Hendon Way Surgery

Inspection report

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

Ratings

Overall rating for this location	Good
Are services safe?	**Good**
Are services effective?	**Good**
Are services caring?	**Good**
Are services responsive?	**Requires improvement**
Are services well-led?	**Good**

Overall summary

This comprehensive inspection was undertaken on 12 July 2018 following a period of special measures, the practice is now rated as overall good. (Previous rating October 2017 – *Inadequate*)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Requires Improvement

Are services well-led? - Good

We had previously carried out an announced comprehensive inspection at Hendon Way Surgery on 11 October 2017. Overall the practice was rated as inadequate and placed in special measures. We identified concerns with regards to safe, effective, responsive and well-led care provided by the practice.

We served warning notices under regulations 17 (good governance) and 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The report for the comprehensive inspection can be found by selecting the 'reports' link for Hendon Way Surgery on our website at: .

The practice sent us a plan of action to ensure the service was compliant with the requirements of the regulations. We undertook a focussed inspection on 19 March 2018 to review the breaches of regulation identified at the inspection in October 2017 and to ensure the service had made improvements in line with the Warning Notices we had issued. At the focussed inspection we found that the practice was compliant with the regulatory breaches we identified at the comprehensive inspection in October 2017. The report for the focussed inspection can be found by selecting the 'reports' link for Hendon Way Surgery on our website at:

This report relates to the follow up comprehensive inspection carried out on 12 July 2018. At the inspection in July 2018 we found that the practice had made significant improvements overall.

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

- There was a comprehensive system in place to ensure the safe management of high risk medicines.
- Improvements to governance systems had been made. For example, the practice was able to provide evidence that processes for managing uncollected prescriptions and patient safety alerts had improved and staff were adhering to the revised protocols.
- Systems for managing staff training and induction were significantly improved.
- Patient feedback in relation to GP and Nurse consultations had improved, however patient feedback relating to access to the service was below local and national averages.
- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- 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.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.

The areas where the provider **should** make improvements are:

- Improve how patients with caring responsibilities are identified and recorded on the patient record system to ensure information, advice and support is made available to them.
- Continue to review the processes for improving the uptake of child immunisations, cervical screening, bowel cancer screening and breast cancer screening.
- Review processes with a view to improve patient satisfaction around access to the service and clinical consultations with GPs and nurses.

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

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

Population group ratings

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

Our inspection team

Our inspection team was led by a CQC inspector**.** The team included a GP specialist adviser, a practice nurse specialist adviser and a practice manager adviser.

Background to Hendon Way Surgery

Hendon Way Surgery is located in the London Borough of Barnet within the NHS Barnet Clinical Commissioning Group. The practice holds a General Medical Services contract (an agreement between NHS England and general practices for delivering primary care services to local communities). The practice provides a full range of enhanced services including childhood immunisation and vaccination, meningitis immunisation, extended hours access, dementia support, influenza and pneumococcal immunisations, learning disabilities support, rotavirus and shingles immunisation and unplanned admissions avoidance.

The practice is registered with the Care Quality Commission to carry on the regulated activities of family planning, maternity and midwifery services, treatment of disease, disorder or injury and diagnostic and screening procedures.

At the inspection on 11 October 2017, the clinical team at the practice included four GP Partners (two females, two males), one locum practice nurse (female) and one full-time midwife (female). As part of the practice's plan to improve services following being placed into special measures the leadership team began recruitment to expand the clinical team. A full-time practice nurse (female), and a full-time healthcare assistant (male) and were recruited. In addition, the practice was recruited a locum phlebotomist (male) and were in the process of recruiting an Advanced Nurse Practitioner to join the clinical team.

At the inspection on 11 October 2017, the non-clinical team at the practice included one practice manager, an interim practice manager covering maternity leave, and seven administrative staff. As part of the practice's plan to improve services following being placed into special measures, the leadership team recruited two additional members of non-clinical staff. There were nine administrative staff employed by the practice at the inspection in July 2018.

The practice is open Monday to Friday from 8am to 6.30pm. Phones lines are closed daily between 1pm and 2pm and covered by the practices out of hours provider during this time. The surgery closes every Wednesday between 12.30pm and 2pm for training purposes.

Extended hours access is available Monday to Friday from 6.30pm to 7.10pm for pre-booked appointments.

Urgent appointments are available each day and GPs also provide telephone consultations for patients. An out of

hour's service is provided for patients when the practice is closed. Information about the out of hour's service is provided to patients on the practice website and the practice phone system.

Good

Are services safe?

We rated the practice as good for providing safe services.

At our previous comprehensive inspection on 11 October 2017 the practice had been rated as Inadequate for providing safe services.

Specifically, at that time we found that:

- **There was a system in place for reporting and recording significant events and staff understood their responsibilities in relation to reporting significant events. However, when things went wrong lessons learned were not communicated widely enough to support improvement.**
- **Although risks to patients were assessed, the systems to address these risks were not implemented well enough to ensure patients were kept safe. This included the system for managing high risk medicines which was inadequate and uncollected prescriptions.**
- **We saw evidence of effective protocols in place for child safeguarding. However, we were not assured that adult safeguarding protocols were effective.**
- **Blank prescription forms and pads were securely stored however there were no systems to monitor their use.**

At our comprehensive inspection on 12 July 2017 we found that a number of improvements had been made. There was a significant amount of improvement made overall which resulted in the practice being rated as good for providing safe services.

Safety systems and processes

At the comprehensive inspection in October 2017 we identified that the systems for managing significant events and safeguarding was ineffective. For example, we found that learning from significant events was not shared and safeguarding measures were inadequate.

At the comprehensive inspection in July 2018, following a period of special measures, we were provided with evidence that the systems for managing significant events and safeguarding had been improved. For example:

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

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. We saw evidence that all staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Reports and learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for their role and had received a 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.
- We saw evidence that alerts on the clinical system were used to notify staff of vulnerable patients.
- We reviewed the system for managing significant events and found clear evidence of shared learning. For example, we reviewed minutes from clinical meetings and practice meetings where learning from significant events was shared. Staff we spoke to on the day of inspection were able to demonstrate they were aware of recent significant events and the outcomes.
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- There was an effective system to manage infection prevention and control.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order; the surgery relocated to a new premises in April 2018 that was fit for purpose.
- We reviewed arrangements for managing waste and clinical specimens and found that these systems kept people safe.

Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety.

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.

Good

Are services safe?

- There was a comprehensive induction system for all new staff; tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff. There was a documented approach to managing test results.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

Appropriate and safe use of medicines

At the comprehensive inspection in October 2017 we identified serious concerns about the management of high risk medicines, we also identified concerns around the management of uncollected prescriptions and the monitoring of prescription pads. For example:

- **We found that the protocol for high risk medicines was vague, did not contain NICE guidance or any nationally recognised guidance and did not provide clinicians with safe monitoring guidelines.**
- **Management of high risk medicines was inconsistent across the practice.**
- **We reviewed records of patients on high risk medicines and found that prescriptions were issued without evidence of appropriate pathology reviews.**
- **We found there was a lack of clarity and clinical oversight with regard to the management of uncollected prescriptions.**
- **Blank prescription forms and pads were securely stored however there were no systems to monitor their use.**

We wrote to the provider following the inspection an outlined our concerns around the management of high risk medicines. The provider submitted evidence that they had reviewed all patients on high risk medicines and put an action plan in place to improve the management of high risks medicines.

As part of our focussed inspection in March 2018 to review compliance against the warning notices issued, we reviewed the newly implemented protocols for high risk medicines and found them to be safe.

At the comprehensive inspection in July 2018, following a period of special measures, we were provided with evidence that the systems for high risk medicines, uncollected prescriptions and blank prescriptions pads had undergone significant improvement. For example:

High Risk Medicines

The practice produced a policy for the management of high risk medicines which contained national clinical guidance. A GP partner was nominated as the lead for the management of high risk medicines and would be responsible for overseeing monthly reviews to ensure protocols for the safe management of high risk medicines were being followed.

At the focussed inspection in March 2018, the leadership team demonstrated there was a strong focus on the safe prescribing of high risk medicines. We reviewed the new policy for high risk medicines; there was a named clinical lead for each type of high risk medicine. Clinical leads proactively reviewed prescribing practice monthly. In addition to monthly checks, the practice provided three completed two-cycle audits undertaken to ensure safe prescribing for high risk medicines was being followed by all prescribers. We reviewed prescribing for warfarin, lithium, methotrexate and azathioprine. We looked at the records for all the patients on lithium and azathioprine and 60% of patients on methotrexate and warfarin. We found that there was clear clinical evidence of appropriate blood test monitoring prior to prescriptions being issued for every record we reviewed.

Good

Are services safe?

At the comprehensive inspection in July 2018, we again reviewed the system for managing high risk medicines. In addition to reviewing protocols, speaking to staff and reviewing completed audits of high risk medicines, we looked at the total number of patients on each type of high risk medicine. We then randomly selected 50% of the patients and reviewed the clinical records to ensure there was evidence of appropriate blood monitoring before prescriptions were issued, all records we reviewed had clear evidence of safe prescribing. We found that the change implemented by the practice had been sustained and that the safe prescribing of high risk medicines was a priority for the partners.

Uncollected Prescriptions

At the focussed inspection in March 2018, we reviewed the updated protocols for uncollected prescriptions. The practice had appointed a clinical lead for uncollected prescriptions and non-clinical members of staff that we spoke with were able to name the clinical lead. The new protocols stated that reception staff should check the uncollected prescriptions weekly, any prescriptions over four weeks old were to be passed to the clinical lead or the duty doctor for review. If instructed to destroy the prescription by the clinician, reception staff were given a specific code on the patient's record indicating that the prescription had not been collected. We reviewed the uncollected prescriptions on the day of inspection and found that there were no prescriptions over three weeks old.

At the comprehensive inspection in July 2018 we again reviewed the system for managing uncollected prescriptions. We found that the change implemented following a period of special measures had been sustained. Staff we spoke to demonstrated their knowledge of the new system, the practice specific policy was up to date and reflected working practice and a review of the uncollected prescriptions identified that staff were following the new protocols.

In addition to the improved processes for high risk medicines and uncollected prescriptions the practice had reliable systems for appropriate and safe handling of medicines:

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- Blank prescription pads were securely stored and there was a system in place to monitor their use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.

Track record on safety

The practice had a good track record on safety.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture of safety that led to safety improvements.

Lessons learned and improvements made

At the comprehensive inspection in October 2017, we found that although there was a system in place for managing significant events, learning was not shared widely enough to support change.

At the comprehensive inspection in July 2018, following a period of special measures, we found that the practice was able to provide a clear audit trail of shared learning from significant events.

The practice learned and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. For example, we reviewed minutes from clinical meetings and practice meetings where learning from significant events was discussed.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

Good

Are services safe?

Please refer to the Evidence Tables for further information.

Good

Are services effective?

We rated the practice good for providing effective services overall and across all population groups/ except for the population group ' Working age people (including those recently retired and students)' which we rated requires improvement.

At our previous comprehensive inspection on 11 October 2017 the practice had been rated as Inadequate for providing effective services.

Specifically, at that time we found that:

- **Data showed patient outcomes were comparable to local and national averages. However, the exception reporting rate for patients with long-term conditions was significantly higher than both CCG and national averages.**
- **Uptake for cervical screening programme, child immunisations, bowel cancer screening and breast cancer screening was significantly below the national average.**
- **There was no evidence that audit was driving improvement in patient outcomes.**
- **There was no evidence of a formal induction programme outlining the required competencies for staff to effectively fulfil their individual roles.**
- **The practice could not always demonstrate role-specific training, for example, for medical staff performing cervical screening.**
- **Although staff had been appraised we were not assured that training needs were identified as a result of appraisal.**
- **Basic care and treatment requirements were not met. For example, the practice were unable to demonstrate the recording of patient consent or evidence of structured care plans.**

At our comprehensive inspection on 12 July 2017 we found that a number of improvements had been made which resulted in the practice being rated as good for providing effective services.

Effective needs assessment, care and treatment

At the previous comprehensive inspection in October 2017 we found that the practice did not have systems to keep clinicians up to date with current evidence-based practice. We were told that it was the individual clinician's responsibility to stay up to date with the current guidance.

At the comprehensive inspection in July 2018, following a period of special measures, we found that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols. For example, we reviewed clinical audits which included the most recent NICE guidance.

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Quality and Outcomes Framework and Exception Reporting

At the comprehensive inspection in October 2017 we identified that exception reporting was significantly high for clinical indicators. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. QOF is a system intended to improve the quality of general practice and reward good practice

Although performance for indicators was comparable or above local and national averages, there were many areas with significantly high exception reporting. For example, the most recently published data from 2016/17 showed that the overall exception reporting rate for the practice was 15%. We reviewed the exception reporting rate for clinical indicators and found that exception reporting rates were higher than the local and national averages for diabetes, mental health, chronic obstructive pulmonary disease.

At the comprehensive inspection in July 2018, following a period of special measures, we spoke to the partners about

exception reporting. We were provided with evidence that the exception reporting rate had decreased by more than 50%. The exception reporting rate for the year-end 2017/18 was 6.4%, this evidence was unvalidated and unpublished at the time of inspection. Partners told us this improvement had been made by reviewing clinical coding and by phoning patients to invite them for a review.

The partners told us that improving QOF outcomes and reducing exception reporting rates were a priority. We were told that QOF was a standing item of discussion at practice meetings and we provided with minutes of these discussions.

Population Groups

Older people:

This population group was rated good for effective because:

- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- The practice assists elderly patients with transportation for outpatient appointments.

People with long-term conditions:

This population group was rated good for effective because:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice's performance on quality indicators for long term conditions was comparable local and national averages.
- A GP partner with special interest in diabetes runs an educational diabetes clinic every Thursday. The educational session focuses on personalised care planning and sets individuals goals for each patient that attends.

Families, children and young people:

This population group was rated good for effective because:

- Childhood immunisation uptake rates for 2017/18 were in line with the target percentage of 90% or above. However, this was unvalidated and unpublished data at the time of the inspection.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.
- Same day appointments were available for children under the age of 11.
- Appointments were available with GPs and nurses outside of school hours.

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

We recognise the improvements made by the practice during a period of special measures, however there is still improvement required for this population group. This population group was rated requires improvement for effective because:

- The practice's uptake for cervical screening was 62.3%, which was below the national average and comparable to other practices in the area. Partners told us that patients were invited for a screening three times, we reviewed a random sample of six records and found that patients were invited in writing three times.
- The practice's uptake for breast and bowel cancer screening was below the national average. The practice were aware that the uptake rates were below the national average and told us this was a recognised area for improvement.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. For example, the practice completed 147 health checks since April 2017. To improve uptake on the NHS Health Checks the practice send patients a postcard with a birthday greeting reminding relevant patients to schedule a health check.

Good

Are services effective?

People whose circumstances make them vulnerable:

This population group was rated good for effective because:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- There were leaflets available in multiple languages in the patient waiting area, interpreter services were available and there are multiple members of staff that are bi-lingual and multi-lingual and can communicate with patients whose first language is not English.

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

This population group was rated good for effective because:

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. There was a system for following up patients who failed to attend for administration of long term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice offered annual health checks to patients with a learning disability.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. Where appropriate, clinicians took part in local and national improvement initiatives.

- QOF results were comparable to or above the local and national averages.
- Exception reporting had been reduced from 15% to 6.3% during the period of special measures.
- The practice had a clinical lead for high risk medicines and monthly reviews were conducted to ensure that the improvement to the systems for managing high risk medicines was sustainable.
- The practice was actively involved in quality improvement activity and had a programme of clinical audits in place to monitor the quality of care.

Effective staffing

At the comprehensive inspection in October 2017 we had concerns regarding the ineffective systems for managing staff training and induction. Specifically, we found that there were gaps in mandatory training, we had concerns around the training and knowledge of a member of the clinical team and we identified a lack of evidence that staff completed an induction when starting at the practice.

At the focussed inspection in March 2018 to review compliance against the warning notices we issued, we reviewed staff training and induction. We found that significant improvements had been made to both staff training and the induction programme.

At the comprehensive inspection in July 2018 we found that the practice had sustained the improvements to both the training and induction systems. The practice were able to provide evidence that new and long-term members of staff were given the support and training required to fulfil their roles. For example:

Induction

At the comprehensive inspection in October 2017 the practice were unable to provide evidence of a formal induction programme. The practice provided a new recruit welcome/induction checklist as evidence of the induction programme. However, the checklist did not include competencies required by new members of staff in order to fulfil their role.

At the focussed inspection in March 2018 the practice were able to provide evidence that significant improvements had been made to the induction programme. The new programme included a comprehensive staff induction policy. The policy stated that all new members of staff

would begin the induction programme on their first day of employment; newly appointed staff were not permitted to work unsupervised until they had successfully completed the induction programme.

The induction programme had a structured recruitment induction checklist which ensured all required recruitment checks were completed prior to employment commencing. The programme documented all information given to the new member of staff, including an introduction to the practice, terms and conditions of employment, practice specific policies, mandatory training requirements and expected performance standards. The programme also included role specific competency requirements. During the induction programme new members of staff met with their line manager every two weeks to review progress against the programme and to allow staff the opportunity to provide feedback on the programme, ask questions or request additional support.

At the comprehensive inspection in July 2018, we asked to see evidence of induction for the two newest members of staff. The practice provided us with documentation signed by the new member of staff and their line manager which evidenced that they had completed the recruitment induction checklist, documentation checklist and the role specific competency requirements. The practice also provided evidence of fortnightly reviews during the induction process.

In addition to the evidence provided around the new induction programme, the practice provided evidence that they had acted on staff feedback about the process. For example, because of staff feedback, the role specific competency requirements were expanded to include details of each task related to areas of work. This allowed staff to easily recall detail and discuss progress during their fortnightly induction review meeting. We found that the practice had significantly improved the induction programme and had sustained that change.

Staff Training

At the comprehensive inspection in October 2017 we had concerns regarding the systems for managing staff training which proved to be ineffective. Specifically, the practice had difficulty providing evidence to show that staff had the skills and knowledge to deliver effective care and treatment. We asked for additional evidence of training following the inspection, and most of the evidence we asked for was received. However, the additional evidence provided highlighted that the system for managing the training needs for staff was ineffective. The practice was unable to demonstrate how they ensured role-specific training and updating for relevant staff. We were told that training was monitored by reviewing individual staff files to identify which training had not been completed. However, we found inconsistencies in training completed by staff when we reviewed four staff files.

At the focussed inspection in March 2019 to review compliance against the warning notices we issued, the practice told us that they had introduced a training matrix along with a list of required mandatory training for the management of staff training. We reviewed training for a random sample of three clinical and four non-clinical members of staff. All staff we reviewed had completed the required mandatory training; this was evidence by training certificates of completion on file for each member of staff. These findings aligned with the information recorded on the staff training matrix and the required mandatory training. For example, we saw evidence that all staff were up to date with training for basic life support, fire safety, infection and prevention control, mental capacity act and safeguarding. The files for training were comprehensive and along with completed training certificates the practice kept a record of the score achieved for each training module for all staff.

At the comprehensive inspection in July 2018 staff that we spoke with about the new training programme told us they were given time to complete training during the working week. Staff also told us that the working environment had improved and they felt more confident in their roles. We reviewed training records for two members of clinical staff and four members of non-clinical staff. We found that staff were up to date with all mandatory training. We also found that staff were encouraged to attend job specific training offsite in addition to accessing online training. We found that the change implemented following a period of special measures had been sustained.

In addition to the improvements made to the induction programme and training programme we found that staff had the skills, knowledge and experience to carry out their roles.

Good

Are services effective?

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop. For example, we reviewed training records for a healthcare assistant (HCA) that began employment with the practice within the last six months. We found evidence that the HCA had completed mandatory training and a vast amount of role specific training, in addition to the evidence of training, competency assessments for diabetes, asthma and NHS Health Checks were signed off by a GP partner to ensure the training was effective.
- The practice provided staff with ongoing support. There was an induction programme for new staff. This included one to one meetings on a fortnightly basis, appraisals, coaching and mentoring, clinical supervision and revalidation.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment. For example, we reviewed minutes from multi-disciplinary meetings and found that care pathways for vulnerable patients and patients with complex needs were discussed.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. For example, the practice identified 306 patients at high risk of developing diabetes. As a result, 265 patients were assessed and 214 of those assessed were referred to the National Diabetes Prevention Programme.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through social prescribing schemes.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Please refer to the evidence tables for further information.

Good

Are services caring?

We rated the practice as good for caring.

At the comprehensive inspection in October 2017 we rated the practice as requires improvement for providing caring services because patient feedback was lower than the local and national average and less than one percent of patients had been identified as carers.

At the comprehensive inspection in July 2018, following a period of special measures we found that patient feedback had improved based on the national GP patient survey results. In addition to feedback on the national survey improving the practice carried out their own patient surveys to identify areas for improvement.

The number of carers had increased but was still less than one percent of the patients registered at the practice. It is important to note however that the patient list size increased by nearly 5% as a result of the practice relocating to a new premises.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The practices GP patient survey results were comparable to the local and national averages for questions relating to kindness, respect and compassion.
- The practice carried out an in-house patient survey focusing on GP consultations. When benchmarked, GPs at the practice scored in the upper quartile for patient satisfaction.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment. They were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information that they are given.)

- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice proactively identified carers and supported them.
- The practices GP patient survey results were comparable to the local and national averages for questions relating to involvement in decisions about care and treatment.
- The practice created a carers group to help identify and support carers registered at the practice.

Privacy and dignity

The practice respected patients' privacy and dignity.

- When patients wanted to discuss sensitive issues or appeared distressed reception staff offered them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.

Please refer to the evidence tables for further information.

Requires improvement

Are services responsive to people's needs?

We rated the practice, and all of the population groups, as requires improvement for providing responsive services.

At the comprehensive inspection in October 2017 we rated the practice as inadequate for providing responsive services. Patient feedback was significantly below the local and national averages.

At the comprehensive inspection in July 2018, following a period of special measures, we found that the practice made several changes to support patient access. For example, the practice recruited additional members of non-clinical and clinical staff, the practice relocated to a new purpose-built premises and the practice was working with patients and the Patient Participation Group to improve patient satisfaction.

We recognise the changes made by the practice to drive improvement in patient satisfaction around access. However, there are still areas where patient satisfaction has remained the same and one area which experienced a three percent decrease. We have improved the rating from inadequate to requires improvement for providing responsive services in recognition of the actions taken by the practice to drive improvement in patient feedback around access.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. For example, in-house phlebotomy services, cryotherapy, dressing, spirometry and ring pessary services were available to patients.
- Telephone GP consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice provided effective care coordination for patients who are more vulnerable or who have complex needs. They supported them to access services both within and outside the practice. For example, assisting patients with transportation to outpatient appointments.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

This population group was rated good for responsive because:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.
- Longer appointments are provided for this population group.

People with long-term conditions:

This population group was rated good for responsive because:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice worked closely with the local district nursing team, social workers and palliative care nurses to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

This population group was rated good for responsive because:

- We found there were systems 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 accident and emergency (A&E) attendances. Records we looked at confirmed this.

Requires improvement

Are services responsive to people's needs?

- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

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

This population group was rated good for responsive because:

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours and Saturday appointments.
- In addition to urgent daily appointments, the practice kept appointments free for patients who may be referred to their GP by NHS 111.

People whose circumstances make them vulnerable:

This population group was rated good for responsive because:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.

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

This population group was rated good for responsive because:

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- Link worker on site to provide group services to patients in this population group.
- Joint consultations and case discussions are arranged with the Link Worker to improve outcomes for this population group.

Timely access to care and treatment

Feedback indicated that some improvement to patient feedback had been achieved. For example:

Patients weren't always able to access care and treatment from the practice within an acceptable timescale for their needs. For example:

- 46% (this figure was 39% in 2017) describe their experience of making an appointment as good, compared to the local average of 62% and the national average of 69%.
- 67% (this figure was 40% in 2017) describe their overall experience of this GP practice as good, compared to the local average of 80% and the national average of 84%.

There were further areas where patient satisfaction remained the same, for example:

- 46% are satisfied with the general practice appointment times available, compared to the local average of 62% and the national average of 66%.
- 31% (no change from 2017) usually get to see or speak to their preferred GP when they would like to, compared to the local average of 45% and the national average of 50%.
- 42% (no change from 2017) were offered a choice of appointment when they last tried to make a general practice appointment, compared to the local average of 59% and the national average of 62%.
- 53% (no change from 2017) were satisfied with the type of appointment they were offered, compared to the local average of 68% and the national average of 74%.

There was one area where patient satisfaction declined.

- 30% (this figure decreased from the 33% in 2017) find it easy to get through to this GP practice by phone, compared to the local average of 62% and the national average of 70%.

We asked the practice how they planned to address the decline in patient satisfaction around accessing the service by telephone and we were told they expect this figure to increase within the next year. They had already taken steps to improve patient satisfaction at the time of our comprehensive inspection in July 2018. For example, two members of staff were recruited to join the administrative team and provide extra phone cover. The practice also changed the staff rota to ensure while there were members of the administration team covering reception there would always be at least one member of staff covering incoming phone calls away from the reception area.

We spoke to staff, patients and members of the Patient Participation Group. They told us that improving patient satisfaction was a priority. We saw evidence that patient

Requires improvement

Are services responsive to people's needs?

satisfaction had already seen improvement for consultations with GPs and Nurses, the practice carried out their own patient survey to identify where improvements could be made. The practice told us that they would be conducting another survey focussing on patient access. This decision was made following the success of improving patient satisfaction around GP and Nurse consultations through surveying patients directly.

Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints and from analysis of trends. It acted as a result to improve the quality of care.

Please refer to the evidence tables for further information.

Good

Are services well-led?

We rated the practice as good for providing a well-led service.

At the comprehensive inspection in October 2017 we rated the practice inadequate for providing well-led services. Specifically, we identified the following concerns:

- **The practice had a number of policies and procedures to govern activity however we identified that policies were not being following.**
- **The practice told us they prioritised safe and high-quality care however we found evidence of inconsistent care resulting in significant patient safety concerns.**
- **There were systematic weaknesses in governance processes.**
- **There was a leadership structure in place but there was a lack of clarity around key roles within the practice.**

At the focussed inspection in March 2018 to review compliance against the warning notices we issued, we found that the practice had made significant improvements to providing well-led services. When we conducted a comprehensive inspection in July 2018 we found that these improvements had been sustained.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality, sustainable care.

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.

Culture

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

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

At the comprehensive inspection in October 2017 we found that there was a lack of clarity around key roles in the staffing structure, a lack of completed two-cycle clinical audits and ineffective systems for managing high risk medicines, patient safety alerts and uncollected prescriptions.

At the focussed inspection in March 2018, we found that staff were clear on lead roles within the practice, there was a comprehensive programme of clinical audits in place including completed two-cycle audits, the practice were able to demonstrate that systems had been improved and policies had been updated to reflect the improvements.

Good

Are services well-led?

When we completed a comprehensive inspection in July 2018 we found that the practice had sustained the improvements made during a period of special measures.

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety. For example, monthly reviews of high risk medicines to ensure prescribing was safe and effective.
- The practice had processes to manage current and future performance. Practice leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice considered and understood the impact on the quality of care of service changes or developments.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses. For example, recruiting additional clinical staff to focus on improving screening services.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

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

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. There was an active patient participation group.
- A carers group was created to engage with this vulnerable patient group.
- The practice carried out their own patient surveys including a survey focussing on GP consultations and the principal GP completed a 360-degree feedback survey.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement.
- We saw evidence that newly implemented systems were evaluated and improved. For example, the staff induction programme.
- GP led educational sessions were made available for diabetic patients free of charge.

Good

Are services well-led?

- In line with improvements made to the management of high risk medicines, there were plans in place to provide an in-house warfarin monitoring service.
- Hospital consultants were invited to provide learning events for all clinicians at the practice.

Please refer to the evidence tables for further information.