and needed strengthening.
- Staff told us there was an open culture within the practice and since the last inspection regular team meetings had been implemented and staff had the opportunity to raise any issues, discuss improvements at the practice and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, by the GPs and practice manager.
- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and health visitors to monitor vulnerable patients.
- Staff told us the practice held team meetings every two months and we saw minutes of meetings to confirm that regular meetings were in place.

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

The practice encouraged and valued feedback from patients and staff and results from the patient survey showed actions taken by the practice had shown improvement in patients satisfaction scores.

- The practice had a patient participation group (PPG). A PPG is a way in which the practice and patients can work together to help improve the quality of the service. We spoke with two members of the group who told us the group met on average four times a year.
- The latest friends and family test (FFT) results showed the practice had received 54 patient returns and 81% were extremely likely or likely to recommend the practice.
- The practice had gathered feedback from staff 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.

This section is primarily information for the provider

Enforcement actions

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 12 HSCA (RA) Regulations 2014 Safe care and treatment Care and treatment must be provided in a safe way for service users. **How this regulation was not being met:** The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular: • The provider had not complied with relevant guidelines for the monitoring of patients on high risk medicines. This was in breach of regulation 12(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance Providers must have effective governance, including assurance and auditing systems or processes. These must assess, monitor and drive improvement in the quality and safety of the services provided, including the quality of the experience for people using the service. The systems and processes must also assess, monitor and mitigate any risks relating the health, safety and welfare of people using services and others. **How this regulation was not being met:** • We found the practice did not have an effective system to facilitate the health reviews of patients, including people experiencing poor mental health and people

This section is primarily information for the provider

Enforcement actions

with long term conditions in line with best practice. This was reflected in the nationally reported data which showed the majority of patient outcomes were below local and national averages.

- Staff were not thoroughly following practice systems and processes. For example, smart cards were left in a clinic room and rooms were left unlocked where access to emergency medicines and patient identifiable data was accessible.
- The disease registers were not accurate, due to the inappropriate coding of patients records.

This was in breach of regulation 17(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.