

Dr Nisha Pathak

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		Good	
Are services safe?	Requires improvement		
Are services effective?	Good		
Are services caring?	Good		
Are services responsive to people's needs?	Good		
Are services well-led?	Good		

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of Dr Nisha Pathak on 22 March 2016. The overall rating for the practice was requires improvement. The full comprehensive report for the March 2016 inspection can be found by selecting the 'all reports' link for Dr Nisha Pathak on our website at www.cqc.org.uk.

This was an announced comprehensive follow up inspection carried out on 9 May 2017 to confirm that the practice had carried out their plan to meet the required improvements in relation to the breaches in regulations that we identified in our previous inspection on 22 March 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

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

- When we inspected the practice in March 2016 we saw there was an open and transparent approach to safety and a system in place for reporting and recording significant events. However, the learning from significant events was not consistent. At this inspection, records we looked at demonstrated that action had been taken to improve.
- Staff we spoke with demonstrated a personal awareness of guidance such as NICE. However in the absence of clinical meetings the provider did not demonstrate how they ensured all clinical staff were up to date with latest guidance
- Most risks to patients were generally assessed and well managed; however, some risks were not effectively managed. For example, the practice received test results in electronic as well as in paper format. We saw evidence that some blood tests and X-ray results had

Summary of findings

not been actioned timely. The provider GP had a preference for processing incoming blood tests and X-ray results in paper format and staff told us that this often caused the delays.

- During our previous inspection in March 2016 patients said they found it difficult to make an appointment with a named GP which affected continuity of care. At this inspection, we were told that the provider GP who previously only carried out administrative duties now offered consultations three days a week. There had also been two regular locum GPs since December 2016.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. The July 2016 national GP patient survey results aligned with these views.
- When we inspected the practice in March 2016 we saw administration staffing levels were not adequate to meet patient needs. At this inspection we were told that one additional receptionist and two apprentice reception staff had been recruited. Staff we spoke with confirmed this and told us that greater stability in regards to staffing had been achieved.
- Information about services and how to complain was available. During our previous inspection we identified that information on how to escalate complaints that were not satisfactorily resolved was not provided in the complaints response. At this inspection we saw this information had been included in the response letter.

- When we inspected the practice in March 2016 staff members told us that they were not involved in discussions regarding developments proposed for the practice. At this inspection staff told us there was greater communication about the future direction and developments of the practice.

We saw one area of outstanding practice:

The practice had a proactive approach to registering patients for online services. Many patients were unsure of how to register or use the online service. The practice responded by having a computer available in the reception waiting area so that it could be used to guide patients on using the system. We saw evidence that 694 patients (26% of the list size) had been registered for online services. We were told that many patients were regularly using the service.

The areas where the provider must make improvement are:

- Introduce effective systems or processes to mitigate the risks relating to the timely management and actioning of hospital communications.

The areas where the provider should make improvement are:

- Consider in the absence of clinical meetings how the provider could demonstrate how all clinical staff were kept up to date with latest guidance.
- Continue to consider promotion of the bowel cancer screening programme to achieve improvement.

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 requires improvement for providing safe services.

The practice had made improvements to the areas we had identified during our previous inspection in March 2016 to ensure patients were kept safe. However, at this inspection we found the process for managing hospital communication did not ensure patient safety.

- The practice received tests results in electronic format as well as in paper format. The lead GP received all incoming results and actioned where appropriate which included forwarding abnormal results to locum GPs where relevant. However, we saw 20 blood test and seven X-Ray results that did not appear to have been actioned.
- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; lessons were shared to ensure action was taken to improve safety in the practice.
- The practice had taken action to manage risks identified during our previous inspection in March 2016. For example, the practice had taken action to ensure prescription stationery were kept safe and secure and had ensured all relevant emergency medicines were available in the premises.
- The practice took a proactive approach to ensure safety of patients on all high risk medicines. Alerts were placed on patient records to highlight to clinicians that antibiotics prescribed in combination with some high risk medicines could cause side effects.
- The practice had adequate arrangements to respond to emergencies and major incidents.
- Staff demonstrated that they understood their responsibilities for safeguarding and had received training relevant to their role.
- During our previous inspection in March 2016, we saw patient records were not being updated with information regarding medicines following home visits. At this follow up inspection we saw processes had been reviewed to ensure it was effective and records we looked at confirmed an effective process was in place.

Requires improvement



Summary of findings

Are services effective?

The practice is rated as good for providing effective services. The practice had made improvements in areas identified during our previous inspection in March 2016.

- Data from the Quality and Outcomes Framework showed patient outcomes were above average compared to the national average.
- Staff we spoke with demonstrated a personal awareness of current evidence based guidance, audits and care plans we looked at showed NICE guidance's were incorporated where relevant.
- Staff had the skills and knowledge to deliver effective care and treatment.
- We looked at two clinical audits which demonstrated quality improvement.
- During our previous inspection in March 2016 we saw some staff had not received appraisals or had personal development plans. At this follow up inspection, records we looked at showed that appraisals had been carried out for relevant staff members.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

When we previously inspected the practice they were rated as good for providing caring services. At this inspection the practice continued to be rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- National patient survey we reviewed showed that 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 accessible.
- Translation services were available to people whose first language was not English.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality. However, during consultations the computer screen displaying patient

Good



Summary of findings

appointments was visible to patients. This may compromise patient confidentiality. The practice took immediate action to ensure patient confidentiality by purchasing privacy panels for computer screens.

- The practice had identified 55 patients as carers (2% of the practice list). There was a carers board situated in the reception area. A member of staff acted as a carers' lead to help ensure that the services supporting carers were coordinated and effective. We saw written information was available to direct carers to the various avenues of support available to them.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

The practice had made improvements since our previous inspection in March 2016. During our previous inspection we saw that complaint response letter did not signpost patients to other agencies if they were unhappy with the response they had received from the practice. During this inspection, details of the ombudsman were included in letters sent to complainants.

- The practice engaged with the Clinical Commissioning Group (CCG) to secure improvements. For example, the practice was taking part in the CCGs Primary Care Commissioning Framework (PCCF) to improve patient care and quality.
- The practice understood its population profile and had used this understanding to meet the needs of its population. The practice was located in an area with ethnically diverse population and had taken on an enhanced service to offer newly registered migrant patients screening for tuberculosis (TB). Patients that had travelled to at risk areas within the last six months were also offered screening.
- Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was above the local CCG averages. However, the practice was aware that the survey also highlighted patients did not usually get to see or speak with their preferred GP and had responded to ensure improvements were achieved.
- The practice was located in a health centre and had good facilities to treat patients and meet their needs.

Good



Are services well-led?

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

During our previous inspection in March 2016 we saw that the practice had a vision but some staff were not aware of their

Good



Summary of findings

responsibilities in relation to the vision. During this follow up inspection, most staff members we spoke with were aware of the vision of the practice and told us that the GP provider was available at the practice and had discussed the vision as well the some immediate future direction of the practice.

- When we inspected the practice in March 2016 we saw that the practice governance framework was not effective. The practice had recruited additional staff members which provided stability and management capacity to oversee the governance processes.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- The provider was aware of the requirements of the duty of candour. We saw one example where the practice complied with these requirements.
- The practice sought feedback from patients and we saw examples where feedback had been acted on. The practice was aware of areas identified for improvement in the national GP patient survey and had developed an action plan to make improvements. The practice patient participation group (PPG) was active and members we spoke with told us that the practice acted on most of their feedback.
- There was some focus on continuous learning and improvement .For example; the practice had a proactive approach to registering patients for online services. The practice asked the CCG for a computer which it used to register patients and to demonstrate how they could utilise the system going forward. The practice had registered 694 patients (26% of the list size) for online services, the most within the local CCG.

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.

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met.
- The practice had effective systems in place to identify and assess patients who were at high risk of admission to hospital.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care. We looked at some documented examples which showed that special patient notes were used for complex patients such as those on the palliative care register.
- End of life care was delivered in a coordinated way which took into account the needs of different patients. The practice followed the principles of Gold Standard Framework (GSF) for patients on the practice palliative care register.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- Performance for diabetes related indicators was 95% compared to the CCG average of 88% and national average of 90%.
- Other long term conditions such as chronic obstructive pulmonary disease (COPD), asthma and hypertension showed patient outcomes were above CCG and national averages.

Summary of findings

- We saw an example of a proactive approach to ensure safety of patients on high risk medicines. Alerts were placed on patient records to highlight to clinicians that antibiotics prescribed in combination could cause side effects to the patient.
- We saw evidence that multi-disciplinary team meetings took place on a regular basis.

Families, children and young people

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

- From the documented examples we reviewed, we found 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 accident and emergency (A&E) attendances. Information was sent to patients advising them of the practice in-house facilities following attendance to accident and emergency.
- Immunisation rates for the standard childhood immunisations were above local and national averages.
- The practice collaborated with four neighbouring practices. As a result, patients could access GPs at a designated practice on Saturdays. The practice also offered extended evening appointments from 6.30pm to 8pm on Wednesdays
- The practice was located in a purpose built health centre and was suitable for children and babies.
- Data from 2015/16 showed that the practice's uptake for the cervical screening programme was 81%, compared to the CCG average of 80% and national averages of 81%.
- We saw examples of joint working with midwives and health visitors.

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).

- The needs of the working age population had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, extended opening hours and Saturday appointments were accessible at another local surgery.

Good



Summary of findings

- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group. The practice had registered 694 patients (26% of the list size) for online services which were the highest within the CCG.
- The practice sent text message reminders of appointments and test results using the practice patient system. The practice also used a digital communications system which supported two-way text messaging to allow patients to easily cancel unwanted appointments.
- For accessibility, telephone consultation appointments with a GP were introduced.
- The practice had taken on an enhanced service to provide screening for tuberculosis (a bacterial infection) to newly registered migrant patients and those that had travelled to high risk areas within the last six months.
- The practice was proactive in offering a full range of health promotion and screening that reflected the needs for this population group.

People whose circumstances may make them vulnerable

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

- Vulnerable patients were regularly seen in practice for care planning and medication reviews. The practice operated an effective recall system and individual care plans were developed to help ensure a tailored approach to care. For example, data provided by the practice showed 15 patients registered at the practice with a learning disability, 40 with mental health as well as 29 patients with dementia. The GP visited some of these patients at home, carried out reviews and administered vaccines where appropriate.
- The practice had end of life care register and patients care was delivered in a coordinated way taking into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.

Good



Summary of findings

- Staff we spoke with knew how to recognise signs of abuse in vulnerable adults and children. Staff was 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.
- Staff had received telephone training; we were told that during the training there was role play on how to support patients with learning and physical disabilities.
- The practice monitored unplanned admissions to hospital by patients registered with the surgery. We saw a template of the letter which the practice sent to patients following unplanned admission. This advised patients of the in-house facilities that were available and included a number of leaflets. For example, there was a leaflet explaining the various healthcare options available to patients before visiting the accident and emergency department.

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).

- The practice carried out advance care planning for patients living with dementia.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- 97% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was above the local CCG and national average of 84%.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- A mental health counsellor held weekly clinics at the surgery and there was referral processes in place to enable patients to access the service.
- 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.
- Where appropriate repeat prescribing of medicines was limited to a seven day supply

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results showed the practice was generally performing above local but below national averages. From a total of 355 survey forms that were distributed, 79 were returned. This represented a completion rate of 22% and 3% of the practice's patient list.

- 73% of patients described the overall experience of this GP practice as good compared with the CCG average of 75% and the national average of 85%.
- 65% of patients described their experience of making an appointment as good compared with the CCG average of 62% and the national average of 73%.
- 60% 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 64% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 37 comment cards most of which were positive about the standard of care received. However, four comment cards suggested that, at times, patients experienced difficulties in accessing appointments, three commented on their negative experience of consultation with GPs and three comments related to the negative experience with the nurse.

We spoke with three patients during the inspection including two members of the patient participation group (PPG). Feedback from these patients was positive about the experience of care received but some also commented that access to appointment was difficult.

Areas for improvement

Action the service **MUST** take to improve

- Introduce effective systems or processes to mitigate the risks relating to the timely management and actioning of hospital communications.

Action the service **SHOULD** take to improve

- Consider in the absence of clinical meetings how the provider could demonstrate how all clinical staff were kept up to date with latest guidance.
- Continue to consider promotion of the bowel cancer screening programme to achieve improvement.

Outstanding practice

The practice had a proactive approach to registering patients for online services. Many patients were unsure of how to register or use the online service. The practice responded by having a computer available in the reception waiting area so that it could be used to guide

patients on using the system. We saw evidence that 694 patients (26% of the list size) had been registered for online services. We were told that many patients were regularly using the service.

Dr Nisha Pathak

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included two GP specialist advisers. One of the GP specialist advisers observed the inspection process.

Background to Dr Nisha Pathak

Dr Nisha Pathak is situated on the ground floor of a purpose built health centre providing NHS services to the local community in West Bromwich, West Midlands. The practice has an approximate patient population of 2,600 and is part of the NHS Sandwell and West Birmingham Clinical Commissioning Group (CCG). CCGs are groups of general practices that work together to plan and design local health services in England. They do this by 'commissioning' or buying health and care services.

Dr Nisha Pathak is registered with the Care Quality Commission to provide primary medical services. Services to patients are provided under a General Medical Services (GMS) contract used when services are agreed locally with a practice which may include additional services beyond the standard contract. The practice has expanded its contracted obligations to provide enhanced services to patients. An enhanced service is above the contractual requirement of the practice and is commissioned to improve the range of services available to patients.

Based on data available from Public Health England, the levels of deprivation (deprivation covers a broad range of

issues and refers to unmet needs caused by a lack of resources of all kinds, not just financial) in the area served by Dr Nisha Pathak are below the national average, ranked at one out of 10, with 10 being the least deprived.

We reviewed the most recent data available to us from Public Health England which showed that the practice is located in one of the most deprived areas of England. The practice has a slightly higher than the national average number of patients aged between 20 - 39 years. The practice also has a lower than average patients aged 60 years and over.

The clinical team includes one GP and a practice nurse, plus two regular locum GPs. The GP and the practice manager form the practice management team and they are supported by a team of receptionists who cover reception and administration duties.

The practice is open from 8am to 6.30pm. The practice is closed on Thursday afternoons but appointments are available at a neighbouring practice. Extended hours appointments are offered on a Wednesday from 6.30pm to 8pm. For easier accessibility, telephone consultation appointments with a GP are available. The practice works collaboratively with four other neighbouring practices where appointments are available at a designated surgery on Saturday afternoons.

The practice has opted out of providing out-of-hours services to their own patients. This service is provided by the external out of hours service provider.

Why we carried out this inspection

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. The inspection was

Detailed findings

planned to check whether the 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

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations such as the Clinical Commissioning Group (CCG) to share what they knew. We carried out an announced visit on 9 May 2017. During our visit we:

- Spoke with a range of staff (including the practice nurse, the practice manager and the provider GP). We also spoke with members of the administration team and a maintenance manager employed by the landlord of the building.
- Spoke with three patients who used the service and reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at a range of documents made available by the practice.
- 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 living with dementia).

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

Are services safe?

Our findings

At our previous inspection on 23 March 2016, we rated the practice as requires improvement for providing safe services. Risks related to prescription stationery were not well managed. An emergency medicine was not stocked in the practice and a risk assessment had not been carried out to support the decision making. The practice had not ensured that information in relation to care and treatment was accessible in order to deliver patients' care safely.

The practice had taken action and we saw improvements had been made when we undertook a follow up inspection on 9 May 2017. However, we also identified some other areas where the practice needed to make improvement. For example, the practice did not have an effective system to ensure timely action was taken following receipt of test results from secondary care.

Safe track record and learning

There was a system for reporting and recording significant events.

- During our previous comprehensive inspection in March 2016 we saw there was a system in place for reporting and recording incidents. However, we also noted that learning outcomes for some incidents were not documented to evidence that learning was identified, discussed and implemented. Staff members we spoke with were aware of the incident reporting process. They told us they would inform the practice manager of any incidents and staff used an electronic system to record incidents; this was linked directly to the clinical Commissioning Group (CCG). 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). For example, following an incident where a patient was prescribed the wrong medicine, the practice had discussed the event in the meeting and a letter of apology was sent to the patient.
- At this follow inspection we looked at a selection of incidents and saw that learning were discussed in team meetings and actions taken where appropriate. Incident reporting was a standing agenda item for discussion in team meetings. For example, the practice had received a letter in March 2017 asking for the practice to disclose

certain information. The practice manager suspected fraudulent activity and alerted the CCG. They also shared this with other colleagues at the practice managers forum meetings.

- The practice was able to demonstrate that there was an effective system in place to appropriately manage patient safety alerts. The practice had recently received an alert from the Medicines and Healthcare products Regulatory Agency (MHRA). This alert related to a medicine that posed a risk to pregnant women. We saw that a search had been carried out to identify relevant patients so that they could be reviewed. We saw another example of an MHRA alert sent in March 2017, this was reviewed but no further action was required.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- 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 and we saw flow diagrams in the practice on the safeguarding procedure. The policies and charts clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The lead GP was the lead member of staff for safeguarding and attended safeguarding meetings when possible. Staff members we spoke with demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. The GPs and Nurse were trained to level three safeguarding. The practice manager, the lead GP and the nurse had been booked to attend level three refreshers training in May 2017.
- The practice had downloaded the Royal College of General Practitioners (RCGP) safeguarding children toolkit. The toolkit is a series of practical workbooks for GPs and the primary healthcare team to recognise when a child, under the age of 18, may be at risk of abuse.
- Notices in the practice advised patients that chaperones were available if required. The nurse was the first choice to act as a chaperone and if the nurse was not available then the practice manager undertook the role. Other non-clinical staff were able to act as chaperones and

Are services safe?

had received Disclosure and Barring Service (DBS) checks. (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). Staff members we spoke with were able to demonstrate adequate knowledge of the role and confirmed that they had undertaken training. Records we looked at confirmed this.

- During our previous inspection in March 2016 we saw that hand written consultation notes following home visits were scanned onto patient's records by administration staff. However, prescribed medicines were not transferred onto the medicines element of patient records. This did not enable a clear audit trail of the changes made.
- At this follow up inspection we saw that the home visit template had been amended and a reminder informed the clinician to enter all details on to patient's records following home visits. We looked at records which demonstrated that notes were written up on return to the practice and were adequate for interpretation by a subsequent clinician.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. The practice was located in a health centre and the landlord organised cleaning of the surgery and ensured cleaning was being carried out according to standards. Where the practice was responsible for maintaining of cleaning such as for specific medical examination equipment we saw that a schedule was in place.
- The practice nurse was the infection control clinical lead and carried out regular spot checks to ensure cleaning was being carried out according to standards, there was an infection control protocol in place and staff had received up to date training. We saw that the most recent annual infection control audit was carried out in March 2017 and no actions were identified.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. We

looked at a selection of records of patients on various high risk medicines and saw that these were prescribed safely. Repeat prescriptions were signed before being issued to patients and there was a reliable process to ensure this occurred. Patients prescribed medicines which required closer monitoring by clinicians and the wider health care team such as opiate dependency were well managed. We saw an example of a proactive approach to ensure safety of patients. Alerts were placed on patient records to highlight to clinicians that antibiotics prescribed in combination with a specific medicine they were prescribed could cause serious side effects to the patient.

- The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. For example, an audit showed that the practice was below the set CCG target for prescribing of antibiotics from October 2016 to December 2016.
- During our previous inspection in March 2016 we saw that prescription stationary was not securely stored and the practice did not maintain a log of prescription stock. At this inspection we saw that the practice had reviewed the process and had taken action to improve.
- Patient Group Directions had been adopted by the practice to allow the practice nurse 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 practice received tests results in electronic format as well as in paper format. The lead GP received all incoming results and actioned where appropriate or delegated them to locum GPs where relevant. We were told that the lead GP preferred to action incoming results such as blood tests and X-ray results in paper format. However, staff told that there was often delays in actioning test results due to the GPs preference for paper based record.
- When we looked at the electronic system we saw 20 blood tests did not appear to have been actioned. The oldest result had not been actioned for 10 working days

Are services safe?

prior to our inspection. The administration team were aware that there was potential for duplication and omission but had not achieved a change in practice from the clinician.

- We also saw seven X-ray results which had not been action with the oldest being 13 working days prior to this inspection. However, there was some oversight with the X-ray results as the secretary reviewed the X-Ray results and prioritised those that required more urgent attention. The secretary forwarded all X-ray results to the GP.
- Immediately after the inspection the practice contacted the pathology team at Sandwell and West Birmingham Hospital to cease paper based reports with immediate effect and had forwarded evidence to confirm this. The practice manager also confirmed that they had organised training on the electronic system for all staff members. Following the inspection, the practice provided evidence to confirm that the GP had completed the training on 13 June 2017.

We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- The practice was located in a health centre and the landlord was responsible for maintenance of the building. We saw evidence that fire and health and safety risk assessments had been carried out. The landlord also organised testing of firefighting equipment and carried out regular fire drills and we were shown evidence of this. Other risk assessment included control of substances hazardous to health (COSHH), infection control and legionella. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Where the practice was responsible for maintenance of equipment, we saw that they were checked and calibrated to ensure it was in good working order. All electrical equipment was checked to ensure the equipment was safe to use.

When we inspected the practice in March 2016 we saw that there was a rota system in place for reception staff, however some staff told us that there had been occasions when there was not enough staff to cover the rota, due to the reduction in staff hours and staff leaving. At this follow up inspection we were told that new reception staff had been recruited along with two apprentice reception staff. Staff members we spoke with told us that they had experienced an improvement since our previous inspection.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all 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 treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- When we inspected the practice in March 2016 we saw that the practice held most emergency medicines which were easily accessible to staff in a secure area. All staff were aware of the location of the medicines which were in date and stored securely.
- However, the GP undertook a minor surgery procedure which required the availability of a specific emergency medicine. This was not available on the premises during our previous inspection and no risk assessment had been undertaken to mitigate the risks. As part of this inspection we saw that the practice had reviewed risks and had access to adequate medicines. However, the GP told us that they no longer carried out the procedure as there had been changes to the way the CCG commissioned this service.

Are services safe?

During our previous inspection in March 2016 we saw that the practice had a business continuity plan in place for major incidents such as power failure or building damage. However, the plan did not include included emergency contact numbers for staff. At this follow up inspection we

saw that the practice had reviewed its business continuity plan and had ensured all relevant information was included in the plan. Staff members we spoke with were aware of the plan.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 23 March 2016, we rated the practice as requires improvement for providing effective services. We saw that staff had the skills, knowledge and experience to deliver effective care and treatment. However, not all staff had received appraisals or had personal development plans in place.

The practice had taken action and we saw improvements had been made when we undertook a follow up inspection on 9 May 2017.

Effective needs assessment

Clinicians we spoke with demonstrated a personal awareness of 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 used this information to deliver care and treatment that met patients' needs. Audits and care plans we looked at showed NICE guidance's were incorporated where relevant. However in the absence of clinical meetings the provider did not demonstrate how they ensured all clinical staff were up to date with latest guidance.

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 98% of the total number of points available compared with the clinical commissioning group (CCG) average of 95% and national average of 95%. The overall exception reporting was 4%. This was similar to the CCG average of 6% and the national average 6%. (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 not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

- Performance for diabetes related indicators was higher compared to the CCG and national averages. For

example, the percentage of patients with diabetes, on the register, in whom the last blood glucose level was at or below target levels in the preceding 12 months, was 81%. The CCG average and national averages were 77% and 78% respectively. A diabetic specialist nurse consultant held clinics for more complex cases. This was part of the Diabetes Inpatient Care and Education (DICE) programme, a CCG funded area of enhanced care.

- Performance for mental health related indicators was higher compared to the CCG and national averages. For example, the percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months was 97%. The CCG average was 84% and the national average was 84%. A mental health counsellor held weekly clinics at the surgery through a referral processes.

There was evidence of quality improvement including clinical audit:

- There had been two clinical audits commenced in the last two years, they included a Sodium valproate and Asthma audit. Both of these were completed audits where the improvements made were implemented and monitored. For example, the Asthma audit showed reduction in use of medication.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- 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. The practice had recruited three new reception staff members and had recognised that some would benefit from training in telephone handling. The practice had organised the training and ensured all staff attended to ensure maximum benefit for the practice. Staff we spoke with told us that during the training there was role play on how to support patients with learning and physical disabilities.

Are services effective?

(for example, treatment is effective)

- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- During our previous inspection in March 2016 we saw that some staff had not received an appraisal. At this inspection we reviewed four staff files and found appraisals had been carried out for relevant staff members. Staff members we spoke with also confirmed that they had undergone a recent appraisal.

Coordinating patient care and information sharing

We looked at some documented examples which showed that special patient notes were used for complex patients such as those on the palliative care register. We saw evidence that notes were shared between the practice and community services. Special notes are used to describe information recorded about patients with complex health and social care needs. Special notes ensure the right information is available to the right people, especially for out of hours services who are unlikely to have any prior knowledge of a patient.

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 to discuss and review patients with complex needs.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances. The practice followed the principles of Gold Standard Framework (GSF) and we saw that there were 22 patients on the practice palliative care register. (GSF is a framework used by frontline staff to improve the quality, coordination and organisation of care for people nearing the end of their life).

Vulnerable patients were regularly seen in practice for care planning and medication reviews. The practice operated an

effective recall system and individual care plans were developed to help ensure a tailored approach to care. For example, there were 15 patients registered at the practice with a learning disability, 40 with mental health as well as 29 patients with dementia. The GP visited some of these patients at home, carried out reviews and administered vaccines where appropriate.

The practice identified patients with complex needs and signposted them to other services. For example, the practice had developed a laminated card with details of the route2wellbeing website for patients to take away. The route2wellbeing website is a portal with information on local voluntary and community health and care services.

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. We saw evidence that staff had completed training in mental capacity.
- The lead GP carried out minor surgery and written consent was obtained before a procedure was carried out. Consent forms which were then scanned onto the patient record system and records we looked at confirmed this.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.
- A health trainer held clinics once weekly at the practice. This was a CCG initiative which aimed to assess patient lifestyles and wellbeing, set goals for improving their health and provide practical support and information to help people to change behaviours.
- The practice's uptake for the cervical screening programme was 81%, which was comparable with the CCG average of 80% and the national average of 81%. There were failsafe systems to ensure results were received for all samples sent for the cervical screening

Are services effective?

(for example, treatment is effective)

programme and the practice followed up women who were referred as a result of abnormal results. There was a policy to offer telephone or written reminders for patients who did not attend their cervical screening test. There was a female sample taker who was able to speak languages spoken by some non English speaking patients.

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were comparable to CCG and national averages. For example, rates for the vaccines given to under two year olds ranged from 92% to 100% and five year olds from 91% to 94%.
- The practice had taken on an enhanced service to offer newly registered migrant patients screening for tuberculosis (TB). Patients that had travelled to at risk areas within the last six months were also offered screening.
- The practice also encouraged patients to attend national screening programmes for bowel and breast cancer. Breast cancer screening rates for 2015/16 (for last 36 months) were at 67% compared to the CCG average of 66% and the national average of 73%.
- Bowel cancer screening rates (for last 30 months) were at 38% compared to the CCG average of 45% and the national average of 58%. The practice had signed up to the CCGs Primary Care Commissioning Framework (PCCF) intended to develop primary care. One of the standards we were told included improving achievements in cancer screening and the nurse we spoke with told us that they were considering a proactive audit on Bowel screening intervention to improve achievement.
- 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.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we observed that 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.
- There was a risk of patient's confidentiality being breached as patients could see the appointment screen during consultations. We highlighted this to the practice manager who immediately following the inspection submitted evidence to confirm that privacy panels for computer screens had been purchased and installed.
- 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 practice was based in a health centre and appropriate rooms were available. For example, there was an interview room, a recovery room as well as mother and baby room and breastfeeding room.
- Patients could choose a consultation with a clinician of the same sex.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses compared to the CCG averages and similar to the national averages. For example:

- 86% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 83% and the national average of 89%.
- 83% of patients said the GP gave them enough time compared to the CCG average of 82% and the national average of 87%.
- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 97%.
- 86% 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%.

- 91% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 87% and the national average of 91%.
- 89% of patients said the nurse gave them enough time compared with the CCG average of 87% and the national average of 92%.
- 98% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 96% and the national average of 97%.
- 83% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 91%.
- 79% of patients said they found the receptionists at the practice helpful compared with the CCG average of 81% and the national average of 87%.

Although the results above do not show a significant difference in regards to question about reception staff when compared to the CCG and national average, all administration staff had received telephone training in February and March 2017 to ensure effective service delivery

Care planning and involvement in decisions about care and treatment

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

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 not significantly different to local and national averages. For example:

- 82% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 81% and the national average of 86%.
- 81% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 76% national average of 82%.

Are services caring?

- 84% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 86% and the national average of 90%.
- 78% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 82% and the national average of 85%.

We received 37 patient Care Quality Commission comment cards. Most of the comment cards were positive about the service. Patients said the GPs and support staff were polite, helpful and supportive. However, six comment cards also stated that their experience of consultations were less positive. However, the practice was aware as some negative feedback regarding some clinical staff members were received in the practices complaints book. The practice was taking steps to ensure they improved. For example, we saw evidence that this was discussed with identified staff members and the practice had designed a survey to monitor improvement. Following the inspection, the practice provided evidence that the GP had participated in an external consultation training event on 21 June 2017 to further improve quality of clinical notes and consultation skills.

We spoke with three patients including two members of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

The practice provided facilities to help patients to 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. We saw notices in the reception areas informing patients this service was available.
- Members of the clinical team were able to speak other languages spoken by non English speaking patients. We saw information leaflets were available in other languages.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. The electronic screen situated in reception also provided health promotion information and encouraged patients to be proactive in managing their health.

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. Support for isolated or patients who were housebound included signposting to relevant support and volunteer services were also available.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 55 patients as carers (2% of the practice list). There was a carers board situated in the reception area. A member of staff acted as a carers' lead (senior reception) to help ensure that the various services supporting carers were coordinated and effective. We saw written information was available to direct carers to the various avenues of support available to them. For example, there were leaflets on carers emergency backup night service and another leaflet on 'looking after yourself as a carer'. Carers packs were also available for them to take away and the practice offered carers health checks and flu vaccinations to encourage registration. Data provided by the practice showed that 54 carers were invited for the flu vaccination and 50 had had received the vaccination. Of the 43 carers invited for a health check 33 had received a review.

During our previous inspection in March 2016 we were informed that the GP did not routinely contact families that had suffered bereavement. At this inspection the practice manager told us that the GP telephoned families to offer condolences and showed us sympathy cards that they sent to family members. As a result of the support received we saw that the practice received thank you cards.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 23 March 2016, we rated the practice as requires improvement for providing responsive services. Complaint response letter did not contain information signposting patients to other agencies if they were unhappy with the response received from the practice.

The practice had taken action and we saw improvements had been made when we undertook a follow up inspection on 9 May 2017.

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice opted to take part in the CCGs Primary Care Commissioning Framework (PCCF) to improve patient care and quality.

- The practice offered extended hours on a Wednesday evening until 8pm for 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.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice sent text message reminders of appointments and or test results using the practice patient system.
- The practice also used digital communications systems which supported two-way text messaging to allow patients to cancel unwanted appointments.
- Patients were able to receive travel vaccines available on the NHS. For some privately available vaccines, patients were referred to other clinics. For example, patients were signposted to a nearby practice for yellow fever vaccinations.

- There were accessible facilities, which included a hearing loop and interpretation services available.
- The practice was located in purpose built premises and all consultation rooms were on the ground floor. There were lifts available in the building which were coded to prevent unauthorised access.
- Where appropriate the practice offered appointments to patients with learning disabilities towards the end of the surgery hours so that they did not become unsettled whilst waiting for their appointment. We saw examples which demonstrated this.
- The practice monitored unplanned admissions to hospital by patients registered with the surgery. We saw a template of the letter which staff sent to patients following unplanned admission. This advised patients of the in-house facilities that were available and included a number of leaflets. For example, there was a leaflet explain the various healthcare options available to patients before visiting the accident and emergency department. Other leaflets provided details of the nearest walk in centre as well as the practices out of hours arrangement.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday except Thursdays when it was closed in the afternoon. However, the practice was collaborating with four other practices and patients could make an appointment to see a GP at a designated practice. All the practices had the same patient record system which facilitated easier access to patient medical records and histories.

Appointments were from 8.30am to 12pm every morning. Afternoon appointments were available from 1pm to 6pm on Mondays and Wednesdays. On Tuesdays and Fridays afternoons appointments were from 4pm to 6pm. The practice was closed on Thursdays but appointments were available at another designated surgery. Patients were also able to access appointments on Saturday afternoons at the same designated surgery. Extended hours appointments were offered on a Wednesday from 6.30pm to 8pm. In addition to pre-bookable appointments that could be booked up to a month in advance, urgent appointments were also available for people that needed them. Telephone consultation and emergency appointments were also available.

Are services responsive to people's needs?

(for example, to feedback?)

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment were mixed when compared to CCG and national averages. .

- 80% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 71% and the national average of 76%.
- 71% of patients said they could get through easily to the practice by phone compared to the CCG average of 60% and the national average of 73%.
- 76% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 75% and the national average of 85%.
- 82% of patients said their last appointment was convenient compared with the CCG average of 87% and the national average of 92%.
- 65% of patients described their experience of making an appointment as good compared with the CCG average of 62% and the national average of 73%.
- 38% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 45% and the national average of 58%.
- 19% of patients said they usually get to see or speak to their preferred GP compared to the CCG average of 45% and the national average of 59%.

The GP patient survey result also highlighted that patients did not usually get to see or speak with their preferred GP. The practice was aware of this and we saw evidence which showed that this had been discussed and the practice had developed a strategy to improve. Staff members we spoke with told us that previously the provider GP only carried out administration duties while patients were seen by locum GPs. However, the provider GP was now available to see patients for three days a week and the appointment system we looked at confirmed this. Furthermore, two regular locum GPs were working at the practice since December 2016. We saw that a notice board had been put up in the waiting area with staff photographs, name and their role to help patients to become familiar with the staff members at the practice. It included all clinical and administration staff.

There was a display stand in the waiting area explaining why the nurse or GPs at times may be running late. This was in response to the low achievement around waiting

times to be seen. Staff members told us that they monitored this and reminded GPs when they were running late. Patients we spoke with confirmed that they had noticed the GP being reminded during their consultation.

Patients told us on the day of the inspection that they were able to get appointments when they needed them. 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. Reasons for home visits were requested from patients and shared with the GP who made the decision following a telephone discussion with the patient.

Listening and learning from concerns and complaints

The practice had a system 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.
- We saw that information was available to help patients understand the complaints system in the reception waiting area.

The practice recorded verbal complaints/comments in the complaints book in reception. We saw four complaints were recorded in the last 12 months which mainly related to waiting times for appointments. The practice had responded by explaining some of the reasons why GPs and nurses may be running late. Delays were also being monitored by the practice management and administration staff.

The practice had also received four written complaints and we saw that these were satisfactorily handled, dealt with in a timely way, with openness and transparency. Three of the complaints had been resolved and another was being investigated.

During our previous inspection in March 2016 we saw that complaint response letter did not signpost patients to other agencies if they were unhappy with the response they had received from the practice. During this inspection, details of the ombudsman were included in letters sent to complainants.

Are services well-led?

Good 

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

Our findings

At our previous inspection on 23 March 2016, we rated the practice as requires improvement for providing well-led services. The practice had a vision and a strategy but not all staff were aware of this and their responsibilities in relation to it. All staff had received inductions but not all staff had received regular performance reviews, or had the opportunity to provide feedback through practice meetings and they did not feel involved and engaged to improve how the practice was run.

The practice had taken action and we saw some improvements had been made when we undertook a follow up inspection on 9 May 2017.

Vision and strategy

During our previous inspection in March 2016 we saw that the practice had a vision, strategy and mission statement displayed in the waiting area. However, some staff were not aware of their responsibilities in relation to the strategy as they were not involved in discussion regarding developments or continuous improvements proposed for the practice.

During this follow up inspection most staff members we spoke with were aware of the vision of the practice. Staff members told us that they had noticed an improvement as the provider GP had discussed some of the vision as well as the some immediate future direction for the practice. For example, the provider GP had discussed plans for the practice to federate with other local practices. Some staff members we spoke with were able to articulate the aims of the practice to deliver a quality service. Staff told us that the provider GP previously carried out administrative duties only but was now at the practice three days a week. As a result, they received more feedback from the GP.

The provider was looking at succession planning, should they retire from general practice. We were told that they had exploratory discussions with other potential providers which were ongoing.

Governance arrangements

The practice had a governance framework to support the delivery of the strategy and good quality care. However, we were told that previously this was not effective, primarily due to staff shortages. The practice had recruited new reception staff and there were two regular locum GPs

which provided stability to the staffing structure and this was confirmed by other staff members we spoke. This had resulted in more defined roles and responsibilities with designation of lead roles.

For example, there was a lead reception staff member that was responsible for overseeing the reception service as well as taking on the lead for carers

There were policies available and accessible to staff and some of these policies we looked at had been reviewed and updated.

The practice had a process to monitor and mitigate a range of risk to patients and staff. Minutes of meeting we looked at showed they were held regularly and allowed for lessons to be learned and shared following significant events and complaints. Regular appraisals were held to identify developmental needs and manage staff performance.

Leadership and culture

Staff members we spoke with told us that there had been a real improvement in staff morale since the previous inspection as there was more staff, regular locum GPs coupled with greater availability of appointments. This ensured that a more effective service was being delivered keeping patients relatively happy with the service. Staff members we spoke with told us that it was a supportive practice where staff members discussed support needs of other members especially when other staff members were on annual leave to ensure staff well-being.

This was a single handed GP practice and the lead GP assumed most responsibilities within the practice. For example, tasks such as incoming communication from hospital were overseen by the GP and then tasked to relevant locum GPs. The provider GP demonstrated personal awareness of NICE guidance and care plans we looked at demonstrated that NICE guidance's were incorporated. However, there were no clinical meetings in place and therefore the practice could not demonstrate how they ensured how guidance was embedded.

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

The practice encouraged feedback from patients. Through feedback received via patient comments and complaints the practice was aware that some patients were unhappy about their consultation. The practice had discussed this with staff members and was monitoring improvement

Are services well-led?

Good 

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

using questions from the national GP patient survey. For example, the practice had asked patients if the clinical staff members were good at listening to them during consultations. Of the 41 patients who completed the survey, 36 patients said that staff members was good at listening to them while three had said no and one patient said they didn't know.

The practice also asked patients if clinical staff was good at giving enough time. Of the 41 patients who completed the survey, 31 said they had been given them enough time during their consultation while six patients said the opposite and four patients said they didn't know.

The practice also received feedback from patients in regards to availability of appointments. We spoke with two PPG members who also stated that at times it was difficult to get an appointment. The practice told us that they had increased the number of appointments that were now available. For example, the nurse was contracted to work 25 hours a week but this had been increased to 30 hours to provide extra access to appointments. We were told that access to GP appointments had also been increased. The practice provided us with the number of appointments that were offered for February, March and April 2016 and we saw that a total of 3,121 appointments had been made available. For the same period in 2017, we saw that 3,444 appointments were offered. This was an increase of over 300 appointments.

We spoke with two PPG members who told us that they wanted longer opening hours and as a result of their feedback the practice was now open from 8am. Previously the practice opened at 8.30am.

The practice had started to carry out another survey based mainly on questions from the national GP patient survey. This survey explored areas around access to appointments, consultations with GPs, patient awareness of out of hours arrangement as well as capturing information about the patient such as if they had any caring responsibilities.

Continuous improvement

The practice had a proactive approach to registering patients for online services. We saw there was a computer in the waiting area and the practice explained that they used this to register patients for online services. Many patients were unsure of how to register or use the service and the practice manager told us that they had made available a computer so that they could instruct patients on using the system. Patients were able to use the system to book appointments, order repeat prescriptions and view diagnosis and normal blood test results. We saw evidence that 694 (26% of the list size) had been registered for online services. We saw confirmation from the CCG that the practice had registered the most patients within the CCG for online services and were awarded a laptop for their achievement. We were told that many patients were regularly using the service.

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	Regulation 17 HSCA (RA) Regulations 2014 Good governance The provider did not assess, monitor and improve the quality and safety of the services provided through effective management of hospital communications
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	