Guildowns Group Practice

Quality Report

91-93 Wodeland Avenue
Guildford
Surrey
GU2 4YP
Tel: 01483 409309
Website: www.guildowns.nhs.uk

Date of inspection visit: 12 January 2017
Date of publication: 20/02/2017

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	Good
Are services safe?	Requires improvement
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Guildowns Group Practice on 23 February 2016. During this inspection we also inspected all three of the branch surgeries. The overall rating for the main practice and the branch surgeries was requires improvement. During the inspection we found breaches of legal requirements and the provider was rated as requires improvement under the safe and well led domain. Following this inspection the practice sent to us an action plan detailing what they would do to meet the legal requirements in relation to the following:-

- Ensuring that all complaints and safety incidents and their investigation were recorded.
- Ensuring that all complaints and safety incidents were investigated thoroughly. That patients affected received reasonable support and an apology and that learning was shared appropriately to support improvement.
- Ensuring recruitment arrangements included all necessary employment checks for all staff, including a Disclosure and Barring Service check or risk assessment.
- Ensuring that a system of annual staff appraisals was implemented and training completed was appropriate, including safeguarding.
- Ensuring that policies were up to date and specific to the practice.
- Ensuring action was taken to address concerns with fire safety and legionella as identified in the fire risk and legionella risk assessments.
- Ensuring that systems for storing medicines and vaccines safely were in place, in particular monitoring fridge temperatures.
- Ensuring systems were in place for the calibration of clinical equipment and portable electrical equipment was safe and used appropriately.
- Ensuring that the protocol for controlled medicine prescriptions was followed.
- Increase engagement with patients, for example by re-establishing a patient participation group to provide patient input to the practice.

The full comprehensive report on the February 2016 inspection outcome can be found by selecting the 'all reports' link for Guildowns Group Practice on our website at www.cqc.org.uk.

Summary of findings

This inspection to the main practice and the three branch surgeries was an announced focused inspection carried out on 12 and 13 January 2017. This inspection was to verify if the practice had carried out their action plan to meet the legal requirements in relation to the breaches in regulations that we had identified in our previous inspection on 23 February 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

We saw that the practice had made significant improvements since our February 2016 inspection. Overall the practice is now rated as good, however the safe domain is still an area which requires improvement..

Our key findings were as follows:

- There was an open and transparent approach to safety and an effective system in place for reporting, recording and investigating significant events. Learning was shared with appropriate staff to support improvement.
- Risks to patients were assessed and well managed. Including fire safety and legionella and the monitoring of fridge temperatures where vaccines were stored.
- Clinical equipment was calibrated and electrical equipment had been PAT tested.
- Recruitment checks were carried out in accordance with practice policy. Risks assessments where in place to determine whether a Disclosure and Barring Service (DBS) check was required.
- Policies were up to date and specific to the practice.
- All staff had received an annual appraisal and staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- 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 had re-established a patient participation group to provide patient input to the practice.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

We also found the practice had made improvements:-

- To patient telephone access to the practice and this was being monitored.
- To pro-actively identifying carers.

However, there was one area of practice where the provider needs to make improvements.

Importantly, the provider must:

- Ensure there is an efficient system across all four sites to securely track prescriptions for high risk medicines.

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 previous inspection in February 2016 the practice had made significant improvements. During our inspection in January 2017 we identified concerns with the security of prescriptions for high risk medicines at the main practice. The same concern had been found previously during our February 2016 inspection but at a different location. During the January 2017 inspection we saw this concern had been rectified and therefore the concern was considered new due to it being at a different location.

At the inspection on 12 January 2017, we found:

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.
- All appropriate building and equipment safety checks and risk assessments had been completed and there were action plans in place to implement actions that were identified.
- Blank prescription forms were stored securely and tracked within the practice across all four locations.
- At one site the protocol for controlled medicine prescriptions was not being followed.

Are services well-led?

Good

The practice is rated as good for being well-led.

Following our previous inspection in February 2016 the practice had made significant improvements. At the inspection on 12 January 2017, we found:

Summary of findings

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- 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 to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

Good

The provider had resolved the concerns for safety and well-led identified at our inspection on 12 January 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

- 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.
- The practice provided a frailty service. The practice kept a register of frail elderly patients and discussed these patients regularly with the community matron to avoid hospital admission where possible.
- The practice provided remote access lap-tops for GP use whilst visiting nursing homes. This meant that the GPs had access to the patients full medical records while they were in the nursing home.

People with long term conditions

Good

The provider had resolved the concerns for safety and well-led identified at our inspection on 12 January 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

- The practice performance for diabetic indicators was comparable with or above national and clinical commissioning group (CCG) averages. For example the percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c was 75 mmol/mol or less in the preceding 12 months was 92% compared to the national average 87% and CCG average 89%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.

Summary of findings

Families, children and young people

Good

The provider had resolved the concerns for safety and well-led identified at our inspection on 12 January 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

- 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. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- 80% of eligible female patients had a cervical screening test which was slightly below the CCG and national averages of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.

Working age people (including those recently retired and students)

Good

The provider had resolved the concerns for safety and well-led identified at our inspection on 12 January 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

- 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 reflects the needs for this age group.
- The practice offered electronic prescribing which enabled patients to collect their prescriptions from the pharmacists of their choice which could be close to their place of work.

People whose circumstances may make them vulnerable

Good

The provider had resolved the concerns for safety and well-led identified at our inspection on 12 January 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Summary of findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked 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.
- 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)

Good

The provider had resolved the concerns for safety and well-led identified at our inspection on 12 January 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

- 95% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is better than the national average of 84%.
- The practice performance for mental health indicators was above or comparable with national averages. For example 92% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan documented in the record, in the preceding 12 months, agreed between individuals, their family and/or carers as appropriate compared to a national average 88%.
- 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.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- 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.
- Staff had an understanding of how to support patients with mental health needs and dementia.

Guildowns Group Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was a CQC lead inspector.

Background to Guildowns Group Practice

Guildowns Group Practice is a large training practice providing services from four locations in Guildford. When we inspected in February 2016 the four locations were all registered separately with CQC so individual reports were produced for each location. Since our February 2016 inspection Guildowns Group Practice has changed its registration with CQC and now Wodeland Avenue is registered as the main location and the other three practices are registered as branches of Guildowns Group Practice. Due to the change in registration a single report will be published covering all four sites from the January 2017 inspection.

At the time of our inspection there was one GP registrar training with the practice. The practice is also providing training for two physician associates. (A training practice has GP trainees who are qualified doctors completing a specialisation in general practice.) Three of the locations are GP surgeries and the fourth is a university medical practice. There are approximately 25,200 patients on the group practice list and patients can chose to attend any of the four surgeries. The group practice has a lower than average number of patients from birth to 14 years and 40 to 80 years. The practice has a higher than average number of patients between 15 and 29 years, this is due to providing GP care on a university site.

The practice has eight partners, six salaried GPs (four male and 10 female), the hours worked by the GPs equate to 11.25 whole time equivalent GPs. They are supported by a pharmacist, a nurse practitioner, six practice nurses, four healthcare assistants/phlebotomists, a management team, administrative staff and patient services staff. The practice has been trying to recruit a practice manager for the last ten months; a practice manager has now been appointed and will be starting in March 2017. Most of the clinical staff and some of the non-clinical staff work across more than one location and staff can work across all four locations if required.

Wodeland Surgery is a purpose built surgery and approximately 7,500 patients are registered at this location. The Oaks is a converted residential property with approximately 4,000 patients registered. Stoughton Road is a converted shop with approximately 4,500 patients registered. The Student Health Centre is a purpose built property which is shared with other health and wellbeing services on the University of Surrey campus, with approximately 9,000 patients registered. The Oaks and Stoughton Road have higher levels of chronic illness than the other locations and The Student Health Centre patients are primarily 18-30 years old and are students and their families.

This service is provided at the following locations:

Wodeland Surgery, 91-93 Wodeland Avenue, Guildford, Surrey, GU2 4YP.

Opening times

Monday to Friday 8am to 6.30pm

Saturday 9am to 11.30am

Extended hours

Detailed findings

GP appointments 6.30pm to 7.30pm Monday evening; 7.30am to 8am Thursday morning. Phlebotomy appointments 7.30am to 8.30am Monday, Wednesday and Thursday mornings and nurse appointments 7.30am to 8.30am Thursday morning

The Oaks Surgery, Applegarth Avenue, Park Barn, Guildford, Surrey, GU2 8LZ.

Opening times

Monday, Wednesday, Thursday, Friday 8am to 6.30pm

Tuesday 8am to 12.30pm

Extended hours

Nurse appointments 7am and 8am Wednesday morning

Stoughton Road Surgery, 2 Stoughton Road, Guildford, Surrey, GU1 1LL.

Opening times

Monday , Tuesday, Wednesday, Friday 8am to 6.30pm

Thursday 8am -12.30pm

Extended hours

GP appointments and for phlebotomy 7am and 8am on a Monday morning

The Student Health Centre, Stag Hill, University of Surrey, Guildford, Surrey, GU2 7XH.

Opening times

Monday, Tuesday, Thursday, Friday 8am to 6.30pm

Wednesday 8am -12.30pm

When the surgeries are closed patients can be seen at the other locations. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them, although these may be offered at any of the four locations.

Patients requiring a GP outside of normal working hours are advised to contact the NHS GP out of hours service NHS 111. Patients are informed how to access this service through the practice website and leaflet and by a recorded telephone message if they call the practice outside normal working hours.

The practice has a Personal Medical Services (PMS) contract. PMS contracts are agreed between the practice and NHS England.

Why we carried out this inspection

We undertook a comprehensive inspection of Guildowns Group Practice on 23 February 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement. The full comprehensive report following the inspection on February 2016 can be found by selecting the 'all reports' link for Guildowns Group Practice on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of Guildowns Group Practice on 12 and 13 January 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

How we carried out this inspection

We carried out a focused inspection of Guildowns Group Practice on 12 and 13 January 2017.

During our visit we:

- Spoke with a range of staff (including GPs, nurses, administration and reception staff, managers).
- Visited all practice locations.

This involved reviewing evidence that:

- Relevant staff had now completed their required safeguarding training.
- Recruitment checks were being carried out in accordance with practice policy. Risks assessments where in place to determine whether a Disclosure and Barring Service (DBS) check was required and where appropriate these had been carried out including for all new staff.
- A system was now in place for annual staff appraisals and to monitor staff training.

Detailed findings

- Significant events were now being recorded and the learning from these events were shared appropriately to support improvement.
- Complaints were now investigated thoroughly, in a timely manner and patients that had been affected had received reasonable support and an apology and learning was shared appropriately to support improvement.
- Policies and procedures had been updated.
- Action had been taken to address concerns identified with regard to infection control and risk assessments including Legionella and fire safety.
- Blank prescription forms were now being stored and tracked securely.
- All appropriate building and equipment safety checks had been completed.
- The practice had established a face to face patient participation group.
- Vaccine fridge temperatures were now being monitored in accordance with public health guidelines.

Requires improvement

Are services safe?

Our findings

At our previous inspection on 23 February 2016, we rated the practice as requires improvement for providing safe services as the arrangements in respect of reporting and recording significant events, shared learning to support improvement, staff training, acting on risks identified, medicines management, recruitment and Disclosure and Barring Service checks were not adequate.

These arrangements had significantly improved when we undertook a follow up inspection on 12 January 2017, with the exception of the control of high risk medicine prescriptions at one site and therefore the practice is still rated as requires improvement for providing safe services.

Safe track record and learning

At our inspection in February 2016 we found that not all significant events were recorded and learning from significant event investigations was not shared widely enough to support improvement.

During our inspection in January 2017 we found there was an effective system in place for reporting and recording significant events.

- Staff we spoke with knew how to report significant events or incidents and they told us they felt confident to do so. We saw that there was a recording form available on the practice's intranet which was easily accessible to staff on all four sites.
- The practice had developed a central tracking system for significant events which all staff could access.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of significant events and the learning was shared appropriately with staff and other stakeholders to support improvement. We saw evidence that significant events meetings were held and significant events were a standing agenda item on all team meeting agendas. Staff we spoke with told us that they felt included in the analysis and learning from significant events.

Overview of safety systems and process

At our inspection in February 2016 we found that not all systems, processes and practices were in place to keep patients safe, including staff training, DBS and recruitment checks, infection control and medicines management.

During our inspection in January 2017 we found that the practice did have systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. Policies were easily accessible to all staff through the practice intranet. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three, nurses were trained to level two or above and all other staff had completed level one or above. The practice records showed that they had risk assessments in place to determine which staff needed a Disclosure and Barring Service (DBS) check and evidence that a DBS check had been completed for all appropriate staff. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones had been trained for the role and had had a Disclosure and Barring Service (DBS) check.
- We observed the premises to be clean and tidy. Since our February 2016 inspection the practice had changed their cleaning contractor. We saw evidence that the cleaning was monitored and the practice met regularly with the cleaning contractor. We noted that action had

been taken to resolve concerns raised at our February inspection. Infection control training had been completed by all staff at an appropriate level and cleaning equipment being stored appropriately.

- We saw evidence that blank prescription forms were stored securely and there was a system in place to track and monitor their use.
- Staff we spoke with told us that there was a protocol for high risk medicine prescriptions on each site. On one site we found that this protocol was not being followed and there were a number of gaps in the recording system for these prescriptions. The practice told us that since our February 2016 inspection they had been auditing these systems. When we brought our concerns to the notice of the practice they immediately made plans to review the systems across all four sites and issue revised guidance and update training for staff.
- Health Care Assistants (HCAs) were trained to administer vaccines and medicines against a patient specific prescription (PSD) or direction from a prescriber and we saw evidence that PSDs were in place prior to the medicine or vaccine being administered.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references and evidence that the appropriate checks had been undertaken through the Disclosure and Barring Service.

Monitoring risks to patients

At our inspection in February 2016 we found that risks to patients were assessed and well managed with the exception of site specific health and safety policies, completing actions identified by risk assessments, fire drills and equipment checks. The practice and staff we spoke with told us there were staff shortages in GPs and nurses.

During our inspection in January 2017 we found that risks to patients were assessed and well managed.

- We saw evidence that where appropriate there were location specific polices for each site. For example; health and safety policy and Legionella policy. The practice had action plans to ensure that actions identified in risk assessments were completed; including fire safety and Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). We saw evidence that evacuation fire drills were held at each site approximately every six months.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. The practice was aware that there had been a shortage of GPs and nurses and they had employed additional staff.

Arrangements to deal with emergencies and major incidents

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

Are services well-led?

Good

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

Our findings

At our previous inspection on 23 February 2016, we rated the practice as requires improvement for providing well-led services. This related to the review of policies and we found policies that were not site specific. We also found concerns relating to recruitment checks, staff training, fire and legionella risk assessments. Staff told us that some of the management team were not approachable and some staff were reluctant to raise concerns or report significant events. We also found there was little engagement with patients about their views on the practice, for example the practice participation group was not active.

We issued a requirement notice in respect of these issues and found arrangements had significantly improved when we undertook a follow up inspection of the service on 12 February 2017. The practice is now rated as good for being well-led.

Vision and strategy

During our inspection in January 2017 we found that since our last inspection the practice had reviewed and revised their strategy and business plans.

The partners had taken a very active role in restructuring the business plans and in how the practice ran day to day. There had been some major changes in the management team and the partnership. The practice had been recruiting for a practice manager for approximately ten months and had appointed a candidate who was due to start in March 2017.

Governance arrangements

At our inspection in February 2016 we found that the practice had an overarching governance framework which supported the delivery of the strategy and good quality care. However polices were not all practice specific and some were overdue a review. Not all staff knew how to access the policies and at times they were not available at the smaller sites due to IT problems. We also found that not all protocols were being followed and there were no clear systems for implementing mitigating actions that had been identified. Risks to patients were assessed and managed with the exception of those relating to recruitment check, staff training, fire and legionella risk assessments.

During our inspection in January 2017 we found;

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- A system to ensure polices were practice specific and regularly reviewed had been put in place. All policies had been recently reviewed and all staff could access the policies through the practice intranet. Staff we spoke with told us that it was easy to access the policies from all four sites.
- There were arrangements for identifying, recording and managing risks and issues. A system had been put in place for implementing mitigating actions with a designated manager and member of staff who were responsible, including for fire and legionella risk assessments.
- Risks to patients were assessed and managed. The practice had reviewed the recruitment policy and all appropriate recruitment checks had been completed for all staff employed since our February 2016 inspection.
- The practice had developed a staff training matrix which was reviewed weekly and reminders were sent out to staff that needed to complete training. The partners had placed a greater emphasis on training since our February 2016 inspection and had invested in developing staff to deliver internal training and external training. Staff we spoke with told us t they had benefited from the additional training they had received. This included training such as basic reception skills, reception excellence, organisational change, leadership and handling complaints. The staff we spoke with told us they felt motivated and were keen to develop their skill further through higher level training.

Leadership and culture

At our inspection in February 2016 the management team and partners in the practice told us they prioritised safe, high quality and compassionate care. However, staff we spoke with told us some of the management team were not approachable and did not listen to staff. They also told us that they did not feel supported by management and were reluctant to raise concerns or report incidents.

During our inspection in January 2017 we found;

- Staff we spoke with told us that the culture of the practice had changed completely since our inspection in February 2016. They felt that they were now part of a single team rather than four isolated sites; they told us

Are services well-led?

Good

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

that the GP partners were more approachable and visible in the practices and they felt they could approach the whole management team. Staff we spoke with also told us they felt confident to raise concerns or report incidents and were supported by the management team and the GP partners when they did.

- Staff said they felt respected, valued and supported, by the management team and partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve their own performance and the service delivered by the practice. The staff we spoke with told us that some of the changes, such as regular team and site meetings, and being included in discussions about all significant events and complaints, had made them feel more involved in the practice.

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

At our inspection in February 2016 we found there was little engagement with patients, there was not an active patient participation group (PPG) and the practice did not always respond to complaints in a timely manner. Staff we spoke with told us they were reluctant to give feedback and discuss any concerns or issues with the management team.

During our inspection in January 2017 we found;

- The practice had re-established their PPG. We saw evidence of one recent meeting and the agenda for a meeting which was scheduled in the next few weeks. We noted that the practice website had been updated with the correct contact information for patients who were interested in becoming part of the PPG.
- We saw evidence that a new system had been put in place to manage complaints and the complaints leaflet had been reviewed and redesigned. A central tracking system had been developed. There was also a named partner who had overall responsibility for complaints and a designated member of the administration team who supported the system. We looked at ten complaints received since our last inspection and found that these were all handled satisfactorily in a timely manner and there was openness and transparency in dealing with the complaint. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. We noted that signposting information was provided to the patient so they knew how to proceed should they not be satisfied with the response from the practice. Staff we spoke with told us that learning from complaints was shared with all staff and we saw that complaints were a standing item on team meeting agendas and we saw minutes of meetings where complaints had been discussed. We also noted that the practice reviewed and responded to comments on the NHS Choices website in a timely manner.
- The practice had gathered feedback from staff through meetings, appraisals and discussion. Staff we spoke with told us that previously they had been reluctant to give feedback or discuss any concerns or issues with the management team but now they felt confident to do so. They also told us they felt supported by their colleagues, the management team and partners.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice was taking part in a frailty programme and was part of a clinical commissioning group falls pilot scheme. The practice had invested in staff training and development for staff since our February 2016 visit which was over and above the mandatory training required. For example, training had included reception excellence for experienced patient services staff and leadership development for site managers and senior patient services staff.

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 Transport services, triage and medical advice provided remotely	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment We found evidence that the practice was not storing or monitoring signed repeat prescriptions for high risk medicines forms securely. This was in breach of regulation 12(1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.