

Harraton Surgery

Quality Report

Harraton Surgery, 3 Swiss Cottages, Washington,
Tyne And Wear, NE38 9AB
Tel: 01914161641
Website: www.harratongp.nhs.uk

Date of inspection visit: 6 May 2016
Date of publication: 23/06/2016

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

Ratings

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

Summary of findings

Contents

Summary of this inspection

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

Detailed findings from this inspection

Our inspection team	13
Background to Harraton Surgery	13
Why we carried out this inspection	13
How we carried out this inspection	13
Detailed findings	15

Overall summary

Letter from the Chief Inspector of General Practice

We carried out a previous announced inspection of this practice on 22 September 2015. Breaches of legal requirements were found. Overall, we rated the practice as inadequate. After the comprehensive inspection the practice wrote to us to say what they would do to address the identified breaches.

We undertook this comprehensive inspection to check that the practice had followed their plan and to confirm that they now met legal requirements. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Harraton Surgery on our website at www.cqc.org.uk.

Overall, the practice is rated as good.

Our key findings were as follows:

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.

- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had improved access to training to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice had taken action to address the concerns raised at their previous CQC inspection. They had developed a clear vision, strategy and plan to deliver high quality care and promote good outcomes for patients.

Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour.
- We found the practice needed to further develop their approach to staff and patient engagement, to foster an open culture, where staff felt able to express their views and were confident that they would be acted upon.

There were also areas where the practice should make improvements. The practice should:-

- Consider the practice approach to appraisal so all staff have the benefit of a collaborative appraisal, which clearly identifies performance and learning needs.
- Continue with the progress made with staff training to address any remaining gaps, to ensure staff have the knowledge and skills needed to do their job.

- Consider how they can ensure the sustainability of improvements made and have robust and effective succession planning in place.
- The practice should continue to improve their approach to seeking and acting on feedback from patients and staff, to demonstrate continuous improvement and that they are a 'listening' organisation.

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

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

The practice had taken action to address the concerns raised during our previous inspection in September 2015. They had started to implement systems that would support them to demonstrate a safe track record. This included improved arrangements:

- For reporting and recording significant events.
- To ensure an environment that was clean and free from infections.
- To ensure the way they managed medicines in the practice kept patients safe.
- For safeguarding children and vulnerable adults.
- For offering a chaperone service that safeguarded patients and staff.
- To demonstrate staff were of good character and suitable for the role in which they were employed through the recruitment of staff members and maintenance of personnel files.
- For dealing with emergencies and major incidents.

We also found:

- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined systems, processes and practices and was implementing these to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

The practice had taken action to address the concerns raised during our previous inspection in September 2015:

- We found the practice had implemented systems to ensure patient safety alerts were noted by clinical staff, any action required was discussed at team meetings and appropriate action was taken.

Good



Summary of findings

- We found the practice had made improvements to their approach to appraisal. However, these were not always as effective as they could be.
- Staff now had access to a wider range of training, but there were still some areas where additional training was required.
- The practice had addressed staffing levels and training, which had led to a backlog of referral letters. We saw workload was now effectively managed.

We also found:

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice in line with national and local averages.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

The practice had taken action to address the concerns raised during our previous inspection in September 2015. They had improved arrangements to support access to the service for patients with disabilities and had an improved process for handling complaints.

We also found:

- Practice staff were aware of but had not formally reviewed the needs of their local population. They had engaged with the

Good



Summary of findings

NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice was part of the local vanguard “Better Health for Sunderland” scheme.

- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

The practice had taken action to address the concerns raised during our previous inspection in September 2015. They had demonstrated improvements in a number of areas, including management of safety incidents and information; management of complaints; infection control; and management of medicines.

We also found:

- There was a five year practice business plan in place for 2015 to 2020. This set out the key values of the practice which were to be open, fair, and respectful and demonstrate accountability. The practice mission statement was to ‘provide an appropriate and rewarding experience for our patients whenever they need out support’.
- Although we could see the practice had made numerous improvements. We were still not fully assured that the level of improvement could continue to be sustained. In particular we were concerned about the sustainability of the practice and the continuing capacity for management support.
- We found the practice now had an overarching governance framework which supported the delivery of the strategy and good quality care.
- The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- We found the practice needed to further develop their approach to staff and patient engagement, to foster an open culture, where staff felt able to express their views and were confident that they would be acted upon.

Requires improvement



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

The practice is rated as good for the care of older people.

- Staff provided proactive, personalised care, which met the needs of older patients. Patients aged 75 and over were allocated a named GP to help ensure their needs were met.
- Good arrangements had been made to meet the needs of 'end of life' patients. Staff held regular palliative care meetings with other healthcare professionals to review the needs of these patients and ensure they were met.
- The practice offered home visits and longer appointment times where these were needed by older patients.
- Nationally reported data showed the practice had performed well in providing recommended care and treatment for the clinical conditions commonly associated with this population group. For example, nationally reported data showed the practice had performed well in providing recommended care and treatment for the clinical conditions commonly associated with this population group. For example, performance for heart failure related indicators was better than the CCG and national averages. The practice achieved 100% of the points available. This compared to an average performance of 98.7% across the CCG and 97.9% nationally.

Good



People with long term conditions

The practice is rated as good for the care of patients with long-term conditions.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Effective systems were in place, which helped ensure patients with long-term conditions received an appropriate service, which met their needs. These patients all had a named GP and received an annual review to check that their needs were being met. For those people with the most complex needs, the named GP worked with other relevant health and care professionals to deliver a multidisciplinary package of care.
- Nationally reported data showed the practice had performed well in providing recommended care and treatment for some of the clinical conditions commonly associated with this population group. Performance for asthma related indicators was better than the CCG and national averages. The practice

Good



Summary of findings

achieved 100% of the points available. This compared to an average performance of 97.1% across the CCG and 97.4% national average. For example, the percentage of patients on the asthma register who had an asthma review within the preceding 12 months that included an assessment of asthma control was 73.9%. This compared to a CCG average of 73.7% and a national average of 75.4%.

- Longer appointments and home visits were available when needed.
- Staff had completed most of the training they needed to provide patients with safe care.

Families, children and young people

The practice is rated as good for the care of families, children and young people.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 92.9% to 100% for the 14 children eligible within the practice population and five year olds from 91.3% to 100% for the 23 children eligible. The average percentage across the CCG for vaccinations given to under two year olds ranged from 96.2% to 98.9% and five year olds from 31.6% to 98.9%.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Nationally reported data showed the practice had performed in line with average for providing recommended care and treatment for this group of patients.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw good examples of joint working with midwives, health visitors and school nurses.

Good



Working age people (including those recently retired and students)

The practice is rated as good for the care of working age people (including those recently retired and students).

Good



Summary of findings

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Nationally reported data showed the practice provided recommended care and treatment that was in line with or above national averages for this group of patients. For example, the percentage of patients with hypertension in whom the last blood pressure reading in the preceding 12 months was 150/90mmHg or less was 84.5%, compared to a CCG average of 83.7% and national average of 83.6%.

People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including patients with learning disabilities.
- The practice offered longer appointments for patients with a learning disability.
- Staff carried out annual health checks for carers and patients who had a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- Performance for mental health related indicators was better than the CCG and national average. The practice achieved 100% of the points available. This compared to an average performance of 91.8% across the CCG and 92.8% national average. For example, 100% of patients with schizophrenia, bipolar affective disorder and other psychosis had a

Good



Summary of findings

comprehensive agreed care plan documented within the preceding 12 months. This compared to a CCG average of 86.9% national average of 88.5%. (Exception reporting 25% (one person) compared to CCG average of 11.9% and England average of 12.6%.)

- The percentage of patients diagnosed with dementia whose care was reviewed in a face-to-face review within the preceding 12 months was better than the national average at 100%. This compared to a CCG average of 80.8% and a national average of 84.0%. (Exception reporting 16.7% (one person) compared to CCG average of 6.6% and England average of 8.36%.)
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The latest GP Patient Survey published in January 2016 showed the majority of patients were satisfied with their overall experience of the GP surgery (at 97.6%). This was higher than the local Clinical Commissioning Group (CCG) average (at 88.3%) and the England average (at 85.1%). There were 339 survey forms distributed for Harraton Surgery and 126 forms returned. This is a response rate of 37.2% and equated to 5.6% of the practice population.

- 99.5% found it easy to get through to this surgery by phone (CCG average of 79.3%, national average of 73.3%).
- 83.3% would recommend the practice to someone new to the area (CCG average 82.2%, national average 79.8%).
- 100% found the receptionists at this surgery helpful (CCG average 89.6%, national average 86.8%).
- 88.8% were able to get an appointment to see or speak to someone the last time they tried (CCG average 76.6%, national average 76.1%).
- 96.9% said the last appointment they got was convenient (CCG average 93.8%, national average 91.8%).
- 96.7% described their experience of making an appointment as good (CCG average 76%, national average 73.3%).
- 67.5% felt they did not normally have to wait too long to be seen (CCG average 64.1%, national average 57.7%).
- 72% of respondents usually waited 15 minutes or less after their appointment time to be seen (CCG average 71%, National average: 65%).

As part of our inspection we asked for Care Quality Commission (CQC) comment cards to be completed by patients prior to our inspection. We received 17 CQC comment cards. The majority of comment 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. There were no key themes of concern from the two cards which included negative views of the practice.

In particular they commented positively on staff, the ease of getting an appointment and their satisfaction with the treatment received. The following words were used to describe staff; caring, polite and friendly.

We also spoke with seven patients, of which three were members of the patient participation group. They all told us overall they were satisfied with the healthcare they had received from the practice. A few told us they had experienced poor customer care at times, but this was not usual.

This was also reflected in the national friends and family test (FFT) results. (The FFT is a tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience that can be used to improve services. It is a continuous feedback loop between patients and practices).

In the month of January 2016, 100% of patients completing the test said they were either 'extremely likely' (four patients) or 'likely' (one patient) to recommend the service to family and friends.

In the month of February 2016, 70% of patients completing the test said they were either 'extremely likely' (five patients), 'likely' (two patients) to recommend the service to family and friends. 30% said they were neither likely nor unlikely (three patients) to recommend.

In March 2016, 100% of patients completing the test said they were either 'extremely likely' (two patients) or 'likely' (two patients) to recommend the service to family and friends.

Areas for improvement

Summary of findings

Action the service SHOULD take to improve

- Consider the practice approach to appraisal so all staff have the benefit of a collaborative appraisal, which clearly identifies performance and learning needs.
- Continue with the progress made with staff training to address any remaining gaps, to ensure staff have the knowledge and skills needed to do their job.
- Consider how they can ensure the sustainability of improvements made and have robust and effective succession planning in place.
- The practice should continue to improve their approach to seeking and acting on feedback from patients and staff, to demonstrate continuous improvement and that they are a 'listening' organisation.

Harraton Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC Lead Inspector.

The team included a specialist adviser GP, and a CQC Inspection Manager.

Background to Harraton Surgery

The practice is located in Harraton, a district of Washington in the Sunderland area. They provide services to around 2,200 patients from the following address, which we visited during this inspection:

Harraton Surgery, 3 Swiss Cottages, Washington, Tyne And Wear, NE38 9AB

Harraton Surgery is a small sized practice providing care and treatment to patients of all ages, based on a Personal Medical Services (PMS) contract agreement for general practice. The practice is part of the NHS Sunderland clinical commissioning group (CCG).

The practice's age distribution profile is weighted towards a slightly older population than national averages. There are more patients registered with the practice between the ages of 45 and 60 than the national averages.

The practice has one lead GP (male) who owns the practice. There is also a female locum GP, a practice nurse, a healthcare assistant, a practice manager and three administrative support staff.

The practice is located in a converted two-storey building. Patient facilities are on both the ground and first floor. The practice does not have a lift but there are consultation rooms available on the ground floor for all patients to use. There is on-site parking and step-free access.

Surgery opening times are Monday to Thursday 8am to 6pm, and Friday 7:30am to 6pm. Appointments are available between the following times:

Monday 9:30am - 12pm and 2pm - 4:30pm

Tuesday 9:30am - 12pm and 2pm - 4:30pm

Wednesday 9:30am - 12pm and 4pm - 6:00pm

Thursday 9:30am - 12pm and 2pm - 4:00pm

Friday 7:30am - 12pm and 3:30pm - 6:00pm

The service for patients requiring urgent medical attention out of hours is provided by the NHS 111 service and Northern Doctors Urgent Care Limited (NDUC).

Information taken from Public Health England placed the area in which the practice was located in the fifth least deprived decile. In general, people living in more deprived areas tend to have greater need for health services. The average male life expectancy is 79 years, which is the same as the England average and the average female life expectancy is 82 years, which is one year lower than the England average. The percentage of patients reporting with a long-standing health condition is higher than the national average (practice population is 61.3% compared to a national average of 54.0%).

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme. A previous inspection had taken

Detailed findings

place in September 2015 after which the practice was rated as inadequate. We rated the practice as inadequate for providing safe and well-led services; requires improvement for providing effective and responsive services and good for providing caring services.

The purpose of this most recent inspection was to check that improvements had been made.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

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 are provided for specific groups of people and what good care looks 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)

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 6 May 2016. During our visit we:

- Spoke with a range of staff (including the lead GP, the practice nurse, practice manager and three administrative staff) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Reviewed the action plan put in place by the practice, following the earlier inspection which took place in September 2015.

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

Are services safe?

Our findings

Safe track record

When we inspected the practice in September 2014 we found the practice's approach to identifying and investigating incidents was unclear. During the inspection in September 2015, we found the system in place was still not clear. There remained a lack of clarity as to how significant and serious events were identified and how learning was disseminated.

During the inspection in May 2016 we found the practice had addressed these concerns. It had done this by:

- Improving their approach to significant events. We saw significant events were now a standing agenda item on team meeting agendas. The practice used the local on-line incident reporting system Safeguard Incident and Risk Management System (SIRMS) to record all significant events. The amount of detail recorded relating to significant events had increased. The practice had introduced a review process at the next relevant meeting after the significant event had been discussed to check on progress with learning. The number and range of significant events had increased. We found staff knew how to raise significant events and were able to tell us about improvements made as a result of incidents.
- 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.
- For example, following an incident where the refrigerator used to store vaccines was turned off accidentally; the practice had wired it into a switch-less socket to avoid the risk of a similar incident happening in the future.

During the inspection in September 2015, we found systems and processes were not in place to ensure patients were kept safe. We identified concerns with recruitment arrangements, infection control, staffing, support given to staff through training and appraisal and a lack of effective governance. The practice could therefore not demonstrate a consistent safe track record over the long term.

During the inspection in May 2016 we found the practice had addressed many of the areas of concern and had started to implement systems that would support them to evidence a safe track record.

Overview of safety systems and processes.

When we inspected the practice in September 2015 we identified some concerns in relation to safety systems and processes. Concerns included :-

- There were insufficient arrangements in place to ensure an environment that was clean and free from infections.
- The practice did not have suitable arrangements in place for the proper and safe management of vaccines.
- Staff were not clear who the lead was for safeguarding children and vulnerable adults.
- A member of staff who acted as a chaperone had not been risk assessed, nor had a Disclosure and Barring Service (DBS) check completed to check they were safe to do this.
- Recruitment checks were not always carried out.
- Most of the staff we spoke with thought there was not enough staff.

During the inspection in May 2016 we found the practice had addressed these areas of concern.

Cleanliness and infection control

Since the last inspection the practice had improved the arrangements to ensure an environment that was clean and free from infections.

Improvements included :

- Deploying a domestic worker to clean the practice each working day. The practice had implemented a new cleaning schedule to support them in maintaining a clean environment. The practice now maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy.
- Putting in place an appropriate range of infection control policies and procedures to support the practice and their staff.

Are services safe?

- Carried out an infection control audit, which identified the areas where the practice could improve. The practice had put in place an action plan to address the areas identified and we saw the practice had implemented the action plan.
- Installation of a cleaning cupboard for the appropriate storage of cleaning equipment and supplies.
- Staff had attended training and roles and responsibilities within infection control were clearer;
- Put in place clear arrangements for the disposal and removal of clinical waste.
- Installed disposable privacy curtains in consultation and treatment rooms, clearly labelled with the date they were replaced.
- Carried out a legionella risk assessment and the practice were putting in place arrangements to monitor water outlets in the practice. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings)

Medicines management

Since the last inspection the practice had improved the arrangements to ensure the way they managed medicines in the practice kept patients safe. This included obtaining, prescribing, recording, handling, storing, security and disposal of medicines, including emergency medicines and vaccines.

Improvements included the purchase of a new appropriately sized vaccine refrigerator. The practice had also implemented regular checks of the minimum and maximum temperatures, and had in place a second thermometer independent of mains power to calibrate the internal fridge temperature. However, the practice had not routinely reset the minimum maximum temperature thermometer to provide a more accurate reading on a daily basis. We spoke with the practice nurse and practice manager, who told us they would immediately implement a reset process for the thermometer.

Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line

with legislation. The practice manager was the counter signatory on some of these. They had identified this was not best practise and had stopped but there were still some of them in use at the time of the inspection.

Reliable safety systems and processes including Safeguarding

Since the last inspection the practice had improved their safeguarding arrangements. We found staff were now clear about who the safeguarding lead was and what action they would take if they suspected abuse. There were relevant policies and procedures in place to guide them to the action they should take. 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.

We also found 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 three and the practice nurse to level two.

A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (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).

Staffing and recruitment

The practice had improved the checks they made during the recruitment of new members of staff.

- We reviewed the personnel file for a new member of staff who the practice had recently recruited. We found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications and the appropriate checks through the Disclosure and Barring Service.
- We reviewed four other personnel files and found the practice now maintained a fuller record to demonstrate staff were of good character and suitable for the role to

Are services safe?

which they were employed. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

- At the last inspection in September 2015, most of the staff we spoke with thought there was not enough staff. At the inspection in May 2016, staff told us the staffing situation had improved. An additional administrative staff member had been employed and the hours of other staff had been increased to create more capacity within the staff team. However, the practice did not demonstrate to us they had in place robust succession planning to plan for staff who were leaving or may leave in the future. For example, the lead GP was still the only permanent GP; the other GP was a long-term locum.
- Arrangements were in place for short term 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

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. 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 variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control.

Arrangements to deal with emergencies and major incidents

When we inspected the practice in September 2015 we found :

- There was little evidence to demonstrate staff had received basic life support training.
- Only one member of staff had received fire safety training.
- There was oxygen available, but no children's masks.
- The business continuity plan was not specific to the practice, did not include emergency contact numbers for staff and made reference to organisations which no longer exist.

During the inspection in May 2016 we found the practice had addressed these concerns.

- All staff had received or had planned annual basic life support training and staff had received training in fire safety.
- Oxygen was available with adult and children's masks.
- The practice had a new comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact details for services and staff.

We also found 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. The practice had a defibrillator available on the premises. There were emergency medicines available in the treatment room, 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.

Are services effective?

(for example, treatment is effective)

Our findings

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.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

When we inspected the practice in September 2015 we found no evidence that the national patient safety alerts were discussed at meetings to ensure staff were aware of any necessary action.

During the inspection in May 2016 we found the practice had implemented assurance systems to ensure patient safety alerts were noted by clinical staff, any action required was discussed at team meetings and appropriate action was taken. We saw evidence to confirm this system was in place and operational, through records of patient safety alerts and notes of staff meetings.

Management, monitoring and improving outcomes for people

Nationally reported data taken from the Quality Outcomes Framework (QOF) for 2014/15 showed the practice had achieved 98.4% of the points available to them for providing recommended treatments for the most commonly found clinical conditions. This was higher than the national average of 94.8%. The practice had 10.2% clinical exception reporting, which was 0.6% below CCG Average, 1% above the England Average. (The QOF scheme includes the concept of 'exception reporting' to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect.)

This practice was an outlier for one QOF (or other National) clinical targets. This practice was an outlier in 2014/15 on the prescribing of antibacterial (antibiotic) medicines. This was historical data and the practice provided evidence of the improvements they had made in this area. We saw the practice had carried out an audit in this area. This

demonstrated sustained improvement in the prescribing of antibacterial medicines. The practice continued to monitor this area, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.

Data from 2014/15 showed;

- Performance for diabetes related indicators was better than the clinical commissioning group (CCG) and national average. The practice achieved 100% of the points available. This compared to an average performance of 93.5% across the CCG and 89.2% national average. For example, the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 91.7%, compared to a national average of 88.3%. The percentage of patients on the diabetes register who had an influenza immunisation was 100%, compared to a national average of 94.5%.
- Performance for asthma related indicators was similar to the CCG and national averages. The practice achieved 100% of the points available. This compared to an average performance of 97.1% across the CCG and 97.4% national average. For example, the percentage of patients on the asthma register who had an asthma review within the preceding 12 months that included an assessment of asthma control was 73.9%. This compared to a CCG average of 73.7% and a national average of 75.4%. The practice overall exception reporting for patients with asthma was 10.1%. This compared to 9.2% across the local CCG and 6.8% nationally. The GP and the practice nurse told us they were aware of this higher level of exception reporting. They noted this related to the patient demographic for this group, of younger working age patients who had good control of their asthma symptoms. They had tried to encourage more patients to attend for reviews, by use of invitation letters, but found a large number still did not attend. They were exploring the use of text alerts to mobile phones to encourage patients to attend.
- The percentage of patients with hypertension in whom the last blood pressure reading in the preceding 12 months was 150/90mmHg or less was 84.5%, compared to a CCG average of 83.7% and national average of 83.6%.
- Performance for mental health related indicators was better than the CCG and national average. The practice achieved 100% of the points available. This compared to

Are services effective?

(for example, treatment is effective)

an average performance of 91.8% across the CCG and 92.8% national average. For example, 100% of patients with schizophrenia, bipolar affective disorder and other psychosis had a comprehensive agreed care plan documented within the preceding 12 months. This compared to a CCG average of 86.9% national average of 88.5%.

- The percentage of patients diagnosed with dementia whose care was reviewed in a face-to-face review within the preceding 12 months was better than the national average at 100%. This compared to a CCG average of 80.8% and a national average of 84.0%.
- This practice performance on the number of emergency admissions for 19 ambulatory care sensitive conditions per 1,000 population was similar to the national average. (Ambulatory care conditions are conditions where effective community care and case management can help prevent the need for hospital admission.) The practice performance for this indicator was 14.3% compared to the national average of 14.6%.
- The practice had higher than average exception for stroke and transient ischaemic attack indicators. The exception rate for the practice was 19.5%, compared to an average of 10% in the local CCG and 9.7% nationally. We spoke with the GP about this. He thought one reason for this could be because of a large local employer which offered private health insurance. He thought the healthcare provided privately to these patients was often under recorded on NHS records.

Clinical audits demonstrated quality improvement.

- There had been three clinical audits completed since the last inspection, all of which were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, recent action taken as a result included an audit to increase the number of patients who had an identified date for medication review, where they were receiving repeat prescriptions. Another demonstrated the practice had increased the completion of a screening tool to identify alcohol dependency.

Effective staffing

When we inspected the practice in September 2015 we found staff did not always have the skills, knowledge and

experience to deliver effective care and treatment. The learning needs of staff were not identified through a system of appraisals, meetings and reviews of practice development needs.

During the inspection in May 2016 we found the practice had made improvements to their approach to appraisal. There was a programme of appraisals for staff members and this identified learning needs of staff and practice development needs. However, there were areas where this was not as effective as it could be. Some staff told us they felt managers did not use this as a joint opportunity to reflect on staff performance and learning needs. Instead relying on staff to do this for themselves, rather than being a collaborative process. We saw evidence the practice had taken action to address the previous shortfalls in staff training, for example, by providing staff with opportunities for infection control and fire training. The practice had identified staff needed additional training in health and safety, but had not yet been able to source this training.

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations 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.
- Staff received training that included: safeguarding, fire procedures and basic life support. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

When we inspected the practice in September 2015 we found there were delays in sending out referral letters to other services for patients because not enough staff had been trained to do this. The practice had addressed the staffing issues, which had contributed to this issue. Training had been delivered to other administrative staff and we found the backlog of work had been addressed.

Are services effective?

(for example, treatment is effective)

We also found 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. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services 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. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

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

When we reviewed the most recent data we found childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 92.9% to 100% for the 14 children eligible within the practice population and five year olds from 91.3% to 100% for the 23 children eligible. The average percentage across the CCG for vaccinations given to under two year olds ranged from 96.2% to 98.9% and five year olds from 91.6% to 98.9%.

The practice had a system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 81.5%, which was similar to the CCG average of 81.7% and the national average of 81.8%. There was a policy to offer reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

The majority of the 17 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. There were no key themes of concern from the two which included negative views of the practice.

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

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was mostly in line with national averages for its satisfaction scores on consultations with doctors and nurses. For example:

- 88.8% said the GP was good at listening to them compared to the CCG average of 90.1% and national average of 88.6%.
- 89.6% said the GP gave them enough time compared to the CCG average of 88.5% and national average of 86.6%.
- 96.5% said they had confidence and trust in the last GP they saw compared to the CCG average of 95.3% and national average of 95.2%.
- 90.1% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87.8% and national average of 85.3%.

- 95.4% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93.3% and national average of 90.6%.
- 100% said they found the receptionists at the practice helpful compared to the CCG average of 89.6% and national average of 86.8%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

Results from the National GP Patient Survey we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were broadly in line with local and national averages. For example:

- 85.2% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87.5% and national average of 86.0%.
- 86.7% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85.2% and national average of 81.6%.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 3% of the practice list as carers (56 patients). They had started to recall patients who were identified as carers for an annual review of their health. Written information was available to direct carers to the various avenues of support available to them. The practice manager told us young carers were prioritised by the local carers support organisation, to ensure their needs were met promptly.

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 or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

At the inspection in September 2015 we found the practice needed to improve the way they responded to and met people needs. This was because:

- There was a lack of facilities specifically designed for patients with mobility difficulties.
- The practice did not have a hearing loop installed to assist patients with hearing difficulties.
- Staff were not aware of whether there was an interpretation service available to support patients who did not speak English.

At the inspection in May 2016 we found the practice had taken steps to increase the accessibility of their services. They had installed a hearing loop to assist communication with those patients with hearing impairment. They had arranged for a clearly marked disabled parking space to be created at the front of the practice, near the entrance way.

The practice had investigated the feasibility of altering the patient toilet to make it accessible to patients in wheelchairs and those with physical disabilities who would struggle to use the facilities. Due to a load bearing wall it was not possible to make these changes at a reasonable cost. However, the practice had written out to patients known to use a wheel chair and set out the reasonable adjustments they would put in place if a patient needed to provide a urine sample. The practice recognised these were not the best arrangements, but endeavoured to assist patients with disabilities in any reasonable way they could. There was a bell at the front entrance, with a notice telling patients to use this if they required additional assistance entering the building.

There was an interpretation service available to support patients who did not speak English. However, information was not displayed in the practice waiting area, to make patients aware this service was available.

As a small practice we saw evidence staff knew the needs of individual patients and took action to meet their needs. However, they had not formally reviewed the needs of their local population. The practice engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. They were a part of the vanguard pilot in

the Sunderland area, the "Better Health for Sunderland" scheme. This aims to move specialist care out of hospitals and into the community and prevent unnecessary hospital admissions.

- The practice offered extended hours on a Friday morning from 7:30am 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 required same day consultation
- Patients were able to receive NHS travel vaccinations.
- There were disabled facilities, a hearing loop and translation services available.

Access to the service

When we inspected the practice in September 2015 we found the practice website was very basic and did not include some important information to help patients access the service. During the inspection in May 2016 we found this issue had been partly addressed by the practice. There was some basic information provided about the Electronic Prescribing System, but there was no information provided about how to request home visit appointments.

The practice was open between 8.00am and 6.00pm Monday to Thursday and between 7.30am and 6.00pm on Fridays. Outside of these times patients were directed to the NHS 111 service.

The results of the national GP patient survey with how satisfied patients were with how they could access care and treatment was broadly in line with national and local clinical commissioning group averages.

- 88.8% said they were able to see or speak to someone last time they tried, compared to the CCG average of 76.5% and England average of 76.1%.
- 96.9% of patients found the appointment was very or fairly convenient, compared to an average of 93.8% in the local CCG area and 91.8% across England.
- 95.2% of patients were satisfied with opening hours, compared to a CCG average of 84.5% and England average 78.3%.

Are services responsive to people's needs?

(for example, to feedback?)

- 99.5% found it easy to get through to this surgery by phone compared to a CCG average of 79.2% and a national average of 73.3%.
- 96.7% described their experience of making an appointment as good compared to a CCG average 76% and a national average of 73.3%.
- 72% usually waited 15 minutes or less after their appointment time to be seen compared to a CCG average 71% and a national average of 65%).
- 67.5% said they felt they normally do not have to wait too long to be seen compared to a CCG average 64.1% and a national average of 57.7%.

Listening and learning from concerns and complaints

When we inspected the practice in September 2015 we identified concerns with the system in place for handling complaints and concerns.

During the inspection in May 2016 we found the practice had an improved process for handling complaints.

- Their complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.

- We saw that information was available to help patients understand the complaints system. There was a summary leaflet available in the practice waiting area. The practice encouraged patient feedback, including complaints, on their practice website. However, information about what the process was for making a complaint was covered in only a basic level of detail.

We looked at four complaints received in the last six months and found the practice had responded to and taken action to address concerns raised with them through their complaints process. For example, the practice had taken action to reduce the light pollution for neighbours of the practice following the installation of new emergency lighting. The practice told us they planned to audit complaints on an annual basis each September to look for emerging themes and trends, to help the practice further learn and improve as a result of complaints received.

However, we found when responding to complaints the practice did not provide information about how the complainant could escalate their concern if they remained unsatisfied with the way their complaint had been dealt with. This information was provided in the practice complaints leaflet, but this was not routinely given to patients who made complaints.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

When we inspected the practice in September 2015 we found :

- Staff were unaware of the existence or contents of the practice mission statement.
- There was no documented practice strategy for future development. The business plan for the period 2014 to 2016 did not contain detailed plans or timescales about how and when they would achieve the aims sets out in the plan.

During the inspection in May 2016 we found the practice had made good progress with implementing improvements. Practice staff told us this had been the focus for the practice over the last six months, and they wanted to bring the practice up to the basic standard before they looked more widely at the future vision and strategy for the practice.

There was a five year practice business plan in place for 2015 to 2020. This set out the key values of the practice which was to be open, fair, and respectful and demonstrate accountability. The practice mission statement was to 'provide an appropriate and rewarding experience for our patients whenever they need our support'. We found staff were still unclear about the documented mission statement, but all staff we spoke with talked about being there for the patients, and that patient care was the top priority. Staff had a greater awareness of the drivers for change and had been kept aware of the improvements that were required. The business plan was supported by an action plan, which detailed some key deliverables, such as offering the best possible patient care, discussing extended access with key partners, and increasing the number of patients in the patient participation group.

Although we could see the practice had made numerous improvements. It will take time for them to demonstrate that the level of improvement could continue to be sustained. In particular, we were concerned the wider responsibilities of the lead GP could impact on the management support available to the practice and therefore the sustainability of the improvements already made. There was also a risk to the practice being able to

maintain adequate levels of staffing, and the practice should consider how they can robustly manage the risks associated with staffing levels and have effective succession planning in place.

Governance arrangements

When we inspected the practice in September 2015 we found the practice still did not have effective systems or processes in place to demonstrate good governance. Examples of these failings included:

- Practice policies were updated on an ad-hoc basis;
- Meetings of the administrative team were ad-hoc;
- Meetings between the lead GP and nurse were informal and not documented.
- There were inconsistencies in how significant events and complaints were recorded and there was little evidence to demonstrate how any learning from such events was shared with staff.
- We also identified issues with the recruitment arrangements, infection control and support given to staff through training. The lack of good governance had contributed to all of these issues.

During the inspection in May 2016 we found systems and processes established to assess, monitor and mitigate risks or assess, monitor and improve the quality of the services provided had improved. For example,

- The practice had reviewed and updated all policies and procedures. A review date was included on all policies to trigger a review and revise in the future. Staff had access to these in hard copy and electronically.
- The practice held regular documented practice meetings. These had occurred more frequently whilst the practice were taking actions to improve. This was to create more opportunity for staff to feed in their views.
- We found the practice had addressed the concerns identified during the September 2015 inspection and taken action to improve. This included processes relating to significant events analysis, complaints handling, recruitment arrangements, infection control and support given to staff through training and appraisal.

We found the practice now had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

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 staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was now maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying and recording issues and implementing mitigating actions. However, the practice did not have a formal risk management system in place to manage risks to the business. We spoke to the practice manager about this, who said they would consider how they could incorporate this into business planning processes to ensure business risks were identified, recorded and mitigating action put in place to reduce the likelihood of risks occurring.

Leadership and culture

We found the practice had made significant progress in addressing the concerns identified during the September 2015 inspection. We found they prioritised safe, high quality and compassionate care. The lead GP had increased his visibility and availability within the practice and staff told us they were able to raise any concerns.

Some staff raised concerns with us about the management approach within the practice. They felt since the last inspection, a 'blame culture' had sometimes been apparent and this created discord and tension within the practice. There was still a feeling of 'them' and 'us' between some of the staff and managers. They told us there had been some improvement to this, since the initial reactions to the inspection findings. But there was still organisational memory of what had gone before. However, staff did comment that they had seen the practice change for the better. We were concerned that if the practice did not address these cultural issues, there could be an impact on the sustainability of improvements already made.

However, we did find evidence the practice was making efforts to encourage openness, honesty and transparency. There were now regular team meetings, which were noted. Staff were given the opportunity to raise concerns through the appraisal process. The practice had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

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

The practice had clarified the leadership structure, and information about this had been shared with staff.

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

At the September 2015 inspection, we found staff were not involved in discussions about how to run and develop the practice, or encouraged to identify opportunities to improve the service delivered by the practice. At the inspection in May 2016, we found the practice had taken steps to encourage staff to be involved in discussions about how to run and develop the practice. The practice management were taking steps to encourage all members of staff to identify opportunities to improve the service delivered by the practice. More frequent staff meetings had been held to give staff the opportunity to share their views and also help them understand the challenges faced by the practice and the plans for the future. We found the practice needed to further develop their approach to staff engagement, to foster an open culture, where staff felt able to express their views and were confident that they would be acted upon.

At the September 2015 inspection, we found the practice had introduced the National Friend and Family Test. However, the comments had not been reviewed in the previous five months. At the May 2016 inspection we saw the practice had collected this data, but there was no clear evidence the practice considered the outcome of these as part of reviewing the effectiveness and quality of the service delivered.

At the last inspection, we also found the Patient Participation Group (PPG) lacked impartiality, and meetings were not held on a regular basis. At the May 2016 inspection, we saw evidence these meetings were held more frequently. However, membership of this group was still very small, and some members of the PPG raised concerns about the usefulness of these meetings. They told

Are services well-led?

Requires improvement 

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

us the practice had not discussed the outcome of the September 2015 inspection with them and when they tried to raise issues about the quality of the service, they were discouraged from doing so.

We saw the practice had information about the PPG displayed in the practice waiting area and on the practice website to encourage new members to join. However, the practice should consider how they can more effectively use the PPG to gather the views of patients and generate ideas as to how they can improve.

Continuous improvement

We were satisfied that the systems they had in place for learning from significant events was satisfactory and showed evidence of continuous improvement. The practice worked hard to maintain their level of Quality and Outcomes Framework (QOF) and performance against national screening programmes. They had showed continuous improvement in the way they addressed the concerns raised at their previous CQC inspection, which took place in September 2015.