The Lordship Lane Surgery

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at the Lordship Lane Surgery (then named Dr SAKM Doha) on 19 May 2016. The overall rating for the practice was requires improvement, with a rating of inadequate for providing safe care. The full comprehensive report on the May 2016 inspection can be found by selecting the 'all reports' link for The Lordship Lane Surgery on our website at www.cqc.org.uk.

This inspection was undertaken six months following the publication of the report of the inspection in May 2016, and was an announced comprehensive inspection on 23 January 2017. Overall the practice remains rated as requires improvement.

Our key findings were as follows:

- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. The practice did not have a health and safety risk assessment, for example.
- The security of some medicines and blank prescriptions needed to be improved.
- Not all patients prescribed high risk medicines had received regular monitoring.
- The premises were clean however there were several areas where infection prevention and control processes required improvement.
- There had been a number of clinical audits undertaken in the last two years; however, with the exception of the CCG led prescribing audit, none of these were completed audits where the improvements made were implemented and monitored.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes overall were

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comparative to the Clinical Commissioning Group (CCG) and national average. However, the practice was an outlier for two QOF clinical indicators relating to atrial fibrillation and cervical screening.

- Staff had access to guidelines from NICE and told us they used this information to deliver care and treatment that met patients' needs. The practice did not, however, have systems in place to monitor that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- In most areas staff had the skills, knowledge, support and experience to deliver effective care and treatment. Not all staff had undergone appropriate training or received an annual appraisal.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had identified just 15 patients as carers (less than half a percent of the practice list).
- The Patient Participation Group felt that the practice listened to what they had to say, and tried to act upon suggestions but did not share information, such as complaints and the learning taken from them.
- All of the 31 patient Care Quality Commission comment cards we received were positive about the service experienced. Data from the national GP patient survey showed the practice was comparable to others for most aspects of care.
- The practice had not considered how the lack of a female GP may have affected patients; or reviewed whether or not patients' needs were being met by being referred elsewhere.
- The practice had a complaints leaflet but this was not on display and had to be specifically requested. The practice maintained a complaints log which detailed the learning taken but we found limited evidence to show this had been discussed with staff.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.

However, there were areas of practice where the provider needs to make improvements.

Importantly, the provider must:

- Ensure patients who are prescribed high risk medicines are appropriately monitored.
- Improve the security of medicines and blank prescription pads.
- Improve patient outcomes by implementing a clinical quality improvement programme and continue to monitor performance against the Quality and Outcomes Framework and clinical audit.
- Strengthen arrangements to prevent and control the spread of infections.
- Strengthen arrangements for identifying, recording and managing risks, issues and implementing mitigating actions, including a health and safety risk assessment.
- Ensure that staff have access to appropriate training including, for example, cervical screening refresher training; and receive annual apprisals.

In addition the provider should:

- Review how patients with caring responsibilities are identified to ensure information, advice and support is made available to them.
- Introduce systems to ensure all clinicians are kept up to date with national guidance and safety alerts.
- Consider how to ensure patients have access to practice information in the reception area, including the practice leaflet and the complaints procedure, and ensure that complaints are handled in line with the policy and shared with staff.
- Record the action taken when the vaccine refrigerator temperature exceeds the maximum temperature.
- Review how the needs of patients who wish to see a female GP are being met.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Requires improvement

The practice is rated as requires improvement for providing safe services.

- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. The practice did not have a health and safety risk assessment for example.
- The security of some medicines and blank prescriptions needed to be improved.
- Not all patients prescribed high risk medicines received regular monitoring.
- The premises were clean however there were several areas where infection prevention and control processes required improvement.
- Staff understood their responsibilities to raise concerns, and to report incidents and near misses.
- There was a system in place for reporting and recording significant events.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined systems, processes and practices in place to keep patients safe and safeguarded from abuse.

Are services effective?

Requires improvement

The practice is rated as requires improvement for providing effective services, as there are areas where improvements should be made.

- There had been a number of clinical audits undertaken in the last two years; however, with the exception of the CCG led antibiotic prescribing audit, none of these were completed audits where the improvements made were implemented and monitored.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes overall were comparative to the CCG and national average. However, the practice was an outlier for two QOF clinical indicators.
- Staff had access to guidelines from NICE and told us they used this information to deliver care and treatment that met

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patients' needs. The practice did not, however, have systems in place to monitor that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- In most areas staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals for most, but not all, staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- Childhood immunisation rates were mixed, with some above the national average and some below.

Are services caring?

Requires improvement

The practice is rated as requires improvement for providing caring services.

- Information for patients about the services available was not displayed and had to be requested.
- The practice had identified just 15 patients as carers (less than half a percent of the practice list).
- Data from the national GP patient survey showed the practice was comparable to others for most aspects of care.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- All of the 31 patient Care Quality Commission comment cards we received were positive about the service experienced.
- Patients said they were treated with compassion, dignity and respect and they were listened to and supported.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- The practice offered extended hours on a Monday, Wednesday and Thursday evening until 7.30pm for working patients who could not attend during normal opening hours.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- There were disabled facilities and translation services available.
- The premises had a lift giving ease of access to all floors.

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- Although the practice had reviewed the needs of its local population, it had not considered how the lack of a female GP may have affected patients; or reviewed whether or not patients' needs were being met by being referred elsewhere.
- The practice had a complaints leaflet but this was not on display and had to be specifically requested. The practice maintained a complaints log which detailed the learning taken but we found limited evidence to show this had been discussed with staff.

Are services well-led?

Requires improvement

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

- Whilst a number of audits had been carried out, with the exception of the CCG led prescribing audit, none had been completed with a second audit. There was still no effective programme of continuous clinical and internal audit to monitor quality and to make improvements.
- The practice was an outlier for two of the QOF clinical targets relating to atrial fibrillation and cervical screening.
- We once again found that the arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not always robust. For example, medicines, blank prescriptions and some high risk medicines were not effectively managed. There were a limited number of risk assessments.
- Patients did not have the choice of seeing a female GP. The practice had not conducted any sort of review of actual demand, or ascertained if patients' needs were being met by being referred elsewhere.
- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- The practice was in the process of updating its policies and procedures. These were available to all staff. Those already updated had not yet been embedded.
- Staff told us the practice held regular team meetings, and we saw that these were now being minuted.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.

Summary of findings

The six population groups and what we found

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

Older people

Requires improvement

The practice is rated as requires improvement for providing safe, effective, caring and well led care. The concerns which led to this rating apply to everyone using the practice, including this population group.

- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice website provided information on a range of health matters including a specific section on seniors' health. This provided information on, for example, the seasonal flu immunisation, eating well and exercise.
- All patients over the age of 75 had a named GP.
- The practice engaged with the Lambeth Safe and Independent Living (SAIL) scheme (a scheme designed to streamline health and social care and which provided access to over 15 different services through a single referral).
- The practice had regular meetings with the community district nurse team and matron to discuss housebound elderly patients.
- In 2016-17, 74% of patients over the age of 65 had been given the flu vaccine (national target 73%).

People with long term conditions

Requires improvement

The practice is rated as requires improvement for providing safe, effective, caring and well led care. The concerns which led to this rating apply to everyone using the practice, including this population group.

- The practice website provided information on a range of long term conditions including coronary heart disease, stroke, cancer, COPD and asthma.
- The practice arranged virtual clinics for diabetes, respiratory, heart failure, to enhance patient care.
- We reviewed the medical records for three patients with long term conditions. The documentation was largely good but we noted, for example, that a patient with COPD had not had a spirometry test carried out at their last review (spirometry is a test of how well you can breathe). We also saw that not all patients with long term conditions were having the regular blood tests their prescribed medicines required.

Summary of findings

- We saw the practice liaised with the local hospice, district nurses and community matrons to discuss palliative care patients.
- Performance for diabetes related indicators was comparable to the CCG and England average.
- The practice was below average in two clinical target areas – atrial fibrillation and cervical screening.

Families, children and young people

Requires improvement

The practice is rated as requires improvement for providing safe, effective, caring and well led care. The concerns which led to this rating apply to everyone using the practice, including this population group.

- The practice website provided information on a range of family health matters including men's health, women's health, sexual health and child health.
- The practice usually provided same day appointments for young children. Appointments were available outside of school hours.
- The practice had a health visitor led, child health review clinic, offering a one stop service to see the health visitor for developmental checks and have child immunisations.

Working age people (including those recently retired and students)

Requires improvement

The practice is rated as requires improvement for providing safe, effective, caring and well led care. The concerns which led to this rating apply to everyone using the practice, including this population group.

- The practice provided a choice of appointments, including late evening surgeries and telephone consultations.
- Patients were able to book appointments online and order their repeat medication online.
- The practice offered a range of health promotion and screening that reflected the needs for this age group.

People whose circumstances may make them vulnerable

Requires improvement

The practice is rated as requires improvement for providing safe, effective, caring and well led care. The concerns which led to this rating apply to everyone using the practice, including this population group.

- The practice had a learning disability register in place and children on the child protection register were coded with alerts.

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We reviewed the medical records of one patient with a learning disability. Whilst the patient's annual check-up was well documented, it was almost two years old. Overall, however, 70% of the 13 patients with learning disability had had an annual review.

- The practice offered longer appointments for patients with a learning disability and those who required an interpreter.
- 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.

People experiencing poor mental health (including people with dementia)

Requires improvement

The practice is rated as requires improvement for providing safe, effective, caring and well led care. The concerns which led to this rating apply to everyone using the practice, including this population group.

- The practice has a register of patients experiencing poor mental health and reviews these patients usually annually. There were 51 patients on this register, 73% of whom had had a review in the past year (from 1/4/16).
- The practice had a register of patients with dementia. It used the local Memory Clinic for patient with memory concerns, for assessment and diagnosis. There were eight patients on the dementia register, 70% of whom had had a review in the past year (from 1/4/16).
- Performance for mental health related indicators was comparable to the CCG and England average.
- Leaflets giving information on mental health services were available in the waiting area.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. Three hundred and sixty three survey forms were distributed and 110 were returned. This represented 2.7% of the practice's patient list. The response rate was 30%, below the England average response rate of 38%.

- 68% of patients found it easy to get through to this practice by phone compared to the Clinical Commissioning Group (CCG) average of 69% and the national average of 73%.
- 72% 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 70% and the national average of 76%.
- 82% of patients described the overall experience of this GP practice as good compared to the CCG average of 79% and the national average of 85%.
- 68% 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 71% and the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection.

All of the 31 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect.

We spoke with seven patients during the inspection. Feedback was generally positive with patients commenting that it was relatively easy to get an appointment, and that they were satisfied with the service received. There were some suggestions for improvement, including access to a female GP and the need for GPs to be more proactive in providing feedback and encouraging health checks. We also spoke with three members of the practice's Patient Participation Group. They commented that the practice listened to what they had to say, and tried to act upon suggestions. However, the group felt that the practice did not share information, such as complaints and the learning taken from them. Minutes of PPG meetings were recorded by practice staff, and the practice produced a PPG action plan in October. Although the actions had all been marked as completed, members of the group were unaware what all of them related to.

Areas for improvement

Action the service MUST take to improve

- Ensure patients who are prescribed high risk medicines are appropriately monitored.
- Improve the security of medicines and blank prescription pads.
- Improve patient outcomes by implementing a clinical quality improvement programme and continue to monitor performance against the Quality and Outcomes Framework and clinical audit.
- Strengthen arrangements to prevent and control the spread of infections.
- Strengthen arrangements for identifying, recording and managing risks, issues and implementing mitigating actions, including a health and safety risk assessment.
- Ensure that staff have access to appropriate training including, for example, cervical screening refresher training; and receive annual appraisals.

Action the service SHOULD take to improve

- Review how patients with caring responsibilities are identified and recorded on the clinical system to ensure information, advice and support is made available to them.
- Introduce systems to ensure all clinicians are kept up to date with national guidance and safety alerts.

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- Consider how to ensure patients have access to practice information in the reception area, including the practice leaflet and the complaints procedure, and ensure that complaints are handled in line with the policy and shared with staff.
- Record the action taken when the vaccine refrigerator temperature exceeds the maximum temperature.
- Review how the needs of patients who wish to see a female GP are being met.

The Lordship Lane Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector. The team included a GP specialist advisor, a practice manager specialist advisor and an Expert by Experience.

Background to The Lordship Lane Surgery

The Lordship Lane Surgery provides services to approximately 4100 patients in south east London under a Personal Medical Services contract (an agreement between NHS England and general practices for delivering personal medical services). It sits within the Southwark Clinical Commissioning Group (CCG) which has 45 member practices serving a registered patient population of approximately 312,000. The practice provides a number of enhanced services including meningitis immunisation provision; extended hours access; influenza and pneumococcal immunisations and learning disabilities.

The staff team at the practice consists of two full time male GPs, a male practice manager, two part time female practice nurses, a part time male health care assistant and three administrators/receptionists. The service is provided from this location only. The practice provides 17 GP sessions per week and 6 nurse sessions.

The practice reception is open between 8.00am and 7.30pm on Mondays, and between 8.00am and 6.30pm on Tuesdays, Wednesdays, Thursdays and Fridays. Appointments are available between 9.00am – 12.30pm and 2.30pm – 7.30pm on Mondays and Wednesdays; and between 9.00am – 12.30pm and 2.30pm – 6.30pm on Tuesdays and Fridays. On Thursdays appointments are available between 9.30am and 12.30pm, and between 4.30pm – 7.30pm. Patients who wish to see a GP outside of these times are advised to contact the practice's out of hours provider, whose number is displayed on the practice website and in the practice waiting room. Telephone consultations are available each day at the end of surgery. The practice belongs to a local federation and can use its clinic for patients between 8am and 8pm. The practice provides an online appointment booking system and an electronic repeat prescription service. Patients can also view test results online. The premises are purpose built with ease of access for patients with mobility difficulties and a lift has been installed.

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

The practice has a slightly lower percentage than the national average of people with a long standing health conditions (52% compared to a national average of 54%). It has a higher percentage of unemployed people compared to the national average (11% compared to 5.4%). The average male and female life expectancy for the CCG area and the practice is in line with the national average for both males and females.

The population in this CCG area is 54% white British. The second highest ethnic group is black or black British (27%). The practice sits in an area which rates within the fifth most deprived decile in the country, with a value of 25 compared to the CCG average of 29.5 and England average of 21.8 (the lower the number the less deprived the area). The patient population is characterised by a below England average for patients, male and female, over the age of 55; and an

above England average for male patients between the ages of 25 and 49 and female patients between the ages of 25 and 44. This equated to approximately 3800 patients under the age of 65, and 400 over the age of 65.

Why we carried out this inspection

We undertook a comprehensive inspection of the Lordship Lane Surgery on 19 May 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as inadequate for providing safe services and requires improvement for providing effective, caring, responsive and well led services.

We issued a warning notice to the provider in respect of safe care and treatment and informed them that they must become compliant with the law by 18 July 2016. We undertook this comprehensive follow up inspection on 23 January 2017 to check that action had been taken to comply with legal requirements. The full comprehensive report on the May 2016 inspection can be found by selecting the 'all reports' link for the Lordship Lane Surgery on our website at www.cqc.org.uk.

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 23 January 2017.

During our visit we:

- Spoke with a range of staff, including GPs, practice nurse, practice manager and administrative staff; and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area 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 and members of the public shared their views and experiences of the service.
- Visited all practice locations
- Looked at information the practice used to deliver care and treatment plans.

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

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

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

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

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

Requires improvement

Are services safe?

Our findings

At our previous inspection on 19 May 2016, we rated the practice as inadequate for providing safe services. We found:

- Patients were at risk of harm because systems and processes had weaknesses. Medicines management was not robust. We found out of date vaccines and other medicines, and single use equipment. Vaccine fridge temperatures were not always being checked and recorded daily. Patient Group Directions could not be found.
- The practice did not have adequate arrangements in place to respond to emergencies and major incidents. There was no oxygen on site. The practice did not have a defibrillator and had not carried out an assessment of the risks to patients associated with this decision. There was a minimal amount of emergency medicines.
- The premises were clean, however there were several areas where the risk of cross infection had not been addressed including the storing of patient samples in the vaccine fridge and overfilled sharps bins.
- Staff demonstrated an understanding of safeguarding and child protection but not all were aware how to report concerns to external authorities and not all clinical staff had been appropriately trained.
- Risks to patients were not always assessed, for example those relating to recruitment.

We issued a warning notice in respect of these issues and found arrangements had improved somewhat when we undertook a follow up inspection on 23 January 2017. The practice is now rated as requires improvement for providing safe services.

Safe track record and learning

There was a system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out an analysis of the significant events. Staff were able to discuss with us a serious road traffic accident that had happened outside the practice, and which had been logged as a significant event. We saw minutes of practice meetings where other significant events were discussed however staff could not recall them or learning that had arisen as a result.

We were informed that safety alerts, such as those from the Medicines and Healthcare products Regulatory Agency (MHRA), were received by the practice manager who circulated them to staff, and they were discussed at staff meetings where appropriate. The practice did not have a system in place to log the alerts, and was unable to show us any minutes of meetings where they had been discussed. We could not determine, therefore, if lessons were shared or action was taken to improve safety in the practice.

Overview of safety systems and processes

The practice had 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 GPs 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. GPs were trained to child protection or child safeguarding level 3. The practice nurse and health care assistant were trained to level 2, whilst non-clinical staff were trained to level 1.
- 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). There was no notice in reception to advise patients that chaperones were available if required. After we raised this staff put a poster up. There were posters in the clinical rooms. Staff could refer to a chaperone policy if required. We noted that this did not advise staff on where to stand whilst chaperoning; however, staff were able to describe where to appropriately stand.

- We observed the premises to be clean and tidy. The reception manager was the infection control clinical lead. There was an infection control protocol in place and most staff had received up to date training. We noted the health care assistant and one of the receptionists had not undergone training. We saw sharps bins were appropriately dated and none were overfull. Patient samples were no longer being stored in the vaccine refrigerator. We saw non-clinical staff appropriately using gloves when handling patient samples. We saw an infection control audit had been undertaken in June 2016 however there was no resulting action plan or a record of any steps taken to address the issues highlighted in the audit.
- We saw the cleaner completed a tick list to indicate the areas they had cleaned. We were told the cleaner also cleaned clinical equipment but there was record of this. There were not any COSHH (control of substances hazardous to health) data sheets available. The practice did not use any cleaning management systems such as colour coding of equipment.
- Some of the arrangements for managing medicines, including emergency medicines and vaccines, in the practice were not always sufficient to ensure patients safety (including obtaining, prescribing, recording, handling, storing, security and disposal). We again found medicines stored in unlocked cupboards (they were lockable but the keys were in the lock and the room they were in was left unattended and unlocked), including a medicine used to treat psychosis.
- All of the single use equipment we checked was in date.
- Processes were in place for handling repeat prescriptions but this did not always include the review of high risk medicines. We found one of seven patients prescribed methotrexate (used to treat certain types of cancer, severe psoriasis and rheumatoid arthritis) had not had their bloods checked for over two years. The National Institute for Health and Care Excellence (NICE) guidelines recommend regular blood tests, approximately every 2 -3 months one the dose is stabilised). None of the patients prescribed lithium (used to manage bipolar disorder) had had the recommended regular 3 monthly blood tests. Following the inspection the practice told us the blood tests had been completed but the Emis system had not picked the READ code. However, during the inspection we also checked a sample of patient records and found examples of patients who had not received tests for 12 months or more.
- The practice met annually with the local clinical commissioning group (CCG) medicines management team and with their support carried out regular medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored but there were no systems in place to monitor their use. A senior administrator was responsible for handling repeat prescriptions. They were clear when they needed to refer to a GP, and told us that they checked the box of uncollected repeat prescriptions each month to ensure there were no vulnerable patients who had failed to collect their medicines. We checked the uncollected prescriptions and found none were over one month old.
- We saw staff were recording the temperature of the vaccine refrigerator each day the practice was open, however they were not recording the action taken when the temperature exceeded the maximum recommended level. The vaccines we checked were all in date.
- We found the practice now had appropriately signed and up to date Patient Group Directions in place, which had been adopted by the practice to allow nurses to administer medicines in line with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment). The health care assistant was trained to administer vaccines and medicines against a patient specific prescription or direction (PSD) from a prescriber (PSDs are written instructions from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis). The PSDs we saw were appropriately signed and in date.
- We reviewed five 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. All staff, with the exception of one of the administrators and the practice manager, had undergone a DBS check. We noted none of the files we reviewed contained an induction checklist.

Monitoring risks to patients

The practice did not have a wide range of risk assessments, but some risks to patients were assessed and well managed.

- There were some procedures in place for monitoring and managing risks to patient and staff safety. The practice had an up to date fire risk assessment. We saw a fire drill had last been carried out in September 2016. The fire log indicated the fire alarms were tested on a monthly basis. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a legionella risk assessment (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). We saw that as a result of the legionella risk assessment carried out in October 2016 the practice had purchased a probe to monitor the water. To date this had not been used. There was a health and safety policy, which had not been recently reviewed. There was no health and safety risk assessment.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. We saw that the administrator responsible for scanning and updating docman (an electronic patient document and data system) also had to cover reception, and a number of staff commented on the need to increase staffing numbers.
- We noted that the nurse's room was not routinely locked when the nurse was absent. Medicines, including emergency drugs, were kept in this room, in accessible cabinets.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the nurse's room.
- The practice now had a defibrillator available on the premises and oxygen with adult and children's masks. The oxygen was stored in the nurse's room; however, there was no sign on the door to indicate this. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely. These medicines were not securely stored as they were kept in a lockable cabinet, the keys to which were in the lock and the room they were in was not locked when not being used.
- 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 details of the buddy arrangement with two other local practices.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 19 May 2016, we rated the practice as requires improvement for providing effective services. We found:

- Data showed patient outcomes were low compared to the national average. For example, the percentage of patients with diabetes, on the register with a record of a foot examination and risk classification within the preceding 12 months (01/04/2014 to 31/03/2015) was 70% compared to 88% nationally.
- The practice's uptake for the cervical screening programme was 68%, which was below the Clinical Commissioning Group (CCG) average of 72.5% and the national average of 74%. The practice's uptake for female breast and bowel cancer screening was also below the CCG and national average (56% compared to 61% and 72% respectively).
- There was limited evidence that audit was driving improvement in patient outcomes.
- Staff had access to NICE guidelines however the practice did not have systems in place to monitor that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- Multidisciplinary working was taking place but was generally informal and record keeping was limited or absent.
- The practice had pioneered an online portal between primary and secondary care and which allowed the GPs to instantly view patient records from local hospitals.

We found some improvement when we undertook a follow up inspection on 23 January 2017; however the provider remains rated as requires improvement for providing effective services.

Effective needs assessment

The practice assessed needs 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.

- Staff had access to guidelines from NICE and told us they used this information to deliver care and treatment that met patients' needs. We asked for examples of recent guidelines but staff could not recall any.
- The practice did not have systems in place to monitor that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 86% of the total number of points available, compared to the CCG average of 94% and England average of 95%. The practice's overall exception reporting rate was 8% compared to the CCG average of 7% and England average of 10% (exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was an outlier for two QOF clinical indicators. Data from 2015/16 showed that in those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who were currently treated with anti-coagulation drug therapy was 63% compared to the CCG average of 86% and the England average of 87%. The percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years was 71% compared to the CCG average of 79% and the England average of 81%.

Performance for diabetes related indicators was comparable to the CCG and England average:

- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months), was 5 mmol/l or less (01/04/2015 to 31/03/2016) was 83% compared to the CCG average of 82% and England average of 80%. The practice exception reporting rate for this indicator was 6% (compared to the CCG average of 8% and England average of 13%).
- The percentage of patients with diabetes, on the register, in whom the last HbA1c was 64 mmol/mol or less in the preceding 12 months (01/04/2015 to 31/03/

Requires improvement

Are services effective?

(for example, treatment is effective)

2016) was 83% compared to the CCG average of 70% and England average of 78%. The practice exception reporting rate for this indicator was 8% (compared to the CCG average of 7% and England average of 12%).

Performance for mental health related indicators was comparable to the CCG and England average, and in one indicator was above :

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2015 to 31/03/2016) was 100% compared to the CCG average of 90% and England average of 89%. The practice exception reporting rate for this indicator was 6% (compared to the CCG average of 5% and England average of 13%).
- The percentage of patients diagnosed with dementia whose care plan had been reviewed in a face-to-face review in the preceding 12 months (01/04/2015 to 31/03/2016) was 86% compared to the CCG average of 87% and England average of 84%.The practice exception reporting rate for this indicator was 0% (compared to the CCG average of 5% and England average of 7%).
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months (01/04/2015 to 31/03/2016) was 76% compared to the CCG and England average of 89%. The practice exception reporting rate for this indicator was 4% (compared to the CCG average of 4% and England average of 10%).

There remained limited evidence of quality improvement including clinical audit.

- There had been a number of clinical audits undertaken in the last two years, including the compliance of coeliac prescribing against guidelines; the monitoring of patients prescribed anti-epileptic drugs and an audit of patients with atrial fibrillation who would be suitable for non-Vitamin K antagonist oral anticoagulants; however, none of these were completed audits where the improvements made were implemented and monitored.
- The practice had carried out a completed audit of antibiotic prescribing, with the support of the local CCG pharmacy team. The initial audit, covering the period June – August 2015, had shown approximately 24% of antibiotics prescribed by the practice were broad spectrum antibiotics, compared to the CCG target of 11%. The second audit, covering June – August 2016, showed this had improved to less than 10%.

Effective staffing

In most areas staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff however there were no completed records in the staff files we reviewed.
- Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- We asked for evidence that staff taking cervical smear samples had undergone relevant, recent training. We were told that the member of staff was overdue for refresher training, but had had difficulties in finding a course. The practice had completed an audit of cervical screening samples in 2016, which indicated 69% had been successfully taken, below the national 80% target.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. We saw in staff files that annual appraisals were carried out for most staff. The practice nurse also worked at another surgery and stated they were appraised there. The practice manager had not had a recent appraisal. Supervision was not carried out for non-clinical staff.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

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.

Requires improvement

Are services effective?

(for example, treatment is effective)

- There were systems in place to ensure abnormal pathology results were communicated to patients by the GPs. We saw that pathology results had been actioned up to the day of this inspection.
- We reviewed the referral process for patients identified as requiring urgent two week wait appointments and found that the patients were referred immediately and sufficient information was relayed.

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. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. Staff commented on the good links the practice had with other services and we saw minutes of meetings with, for example, the district nurses and health visitors. Information was shared by the out of hour's team and the local walk in centre on a daily basis.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

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, those at risk of developing a long-term condition and those requiring advice on smoking and alcohol cessation. Patients were signposted to the relevant service.
- The practice arranged virtual clinics for diabetes, respiratory, heart failure, to enhance patient care.

The practice's uptake for the cervical screening programme was 71%, which was below the CCG average of 79% and the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test, and the nurse told us they would opportunistically offer tests if possible. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. In the last 36 months. 53% of females ages 50 – 70 had been screened for breast cancer, compared to the CCG average of 60% and England average of 72%. In the same period, 39% of patients aged 60 – 69 had been screened for bowel cancer compared to the CCG average of 43% and England average of 60%. 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.

Childhood immunisation rates for children aged up to two years were above the 90% national target. For children aged 5 years, the practice fell below the CCG and England average for giving vaccinations for measles, mumps and rubella (MMR), vaccinating 82% with the first dose (CCG average 93% and England average 94%); and 87% for the second dose (CCG average 91% and England average 88%).

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

Requires improvement

Are services caring?

Our findings

At our previous inspection on 19 May 2016, we rated the practice as requires improvement for providing caring services. We found:

- Staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The percentage of respondents to the GP patient survey who stated that they always or almost always saw or spoke to the GP they prefer. (01/01/2015 to 30/09/2015) was 35.95% compared to the CCG average of 33.77% and national average of 36.17%.
- The percentage of respondents to the GP patient survey who described the overall experience of their GP surgery as fairly good or very good. (01/01/2015 to 30/09/2015) was 76.68% compared to the CCG average of 78.48%.
- The majority of patients we spoke to on the day said they were treated with compassion, dignity and respect. However, data from the national patient survey showed that not all patients felt cared for, supported and listened to. For example 63% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%).
- Information for patients about the services was available although it was not displayed in reception and had to be requested or downloaded from the practice website.

Whilst we found some improvements when we undertook a follow up inspection on 23 January 2017, the provider remains rated as requires improvement 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; however, conversation could be overheard by people waiting to use the lift.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. Confidentiality at the reception was managed as there was a door between the reception desk and the waiting area.

All of the 31 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect.

We spoke with three members of the patient participation group (PPG). They commented that the practice listened to what they had to say, and tried to act upon suggestions. However, the group felt that the practice did not share information, such as complaints and the learning taken from them. Minutes of PPG meetings were recorded by practice staff, and the practice produced a PPG action plan in October. Although the actions had all been marked as completed, members of the group were unaware what all of them related to.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was comparable for most but not all of its satisfaction scores on consultations with GPs and nurses. For example:

- 84% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 85% and the national average of 89%.
- 80% of patients said the GP gave them enough time compared to the CCG average of 82% and the national average of 87%.
- 91% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 88% and the national average of 92%.
- 71% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 80% and the national average of 85%.
- 76% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 83% and the national average of 91%.
- 89% of patients said they found the receptionists at the practice helpful compared to the CCG average of 85% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Requires improvement

Are services caring?

Patients told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. Some patients fed back that they had to ask for feedback, information and request, for example, health checks, as they were not routinely offered.

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

- 86% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 82% and the national average of 86%.
- 79% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 75% and the national average of 82%.
- 73% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 79% 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. There no notices in the reception areas to inform patients this service was available.
- The practice did have a practice leaflet; however, this had to be requested as none were in the waiting room. The leaflet we were given was out of date, and also in very small typeface which would make it difficult for some patients to read.
- There was an accessible toilet although the door opening was restricted by a radiator behind it.
- If a patient requested it, they could use one of the nurse's rooms to change their baby's nappy. If patients wished to breastfeed then staff said they would make a room available if they had one.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified just 15 patients as carers (less than half a percent of the practice list). Information for carers was available on the practice website, including links to other websites such as carer support groups.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. We saw evidence of these calls in patients' records. Bereavement information was available in the waiting room.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 19 May 2016, we rated the practice as requires improvement for providing responsive services. We found:

- Most patients said they found it easy to make an appointment and there was continuity of care, with urgent appointments available the same day. However, we found the triage system could lead to patients who needed an urgent appointment potentially being overlooked.
- If an appointment was not available, patients also had the option to attend one of the other practices within the federation to which the practice was affiliated.
- Results from the national GP patient survey showed that in most instances patients' satisfaction with how they could access care and treatment was comparable to local and national averages. For example, 75% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- However, 65% of patients said they had to wait too long to be seen compared to the national average of 34%.
- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. The practice had an in-house SAIL (safe and independent living) navigator. They visited the practice once a week to review patient lists and identify vulnerable and/or elderly patients who qualified for a home visit. Doctors felt this had had a positive impact on their vulnerable patients.
- The practice offered 24 hour ABPM (ambulatory blood pressure monitoring) to assist clinicians in prompt diagnosis of hypertension.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Complaint forms were available and evidence showed the practice responded quickly to issues raised. There was no evidence of complaints being discussed at staff meetings or of learning taken from them.

We found improvements when we undertook a follow up inspection on 23 January 2017 and the practice is now rated as good for providing responsive services.

Responding to and meeting people's needs

The practice reviewed some of 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. The practice continued to engage with the Lambeth Safe and Independent Living (SAIL) scheme (a scheme designed to streamline health and social care and which provided access to over 15 different services through a single referral). A representative visited the practice once a week to review patient lists and identify vulnerable and/or elderly patients who qualified for a home visit. Doctors felt this had had a positive impact on their vulnerable patients.

- Patients did not have the choice of seeing a female GP, as both of the practice's doctors were male. One of the partners told us that they did not use locums so any patient who wanted to see a female GP would have to book an appointment at the extended hour's clinic. One of the patients we spoke with raised as a concern the lack of a female GP.
- The practice offered extended hours on a Monday, Wednesday and Thursday evening until 7.30pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities and translation services available.
- The premises had a lift giving ease of access to all floors.

Access to the service

The practice reception was open between 8.00am and 7.30pm on Mondays; and between 8.00am and 6.30pm on Tuesdays, Wednesdays, Thursdays and Fridays. Appointments were available between 9.00am – 12.30pm and 2.30pm – 7.30pm on Mondays and Wednesdays; and between 9.00am – 12.30pm and 2.30pm – 6.30pm on Tuesdays and Fridays. On Thursdays appointments were available between 9.30am and 12.30pm, and between

Good

Are services responsive to people's needs?

(for example, to feedback?)

4.30pm – 7.30pm. Patients who wish to see a GP outside of these times were advised to contact the practice's out of hour's provider, whose number was displayed on the practice website and in the practice waiting room. Telephone consultations were available each day at the end of surgery. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them. The practice belonged to a local federation and could use its clinic for patients between 8am and 8pm. Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 71% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and the national average of 76%.
- 66% of patients said they could get through easily to the practice by phone compared to the CCG average of 69% and the national average of 73%.
- 57% of patients said they had to wait too long to be seen compared to the CCG average of 45% and the national average of 34%.

People told us on the day of the inspection that they were usually able to get appointments when they needed them. One of the partners told us they had tried to improve patient access by offering telephone consultations; a walk-in service and liaising via email with some patients.

The practice had a system in place to assess:

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

The practice had revised its triage system and had provided reception staff with guidelines to follow when patients requested an urgent appointment.

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 a system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- There was a poster in the waiting room informing patients that if they wished to make a complaint they should ask to see the practice manager. No leaflets were available, but could be requested from the reception. Information on how to complain was within the practice leaflet, but was in small print, making it potentially difficult for some to read.
- We looked at the complaints log which contained details of the three complaints (one verbal, and two written) received in the last 12 months. The log identified patients by initials, rather than EMIS number, which could cause difficulties if there were patients with the same initials. The log outlined the action taken and the learning as a result. For example, a complaint alleged that the practice had not made an agreed referral to secondary care. The practice investigated and found that the referral had been made promptly, but the hospital receiving it had not (yet) acted upon it. As a result the practice determined that it should have kept the patient up to date, and should also have chased the hospital for an appointment. Although the log indicated the learning taken from complaints, the practice maintained a complaints log which detailed the learning taken, but once again we found limited evidence to show this had been discussed with staff team.
- We noted that the practice had taken over six weeks to respond to concerns a patient raised with NHS England; and also that correspondence from the practice to a patient contained an incorrect date.

Are services well-led?

Requires improvement

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

Our findings

At our previous inspection on 19 May 2016, we rated the practice as requires improvement for providing well led services. We found:

- The practice had a vision and a strategy but not all staff were clear of their specific roles and said they did not have job descriptions. There was a documented leadership structure and staff felt supported by management.
- The practice had a number of policies and procedures to govern activity, but access to these was not always facilitated. Some policies, such as one for chaperoning, were not in place.
- Whilst several audits had been carried out there was no programme of continuous clinical and internal audit to monitor quality and to make improvements.
- The arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not always robust. For example, medicines were not effectively managed.
- Staff recruitment processes were not robust. Not all required checks had been carried out. Not all staff had received inductions when starting employment at the practice. They told us they received regular performance reviews however these were not available for us to inspect.
- The practice proactively sought feedback from staff and patients, which it acted on. The Patient Participation Group was active.

We found arrangements had improved when we undertook a follow up inspection of the service on 23 January 2017. The practice rating, however, remains as requires improvement for being well-led, as there were still a number of issues that needed to be addressed.

Vision and strategy

The practice had a vision to deliver high quality care and promote good outcomes for patients, and to continue to develop the local federation of GPs of which it was a member.

- Staff knew and understood the vision and told us the practice wanted to continue to improve their services to patients.

Governance arrangements

There remained number of weaknesses in the practice's governance framework, which hindered the delivery of the vision and good quality care.

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- The practice was in the process of updating its policies and procedures. These were available to all staff. Those already updated had not yet been embedded.
- Whilst a number of audits had been carried out, with the exception of the CCG led antibiotic prescribing audit, none had been completed with a second audit. There was still no effective programme of continuous clinical and internal audit to monitor quality and to make improvements. The practice was an outlier for two of the QOF clinical targets relating to atrial fibrillation and cervical screening.
- We once again found that the arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not always robust. For example, medicines, blank prescriptions and some high risk medicines were not effectively managed. There was limited risk assessment.
- Patients did not have the choice of seeing a female GP. The practice had not conducted any sort of review of actual demand, or ascertained if patients' needs were being met by being referred elsewhere.

Leadership and culture

On the day of inspection the partners in the practice told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

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 partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

Are services well-led?

Requires improvement

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

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us the practice held regular team meetings, and we saw that these were now being minuted.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had a patient participation group (PPG). They commented that the practice listened to what they had to say, and tried to act upon suggestions. However, the group felt that the practice did not share information, such as complaints and the learning taken from them. Minutes of PPG meetings were recorded by practice staff, and the practice produced a PPG action plan in October. Although the actions had all been marked as completed, members of the group were unaware what all of them related to.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, after a patient because verbally and physically aggressive and jumped over the reception desk, staff fed back how exposed and vulnerable they felt. The practice has applied for a grant to enable them to install protective screens.

Continuous improvement

The practice had won an award in the previous year for its work on shared care records.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. Medicines and blank prescription security was not adequate. The provider had not taken adequate steps to mitigate the risk of, and preventing, detecting and controlling the spread of, infections. The registered person had also failed to appropriately monitor patients prescribed high risk medicines. This was in breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing **How the regulation was not being met:** The registered person had not ensured that all persons employed had received appropriate training and appraisal. This was in breach of Regulation 18 (1) (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.