

# LPS - The Surgery

## Quality Report

75-77 Cotterills Lane,  
Alum Rock, Birmingham  
B8 3RZ

Tel: 0121 327 5111

Website: [www.cotterillslanesurgery.nhs.uk](http://www.cotterillslanesurgery.nhs.uk)

Date of inspection visit: 25 January 2017

Date of publication: 08/06/2017

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?

Good 

Are services effective?

Requires improvement 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	11
Areas for improvement	11

### Detailed findings from this inspection

Our inspection team	12
Background to LPS - The Surgery	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14
Action we have told the provider to take	27

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at LPS – The Surgery on 25 January 2017. This inspection was in response to previous comprehensive inspections at the practice in February 2015 and May 2016, where breaches of the Health and Social Care Act 2008 were identified. You can read the report from our last comprehensive inspection on 25 January 2017; by selecting the 'all reports' link for LPS – The Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection on 25 January 2017 was undertaken to follow up progress made by the practice. Overall we found significant improvements had been made, but the practice continued to be an outlier for the Quality and Outcomes Framework (QOF) and other national clinical targets. However we saw evidence that the practice was working to address this and that some improvements

had been made on previous QOF achievements. QOF is a system intended to improve the quality of general practice and reward good practice. The practice is now rated as Good overall.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- Patients we spoke with on the day of the inspection were positive about the staff. We saw that staff were friendly and helpful and treated patients with kindness and respect.
- The practice had introduced a programme of audits that were driving improvements in patient outcomes.
- The practice had introduced a system to identify patients that were no longer living within the local area and who could be removed from the practice list in order to address the low uptake of clinical and national targets.

# Summary of findings

- There were clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- There were information leaflets available in various languages including Urdu and Romanian. The practice had a large number of Romanian patients on the practice list. To support this group of patients, the practice had interpreters available to aid patients during consultations.
- The provider was aware of and complied with the requirements of the duty of candour.
- There was a clear leadership structure and staff felt they were supported by the practice manager and GPs. The practice had set up a virtual patient participation group (PPG), which was in its infancy; there was evidence that the group was committed to working with the practice to improve the service.

The areas where the provider must make improvements are:

- Assess and monitor performance against national screening programmes and clinical targets to improve outcomes for patients.

The areas where the provider should make improvements are:

- Continue to develop the patient participation group and encourage more patients to join
- Review the current system of monitoring emergency medicines to ensure the recommended medicines are available at all times.

I confirm that this practice has improved sufficiently to be rated Good overall. I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by this service.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

Good



- There were systems in place for reporting incidents, significant events, near misses, as well as comments and complaints received from patients. The practice held monthly meetings to discuss lessons learnt and to implement action plans.
- Risks to patients were assessed and well managed this included health and safety risk assessments.
- On the day of the inspection we found that some of the recommended medicines required for emergency situations were not available. The practice acted on this immediately and we saw evidence to confirm that these were now in place.
- The practice had clearly defined and embedded systems, processes and practices in place to safeguarded people from abuse. Staff were able to explain the procedure for raising safeguarding concerns and how they would be dealt with. There was a safeguarding lead and all staff had received the appropriate training for their role.

### Are services effective?

Requires improvement



- Data showed that patient outcomes in a number of clinical areas were lower in comparison to the national average. At this inspection patient outcomes still remained lower than local and national averages for some clinical areas for example in diabetes and mental health, although some improvement had been made. The most recent published QOF results (2015/16) showed the practice had achieved 84% of the total points available, compared to the national average of 95%. This was an improvement on the previous results for (2014/15) where the practice had achieved 75% of the total number of points available.
- At the previous inspection, the practice told us that they believed the transient patients on the practice list may have been impacting on their QOF results, but they were unable to demonstrate how to identify these patients. At this inspection we found the practice had introduced a system and had removed 360 patients who were no longer living in the local area.

# Summary of findings

- Some multi-disciplinary meetings were taking place, but previously we had identified this was not happening for patients on the palliative care register. Since the last inspection the practice has introduced a schedule of regular meetings with community teams to ensure all patients are discussed.
- Systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- Staff worked with multidisciplinary teams in managing the needs of patients with long term conditions and complex needs and we saw evidence of meetings that had taken place on a quarterly basis.

## Are services caring?

Good



- The practice has seen an increase in patient satisfaction with the results from the latest national GP patient survey of July 2016 showed 86% of patients said the last GP they saw was good at involving them in decisions about their care. This was similar to the CCG average of 81% and the national average of 82%. Results from January 2016 showed a satisfaction score of 75%.
- Patients we spoke with said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- The practice's computer system alerted staff if a patient was a carer. The practice encouraged patients to notify them if they were a carer and since the May 2016 inspection where 27 patients were registered as carers (1% of the practice list), there had been an increase to 53 patients currently on the carers register. This represented 2% of the practice list.
- Notices in the patient waiting room told patients how to access a number of support groups and organisations.

## Are services responsive to people's needs?

Good



- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they met patients' needs. This included a wellbeing programme to support patients who wanted to lead a healthier lifestyle. We saw plans were in place to commence a diabetes

# Summary of findings

group session with the community diabetes service to offer support to patients who had recently been diagnosed, this included healthy lifestyle advice and an opportunity to discuss experiences with other patients.

- Patients could access appointments over the telephone, online or in person. Extended opening hours were also available.
- Results from the GP patient survey of July 2016 showed 86% of patients found it easy to get through to the practice by telephone. This was higher than the CCG average of 60% and the national average of 73%.
- There were longer appointments available for vulnerable patients, for patients with a learning disability, carers and patients experiencing poor mental health. Urgent access appointments were available for children and those with serious medical conditions
- Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

- The practice had a clear vision and strategy to offer quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- Staff said they were confident in raising concerns and suggesting improvements openly with the management team. Monthly practice meetings included agendas which staff could contribute to.
- The practice was receiving support from the local CCG to review systems and processes. The aim was to introduce effective governance arrangements to assess and manage risks and monitor the quality of the service provided.
- At the previous inspection we found the practice business develop plan needed to be strengthened to ensure continuity of service for the next three to five years. At this inspection we saw evidence that the practice had implemented a business development plan to monitor and review current and future service provisions.
- The provider was aware of and complied with the requirements of the duty of candour. The GP partners encouraged a culture of openness and honesty.
- The practice was proactively seeking feedback from patients and had set up a virtual patient participation group which was in its infancy. Notices in the waiting room were displayed in various languages to encourage patients to join.

Good



# 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 practice offered proactive, personalised care to meet the needs of the older people in its population. Care plans were in place for those at risk of unplanned hospital admissions.
- Patients who were discharged from hospital were reviewed to establish the reason for admission and care plans were updated. The practice worked closely with multi-disciplinary teams so patients' could be safely supported in the community.
- 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 immunisations.
- Patients aged over 70 years were able to order repeat prescriptions via the telephone.
- The practice had identified patients in need of palliative care and had set up a palliative care register. Data supplied by the practice showed there were eight patients on the register. Meetings with the Community Matron were held every three months.

### People with long term conditions

Requires improvement



- Nationally reported data from the Quality and Outcomes Framework (QOF) showed that the practice performance in relation to long term conditions varied. The practice told us this was partly due to the transient nature of the patient population and had overall improved from the previous year. For example, QOF data for 2014/15 showed the practice had achieved 53% for diabetes related indicators. The latest published data for 2015/16 for this indicator showed the practice had achieved 69%.
- The nurse had lead roles in chronic disease management and monitored and reviewed patients with long term conditions. Patients at risk of hospital admission were identified as a priority.
- Data provided by the practice showed 99% of diabetic patients had received a flu vaccination, which was comparable to the national average of 95%.
- The practice had organised a diabetes education sessions through the community diabetes programme. This was due to commence in February 2017 with monthly group sessions for newly diagnosed patients.

# Summary of findings

- Longer appointments and home visits were available when needed.
- 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. We saw evidence that multidisciplinary team meetings were held every three months.

## Families, children and young people

- 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. There were policies, procedures and contact numbers to support and guide staff should they have any safeguarding concerns about children.
- Appointments were available outside of school hours and the premises were suitable for children. Baby changing facilities were not available, but staff told us that a private room would be offered to parents. The premises were easily accessible for pushchairs.
- We saw positive examples of joint working with the midwives. The midwife provided antenatal care every week at the practice. The practice held regular meetings with the health visiting team and we saw evidence that the last meeting had been held in January 2017.
- The practice had organised a well-baby clinic with the support of the health visitors and there were notices in the waiting room advising patients that this service was commencing in February 2017. The notices were written in various languages to ensure all patients had the information on this new service.
- The nurse offered immunisations to children in line with the national immunisation programme. Immunisation rates were historically lower than national averages for all standard childhood immunisations.
- The practice's uptake for the cervical screening programme was 45% which was lower than the national average of 82%. The practice has consistently performed low in this area, but they continued to look at ways to improve uptake.

**Requires improvement**



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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted

**Good**



# Summary of findings

the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, the practice offered extended opening hours on a Wednesday evening from 6.30pm to 7.15pm. This benefited patients who were unable to attend the practice during normal opening hours.

- The practice website gave patients access to online services, including appointment bookings and ordering of repeat medicines.
- The practice offered electronic transfer of prescriptions (EPS) to local pharmacies and used a text messaging service to remind patients of their appointments.
- Data provided by the practice showed the vaccination uptake for mumps, measles and rubella for 16 to 45 year olds was 4.45% which was high than the CCG average of 0.22%.
- The practice provided a health check to all new patients and carried out routine NHS health checks for patients aged 40-74 years.

## People whose circumstances may make them vulnerable

- The practice held a register of patients living with a learning disability, frail patients and those with caring responsibilities and worked with other health care professionals in the case management of vulnerable patients.
- The practice offered longer appointments for people with a learning disability. Data provided by the practice showed that there were nine patients on the learning disability register and four had received their annual health checks within the last 12 months.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations and held meetings with the district nurses and community teams every three months.
- Drug misuse clinics were held three times a week to support patients and support workers were available to help patients with social needs.
- Since the previous inspection where we identified that the practice had not considered how to support patients with hearing difficulties, a hearing loop had been purchased and staff had recently completed visual impairment training to assist patients with sight difficulties.
- An interpreting service was available, this included Romanian interpreters to support the large community of Romanian patients registered at the practice.

Good



# Summary of findings

- 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)

- The practice regularly worked with multidisciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The latest QOF results for 2015/16 showed the practice had achieved 100% in dementia related indicators, with 0% exception reporting rate. This was comparable to the national average of 97%.
- Data provided by the practice showed 23 patients were on the mental health register and of those 21 patients had received a medication review in the past 12 months.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results showed the practice was performing above local and national averages for patient satisfaction. Three hundred and fifty six survey forms were distributed and 27 were returned. This represented 0.9% of the practice list.

- 86% 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 73%.
- 94% 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 81% and the national average of 85%.
- 98% of patients described the overall experience of this GP practice as good compared to the CCG average of 83% and the national average of 85%.

- 79% 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 74% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 22 comment cards which were all positive about the standard of care received.

We spoke with two patients during the inspection. The comments received were mixed in relation to different aspects of care. The latest results from the Friends and Family test showed 93% of patients would recommend the practice; this was based on 100 responses.

## Areas for improvement

### Action the service **MUST** take to improve

- Assess and monitor performance against national screening programmes and clinical targets to improve outcomes for patients.

### Action the service **SHOULD** take to improve

- Continue to develop the patient participation group and encourage more patients to join.
- Review the current system of monitoring emergency medicines to ensure the recommended medicines are available at all times.

# LPS - The Surgery

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

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

## Background to LPS - The Surgery

LPS – the Surgery, also known as Cotterills Lane Surgery is located in Alum Rock, Birmingham and has 2844 patients registered with the practice. The practice has a higher proportion of patients who are children and young people with 33% of the population being under the age of 18 years in comparison to the national average of 21%. The practice has a transient patient population with large numbers of refugees and Romanian patients who often lived in the area for a short while before moving away.

The practice holds a General Medical Services (GMS) contract with NHS England. A GMS contract ensures practices provide essential services for people with health issues including chronic disease management and end of life care.

The practice is located in a purpose built building and is in an area with high levels of social and economic deprivation, compared to England as a whole. The practice deprivation level is ranked as one out of 10, with 10 being the least deprived. The team consists of three GP partners (one male, two female). Two of the GP partners are full time and a third GP partner supports the practice when required. There is also a practice nurse, a practice manager, and a team of administrative and reception staff.

The practice is open between 8.30am and 6pm Mondays to Fridays except for Thursday afternoons when the practice closes at 1pm. Extended hours appointments are offered on Wednesday evenings from 6.30pm to 7.15pm. Emergency appointments are available daily and telephone consultations are also available for those who need advice. Home visits are available to those patients who are unable to attend the practice. When the practice is closed the out of hours service is provided by Primecare and the NHS 111 service.

## Why we carried out this inspection

At the first inspection in February 2015 the practice was rated as inadequate overall and placed into special measures due to insufficient governance arrangements being in place to regularly assess and monitor of the quality of services provided. At the following inspection in May 2016 we found that the practice had improved and was meeting requirements in relation to the breach identified in February 2015. However, the practice had not sufficiently improved in all areas and remained in special measures.

This inspection on 25 January 2017 was to review if the outstanding actions identified had been implemented. The inspection was planned to check whether the provider was meeting the regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the provider under the Health and Social Care Act 2008 and associated regulations.

# Detailed findings

## 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 25 January 2017. During our visit we:

- Spoke with a range of staff including GPs, practice nurse, practice manager and reception staff and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients shared their views and experiences of the service.
- Reviewed some of the practice's policies and procedures

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

There was an open and transparent approach for reporting incidents and significant events, staff told us they were encouraged to report any significant events and near misses and were aware of the process for doing so.

- 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).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received 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 the significant events and held monthly meetings to discuss incidents, significant events and any safeguarding concerns. We reviewed two significant events that had occurred in the past 12 months. We saw that lessons learnt had also been shared with the practice team and action was taken to reduce the risk of re occurrence. For example, as a result of a breach in confidentiality that had occurred, all staff had received information governance training in November 2016. Significant event records were well organised, clearly documented and continually monitored. The practice reported significant events to the local Clinical Commissioning Group (CCG) via the Datix system. Datix is a patient safety and risk management software for the reporting of incidents and adverse events.
- The practice had a system in place to ensure all patient safety alerts including alerts received from the Medicines and Healthcare products Regulatory Agency (MHRA) were reviewed, actioned and discussed. We saw evidence of an alert that had recently been received and acted on. The alert was for Spironolactone medicine (used for water retention) and the contraindications if

patients were also taking tacrolimus medicine (used to prevent organ transplant rejection). The practice had carried out an audit to ensure no patients were on these medicines.

### Overview of safety systems and processes

The practice had clearly defined and embedded 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. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GP attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. The GPs and locum practice nurse were trained to child safeguarding level three.
- All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the GP partners was the infection control clinical lead, with the practice manager as the deputy and liaised with the local infection prevention teams to keep up to date with best practice.
- There was an infection control protocol in place and staff had received regular training. Annual infection control audits were undertaken. The last audit had been completed in January 2017; the practice scored 94%. We saw evidence of an action plan to address improvements identified and confirmation that some of the actions had been completed as a result. Control of Hazardous Substances (COSHH) data sheets were in place for cleaning agents. Clinical waste bags were handled appropriately; however, we did find the clinical waste bin unsecure. The practice acted immediately to address the issue.

## Are services safe?

- The practice kept records to support that staff were up to date with all the immunisations recommended for working in general practice. The practice kept a record of staff immunisation status for Hepatitis B and for other recommended immunisations such as mumps and rubella (MMR) vaccines.
- The arrangements for managing medicines, including vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal).
- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy team, to ensure prescribing was in line with best practice guidelines for safe prescribing. For example: The practice had historically been the lowest of all the practices within the clinical commissioning group (CCG) for antibiotic prescribing.
- Blank prescription stationery was 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. (PGDs provide a legal framework that allows health professionals to supply and/or administer a specified medicine to patients, without them having to see a doctor).
- The vaccination fridge temperatures were recorded and monitored in line with guidance by Public Health England.
- Staff had access to personal protective equipment including disposable gloves, aprons and coverings. There was a policy for needle stick injuries and staff knew the procedure to follow in the event of an injury.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

Risks to patients were assessed and appropriately managed.

- The practice had introduced formal governance arrangements to manage and assess risks and monitor

the quality of the service it provided. There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy, completed risk assessments including infection control and evidence of safety checks. The last health and safety risk assessment had been completed in December 2016. An action plan was in place and we saw actions identified, had been completed. For example, sharp corners on seats, next to the entrance door had been identified as being a potential area to cause injury to children. The practice had actioned this and had the sharp corners rounded off to minimise the risk of injury.

- There were effective systems in place for the management of risks to patients and to respond to medical emergencies.
- Due to issues identified by the practice with inconsistencies in letters received from secondary care, the practice had implemented a system to ensure inconsistencies were reported to the secondary care provider. The practice had liaised with various departments including the renal team for certain medicines to be monitored and prescribed in secondary care for complex renal patients to ensure patients were being monitored effectively.
- The practice had up to date fire risk assessments and carried out regular fire alarm tests. The latest risk assessment had been completed in October 2016. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment were checked to ensure they were working properly. The practice had carried out risk assessments for legionella (legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- A system was in place for all the different staffing groups to ensure enough staff were on duty to meet patients' needs.

### 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 alert system in place in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training. The practice had a defibrillator and oxygen with adult and

## Are services safe?

children's masks these were regularly checked to ensure they were in date and in good working order. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. However, we identified that some of the recommended medicines to treat emergencies were not available. We discussed this with the GP partners and emergency medicines were purchased immediately.

- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and a copy was held remotely by the GP and practice manager.

# Are services effective?

(for example, treatment is effective)

## Our findings

At our previous inspection on 9 May 2016, we rated the practice as inadequate for providing effective services as the arrangements in respect of the management and monitoring of outcomes for patients were not adequate.

These arrangements had improved, but outcomes for clinical targets and national screening were still below local and national averages when we undertook a follow up inspection on 25 January 2017. The practice is now rated as requires improvement for providing effective services.

### Effective needs assessment

The practice assessed the needs of their patients and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.

### Management, monitoring and improving outcomes for people

During previous inspections we had found that the practice's Quality and Outcomes Framework (QOF) achievements had been historically low in comparison to other practices in the local area and compared to practices nationally. (QOF is a system intended to improve the quality of general practice and reward good practice). During this inspection the practice was able to demonstrate that this was now improving year-on-year. Data from 2015/2016 showed an improvement on the previous 2014/2015 data, for example mental health related indicators for 2014/15 showed the practice had achieved 68% of the total points available, in comparison to the 2015/16 data which showed an achievement of 89%. The practice told us that the patient demographics incorporated a highly transient population such as refugees and patients from the Romanian community who formed 18% of the patient list size. At this inspection, we found the practice had introduced a system to review the current list size and remove patients who were no longer in the area. As a result 360 patients were removed from the practice list.

The practice continued to be an outlier for QOF as well as other clinical targets in areas such as

diabetes, hypertension and cervical screening. The practice performance remained low in these areas in comparison to the CCG and national averages, but had seen an improvement on the 2014/15 achievement of 75%. For 2015/16 the practice had achieved 84% of the total QOF points available. This was lower than the CCG and national average of 95%. Exception reporting rate was 18.5% which was higher than the CCG and national average of 10%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients were unable to attend a review or if certain medicines could not be prescribed because of side effects. Usually lower exception reporting means that more patients are treated).

Data from 2015/16 showed:

- Performance for overall diabetes related indicators was 69% which was lower than the CCG average of 91% and national average of 90%. Exception reporting rate was above CCG and national averages for seven out of the 11 diabetes indicators. For example: the exception reporting rate for patients with diabetes, on the register, in whom the last blood pressure reading measured in the last 12 months was 140/80 mmHg or less was 23%, in comparison to the CCG average of 9% and the national average of 9%. The practice had seen an increase in achievement since 2014/15 results, where the overall performance for diabetes indicators was 53%.
- Performance for overall mental health related indicators was 89% which was comparable to the CCG average of 92% and national average of 93%. Exception reporting rate was comparable for three out of the seven indicators. For example: the exception reporting rate for patients with mental health needs who had a record of blood pressure in the last 12 months was 10%, in comparison to the CCG average of 8% and the national average of 9%. The practice has seen an increase in achievement since 2014/15 results, where the overall performance for mental health related indicators was 68%.
- Performance for hypertension indicators was 67% which was lower than the CCG average of 97% and the national average of 97%. Exception reporting rate was higher in one of the two indicators. For example: the exception reporting rate for patients with hypertension in whom the last blood pressure reading measured in the past 12 months was 150/90 mmHg or less was 13%,

# Are services effective?

## (for example, treatment is effective)

in comparison to the CCG average of 4% and the national average of 4%. The practice has seen decrease in achievement since 2014/15 results, where the overall performance for hypertension related indicators was 73%.

The practice had a programme of regular clinical audits, this included an audit to review areas identified for improvement at the previous inspection in May 2016. We reviewed two audits where improvements had been implemented and monitored. For example, a clinical audit was completed for patients on a medication to relieve nausea and vomiting, which had been identified as causing a small increase in side effects relating to the heart. The audit was carried out in February 2016 had identified three patients. Two patients had had the medication stopped and the third patient was under review at the hospital. A second search was carried out in April 2016 which identified no patients were on the medicine.

The practice participated in local audits, national benchmarking, accreditation, peer review and research. For example, we saw the practice had taken part in an analysis of their records to ensure patients conditions had been appropriately coded for consistency in the monitoring and management of patients.

### Effective staffing

Staff demonstrated they 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, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice had supported clinical staff members through training courses. For example, nurses were supported to attend study days, such as updates on immunisations and cervical screening.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes. For example by access to on line resources and discussions at practice meetings.
- Staff received regular reviews, annual appraisals and regular supervision. There was support for the

revalidation of doctors and the practice was offering support to the nurses with regards to revalidation. The GPs told us that they were up to date with their yearly continuing professional development requirements.

- Staff had received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

### 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.
- The practice held palliative care meetings every three months with other healthcare professionals. The care and support needs of patients receiving end of life care as well as their families was discussed and we saw minutes in place to support this.
- Where appropriate the practice shared information with the out of hours services so that they were aware of patients who might contact the service to ensure continuity of their care.

### Consent to care and treatment

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

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

# Are services effective?

## (for example, treatment is effective)

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- Patients' consent to care and treatment was sought in line with legislation and guidance. The process for seeking consent was monitored through records of audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

### 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 advice. Patients were also signposted to relevant services.
- The practice had organised diabetes education sessions through the community diabetes programme. This was due to commence in February 2017 with monthly sessions for newly diagnosed patients.
- The practice had taken part in the clinical commissioning group diabetes prevention programme which involved identifying patients between 40 to 74 years of age whose blood tests results showed they were within the pre-diabetes range. The practice identified 49 patients and all patients were invited to attend a consultation with the GP for further management.
- The practice had run a campaign to identify all patients where were 30 years of age and above who had a cholesterol level greater than five to calculate their 10 year cardiovascular disease (CVD) risk. The practice had identified 103 patients and those with a 10% or more chance of developing CVD were invited to see the GP for lifestyle counselling and intervention of which there were 30 patients. Seven patients attended their appointments.

The practice's uptake for the cervical screening programme was 45%, which was lower than the national average of 82%. The exception reporting rate was 34% in comparison to the CCG average of 8% and the national average of 7%. The practice had not seen an improvement in uptake from the last inspection where 58% had attended cervical screening. The practice had spoken with local church

leaders to try and encourage patients to attend and a female sample taker was available. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. This included initial telephone reminders and three reminder letters. The practice also used information in different languages to encourage uptake. Romanian interpreters were available and were also used opportunistically when patients came to their consultations to help staff translate information about cervical screening. 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 but results were lower than the CCG and national averages. For example:

- 34% 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 69% and the national average of 72%. The practice had seen an increase from the 2014/15 results where the practice had achieved a 23% uptake.
- 17% of patients aged 60-69 years, had been screened for bowel cancer in the last 30 months compared to the CCG average of 50% and the national average of 58%. The practice had seen an increase from the 2014/15 results where the practice had achieved a 15% uptake.

Due to the low numbers, the practice had completed an audit with Cancer Research UK to identify ways to improve uptake, this included follow up of patients who did not attend appointments, but the practice told us that the demographics of the local population impacted on uptake.

Childhood immunisation rates for the vaccinations given were lower than the national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 55% to 82% compared to the national standard of 90%. For five year olds the rates ranged from 69% to 92% compared to the national average of 81% to 95%. Data provided by the practice since the inspection showed the practice had achieved 70% for childhood immunisations for children under the age of three years from July 2016 to December 2016. This was still lower than the national average of 90%.

## Are services effective?

(for example, treatment is effective)

Due to the low uptake of childhood immunisations, the practice told us they had spoken with the local church leaders to ask for assistance in encouraging patients to attend their appointments and a well-baby clinic was due to commence in February 2017 with the support of the health visiting team to encourage parents to bring their children for review and also raise awareness of immunisations. We saw posters in the waiting room advertising the baby clinic in a variety of languages.

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 of age. The new practice nurse had commenced in September 2016 and was now offering this service to patients. Data supplied by the practice showed there were 657 patients who were in this category and a total of 39% had received a health check. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

At our previous inspection on 16 May 2016, we rated the practice as requires improvement for providing caring services as the results from the national patient survey were mixed and showed consultations with the GP were lower than the local and national averages and the practice had not considered ways in which to support patients with hearing difficulties.

These arrangements had significantly improved when we undertook a follow up inspection on 25 January 2017. The practice is now 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 advised that a private room was always offered to patients who wanted to discuss sensitive issues or appeared distressed.

All of the 22 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said the GPs listened and gave enough time to discuss concerns and staff were helpful and polite and treated them with dignity and respect. Comment cards also highlighted that staff responded compassionately when patients needed help and provided support when required.

Results from the national GP patient survey published in July 2016 showed patients felt they were treated with compassion, dignity and respect. The practice satisfaction scores on consultations with GPs were lower than the Clinical Commissioning Group (CCG) and national averages, but an improvement on the January 2016 results. For example:

- 82% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 85%. This showed an improvement on the January 2016 GP patient survey where the practice had achieved 76%.
- 82% of patients said the GP was good at listening to them compared to the CCG average of 88% and the national average of 89%. This showed an improvement on the January 2016 GP patient survey where the practice had achieved 74%.
- 83% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%. This showed an improvement on the January 2016 GP patient survey where the practice had achieved 70%.
- 88% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%. This showed an improvement on the January 2016 GP patient survey where the practice had achieved 82%.

Results for consultations with nurses varied in comparison to the CCG and national averages. For example:

- 93% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 89% and the national average of 91%.
- 79% of patients said they had confidence and trust in the last nurse they saw compared to the CCG average of 97% and the national average of 97%.

Results for helpfulness of receptionists were higher than the CCG average and national average. For example:

- 100% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% 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 positive and aligned with these views. We also saw that care plans were personalised.

## Are services caring?

Results from the national GP patient survey showed results were comparable to the CCG and national averages for questions about patient involvement in planning and making decisions about their care and treatment. For example:

- 89% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and the national average of 86%.
- 86% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and the national average of 82%.
- 94% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 83% and the national average of 85%.

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. Romanian interpreters were available at the practice to offer support and advice to the large number of patients of Romanian patients registered at the practice. A British sign language interpreter could also be arranged when required.
- Since the previous inspection where we identified that the practice had not considered how to support patients

with hearing difficulties, a hearing loop had been purchased and staff had recently completed visual impairment training to assist patients with sight difficulties.

- Information leaflets were available in easy read format and in a range of languages and posters in the waiting room were also in various languages.

### **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. There were 53 patients on the practice's register for carers; this was 2% of the practice list. This was an improvement since the last inspection in May 2016 when 27 patients had been identified as carers (1% of the practice list). Written information was available to direct carers to the various avenues of support available to them as well as information posters and further information on the practice website.

Staff told us that if families had suffered bereavement, the practice sent a bereavement card contacted the family to offer support and advice.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### 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.

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, online and face to face.
- The practice offered extended opening times to see a GP on a Monday from 6.30pm to 7.15pm on Wednesday. This would benefit working patients who could not attend during normal opening hours.
- A practice website had been implemented which included a range of information on services available and support groups. Patients could register for online services including the booking of appointments and the ordering of repeat medicines.
- The practice offered telephone consultations for patients who needed advice over the phone. Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Substance misuse clinics had been set up and were offered to patients who needed support three days a week.
- A programme for newly diagnosed diabetic patients was due to commence in February 2017 to offer patients advice and support
- There were longer appointments available for people with a learning disability, for carers and patients experiencing poor mental health.
- Same day appointments were available for children and those patients with medical problems who required same day consultations.
- There were vaccination clinics for babies and children and patients were also able to receive travel vaccinations available on the NHS. For vaccines only available privately, patients were referred to other

clinics. To ensure patients had access to travel vaccinations at short notice, the practice had purchased a number of vaccines including Hepatitis A, Typhoid and Poliomyelitis.

- A new well baby clinic was due to start in February 2017 run by the health visitor to offer support and advice to parents.
- The practice was accessible for patients with mobility needs; there were no baby changing facilities available. However, the staff told us if patients required somewhere for breastfeeding or for baby changing a private room would be offered.
- There were translation services available, including Romanian interpreters to support the large number of Romanian patients registered at the practice.
- The practice had been successful in securing funding from the clinical commissioning group (CCG) for the provision of some services not available at the practice.
- The practice offered a variety of services including cervical screening and phlebotomy (taking blood for testing).
- The practice offered a range of services to support the diagnosis and management of patients with long term conditions for example, diabetes health checks.

### Access to the service

The practice was open between 8.30am and 6pm Mondays, Tuesdays, Wednesdays and Fridays and 8.30am to 1pm on Thursdays. Appointments were available Monday to Friday mornings from 9.30am to 11.50am and Monday, Tuesday and Friday afternoons from 2.30pm to 4.50pm On Wednesday afternoon's appointment were available from 3pm to 6.20pm. The practice was not open on Thursday afternoons. The practice offered extended opening hours on Wednesdays from 6.30pm to 7.15pm. Appointments could be booked on the day, pre bookable appointments were available for patients who were at work or if the GP required the patient to return on a specific date. Urgent appointments were also available on the day for patients that needed them. When the surgery was closed the out of hours service was provided by Primecare.

Due to the high number of patients not attending their appointments, the practice had reviewed the current appointment system and introduced a book on the day system. This resulted in a reduction of unattended appointments from 31% to 11%. The practice continued to monitor the effectiveness of the current system.

# Are services responsive to people's needs?

(for example, to feedback?)

Results from the national GP patient survey published in July 2016 showed that patients' satisfaction with how they could access care and treatment were higher than the CCG and national average. For example:

- 94% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and the national average of 76%.
- 86% 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 73%.

All of the 22 comment cards we received reflected the patient survey results. The practice regularly reviewed the Friends and Family test results and had an action plan in place. The practice had seen an increase in the satisfaction scores from patients. For example, results from March 2016 showed 67% of patients were extremely likely to recommend the practice and results from September 2016 showed this had increased to 89%.

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.

## Listening and learning from concerns and complaints

The practice had introduced an effective system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice leaflet guided patients to contact the practice manager to discuss complaints.
- 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 five complaints received from April 2016 to October 2016 and saw that these were dealt with in a timely way. Lessons were learnt from individual concerns and complaints. Action was taken as a result to improve the quality of care. We saw in meeting minutes that learning was shared with staff and where required action was taken to improve safety in the practice.

# 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 16 May 2016, we rated the practice as requires improvement for providing well led services as the governance arrangements including, management and monitoring of patient outcomes, engaging and seeking feedback from patients and the strengthening of the business development plan needed improving.

These arrangements had improved when we undertook a follow up inspection on 25 January 2017. The provider is now rated as good for providing well led services.

### Vision and strategy

As a result of previous comprehensive inspection at the practice in February 2015 the practice was rated as inadequate overall and placed into special measures. A further inspection was carried out in May 2016 where we found that the practice had improved and was meeting requirements in relation to the breach identified in February 2015. However, the practice had not sufficiently improved for the effective domain with a breach related to the provider did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. This meant that the practice was still rated as inadequate for the effective domain and requires improvement overall and remained in special measures. The practice had received support from the Clinical Commissioning Group (CCG) and a local practice to help improve systems and processes. This had resulted in the practice having a clearer vision and strategy to provide quality care to patients. The practice had a mission statement to deliver excellent primary care services for patients, which had been shared with the staff.

We spoke with four members of staff who spoke positively about working at the practice and demonstrated a commitment to providing a quality service to patients.

The practice had clear plans in place for the services offered to patients and we saw evidence of changes being implemented. A business development plan was in place and was reviewed regularly.

### Governance arrangements

At the inspection in May 2016 the practice had developed and were embedding an overarching governance

framework. At this inspection we found governance arrangements had improved and this was helping to support the delivery of the strategy and good quality care. The structures and procedures in place ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Policies and procedures were well organised and available on the practice intranet. Staff who we spoke with said policies were easily accessible and demonstrated that they understood key policies such as whistleblowing and safeguarding.
- A programme of clinical and internal audits was used to monitor quality and to make improvements.
- There were arrangements in place for identifying, recording and managing risks. Comprehensive risk assessments were in place for health and safety, fire and infection control and these were well monitored.
- The practice remained an outlier for QOF and other national clinical targets in areas such as diabetes, hypertension and cervical screening. However, we saw evidence that practice was working to address this and that some improvements had been made on previous QOF achievements.
- A programme of auditing had been introduced to ensure quality improvement was being implemented and monitored on a regular basis.
- Discussions with staff demonstrated that they were aware of their own roles and responsibilities as well as the roles and responsibilities of their colleagues. For instance, staff who we spoke with were aware of who the practice leads were for safeguarding concerns confidentiality queries and infection control guidance.
- The practice held regular meetings; these included monthly meetings for all staff to discuss significant events and complaints. Multidisciplinary (MDT) meetings were held every three months. All meetings were governed by agendas and meetings were clearly minuted, action plans were produced and lessons learnt were discussed and documented.

### Leadership and culture

On the day of inspection the GP partners told us they prioritised safe and compassionate care. The practice manager and GPs formed the management team at the practice. Staff told us that it was a team environment. and the practice manager and GPs were approachable and listened to them.

# Are services well-led?

Good 

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

The practice manager had been supported by the Clinical Commissioning Group with the assistance of another practice manager to implement and review current systems and processes. This included the implementation of risk management procedures, effective recruitment checks; and formal staff meetings governed by an agenda which staff could contribute too. The practice manager had also reviewed patients' comments and supported the newly formed virtual patient participation group (PPG).

Staff who we spoke with confirmed that they were actively encouraged to raise concerns and demonstrated that they were aware of the practice's open door policy. Staff spoken to also said they could suggest improvements openly with the practice manager and GPs.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence.

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

The practice encouraged and valued feedback from patients. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The response rate for the national patient survey had been 8% compared to the previous response rate of 9%. The practice attributed this to the ethnic mix of patients with many patients not speaking English as their first language. The practice had reviewed the results from the Friends and Family test and had produced an action plan to improve patients' views. Complaints had also been reviewed and lessons learnt had been shared with the staff.

- A virtual PPG had been set up since the last inspection in May 2016 and was still in its infancy. The current group consisted of five members. The practice told us that efforts to encourage more patients to join were on going and we saw information on display in various languages in the waiting room.
- Staff meetings were held every month to discuss complaints and significant events. Staff told us they had been kept up to date with the changes and developments in the practice.
- The practice manager had a system for monitoring staff development and was completing regular staff reviews.

## Continuous improvement

Since the comprehensive inspection on 9 May 2016 the practice had been on a journey to improve patient outcomes, and the quality of services provided. There was evidence that the practice had made improvements and addressed some of the actions identified. The practice had implemented the following:

- QOF and other national targets were still an area for improvement, although evidence was seen to show this was a work in progress, with results in some clinical domains showing an increase year on year.
- Processes were in place to ensure effective monitoring of risks.
- Audits had been completed to demonstrate quality improvement this was with the support of a neighbouring practice and the CCG. For example: the practice had implemented a system to monitor if patients were still living in the local area and had not moved away.
- Policies and procedures were in place to support and guide staff and there were regular staff meetings with formal agendas to ensure effective communication within the team.
- The practice had engaged with community services to improve patient outcomes, this included plans for a baby clinic run by the health visiting team and monthly diabetes sessions for newly diagnosed diabetic patients.
- Ongoing improvements were being done to the surgery website to ensure patients had up to date information and ease of access to online systems including medical records summaries.

## 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 Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Providers must assess the risks to people's health and safety during any care or treatment and make sure that staff have the qualifications, competence skills and experience to keep people safe. Medicines must be supplied in sufficient quantities, managed safely and administered appropriately to make sure people are safe. Providers must prevent and control the spread of infection.</p> <p><b>How this regulation was not being met:</b></p> <ul style="list-style-type: none"><li>• The practice continued to be an outlier for QOF (or other national) clinical targets in diabetes, hypertension and cervical screening. The practice remained significantly lower in the areas when compared with both the CCG and national averages.</li></ul> <p>Regulation 12(2)</p>