

Highland Medical Practice

Quality Report

Main site address:

10 Highland Road

Bromley, Kent

BR1 4AD

Tel: 020 8460 2368

Branch site address:

7A/B Tubbenden Lane

Orpington, Kent

BR6 9PN

Tel: 01689 822 017

Website: www.highlandmedicalpractice.co.uk

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Requires improvement



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Highland Medical Practice on 10 February 2015. As a result of our findings during that visit the provider was rated as requires improvement for providing safe, effective, and well-led, and it was rated as requires improvement overall. The full comprehensive inspection report from that visit was published on 30 July 2015 and can be read by selecting the 'all reports' link for Highland Medical Practice on our website at www.cqc.org.uk.

The practice submitted an action plan to tell us what they would do to make improvements and meet the legal requirements. We undertook an announced comprehensive follow-up inspection on 10 January 2017 to check that the provider had followed their plan, and to confirm that they had met the legal requirements. The provider expressed a willingness to improve but had not addressed core issues which could improve the quality, safety, and effectiveness of the service. As a result of our findings during that visit the provider was rated as requires improvement for providing safe, effective, caring

and inadequate for well-led care. The full follow up report was published on 28 April 2017 and can be found by selecting the 'all reports' link Highland Medical Practice on our website at www.cqc.org.uk.

This inspection was an announced comprehensive inspection on 11 October 2017. Overall the practice remains rated as requires improvement.

Our key findings were as follows:

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- Many issues raised at the last inspection had been addressed for example, all staff were appropriately immunised. Policies including safeguarding and chaperoning had been reviewed. Notices were displayed at the main site and branch regarding chaperoning.
- The practice had a hearing loop and provided an interpretation service for patients whose first language was not English.

Summary of findings

- All staff were up to date with role specific training, including basic life support, fire, infection control, information governance, safeguarding adult and children.
- The practice had improved identification of carers from the last inspection from 0.4% to 2%.
- The practice did not have clearly defined and embedded systems to minimise risks to patient safety. For example the practice did not have an effective system in place for recalling patients taking high risk medicines; this was raised at the last inspection. In the action plan submitted the practice said they would search their system and monitor patients.
- Prescriptions were stored securely; however, on the day of inspection we noted prescriptions were not tracked through the practice.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Results from the national GP patient survey showed that patients rated the service below average for several aspects of consultations with nurses and GPs. They were rated above average for several aspects of access to the service and satisfaction with receptionists.
- The practice conducted their own patient survey in September 2017 which showed that patients rated the practice as good for consultations with nurses and GPs.
- Information about services and how to complain was available.
- Patients we spoke with 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 an effective Patient Participation Group and meetings showed how the practice had listened and responded to patient feedback.

- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

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

Importantly, the provider must:

- Ensure the care and treatment of patients is appropriate, meets their needs and reflects their preferences. Supports patients to make, or participate in making, decisions relating to the service user's care or treatment to the maximum extent possible by reviewing GP patient results to improve patient care in relation to consultations with nurses and GPs.
- Ensure care and treatment is provided in a safe way to patients

In addition the provider should:

- Consider implementing palliative care and nurse meetings.
- Handle all blank prescriptions in accordance with national guidance and tracked accordingly.
- Consider installing a bell at the main site for patients with accessibility problems.
- Continue to review patient outcomes in relation to quality improvement (for example clinical audits).
- Review temperature monitoring on the vaccine fridge at the branch site so it meets current guidance.

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. At our comprehensive inspection on 10 January 2017 we rated the practice as requires improvement as there were deficiencies in their processes for providing safe services for example, the practice was not able to demonstrate that they had an effective system in place for recalling patients taking high risk medicines. The practice failed to ensure that medical equipment and medicines were managed appropriately and safely. These arrangements had improved with the exception of the practice being able to demonstrate that they had an effective system in place for recalling patients taking high risk medicines.

- 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 make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, 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 lacked defined and embedded systems, processes and practices to minimise risks to patient safety. For example the practice did not have an effective system in place for recalling patients taking high risk medicines. This issue was raised at the previous inspection.
- Blank prescription forms and pads were securely stored and there were systems to monitor their use. However, the practice was removing the pads from the printer each evening and replacing them in the morning, but not recording serial numbers or rooms where scripts were taken from.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.
- Documents giving the nurse the appropriate legal authority to administer vaccines were all signed and dated.
- The two week referral system needed to be improved. The practice was booking patients appointments, but then not following up on if the patient had been contacted/attended the appointment.

Requires improvement



Summary of findings

Are services effective?

The practice is rated as good for providing effective services. At our comprehensive inspection on 10 January 2017 we rated the practice as requires improvement for providing effective services as there were deficiencies in their processes. There had been three clinical audits completed in the previous two years, none of which were completed two cycle audits. These arrangements had improved when we undertook a follow up inspection 11 October 2017.

Data from the Quality and Outcomes Framework showed patient outcomes were average compared to the national average. Data showed that the provider was a positive outlier for QOF health indicators related to diabetes, schizophrenia, bipolar affective, dementia, asthma, and hypertension.

- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated a slight quality improvement to patient outcomes. This was an improvement to findings at our last inspection as the practice had conducted two full cycle audits.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.
- All staff had now completed role specific training.
- The provider received an award from Public Health Bromley in May 2016 for achieving one of the highest Chlamydia screening rates in the Bromley borough.

Good



Are services caring?

The practice is rated as requires improvement for providing caring services. At our previous comprehensive inspection on 10 January 2017 we rated the practice as requires improvement for providing caring services, as we found deficiencies in the provider's processes, also data from the national GP patient survey published in July 2016 showed that patients rated the practice below others for several aspects of consultations with GPs and nurses. Data from the national GP patient survey July 2017 still showed that patients rated the practice below others for several aspects of consultations with GPs and nurses.

Patients we spoke with said they were treated with compassion, dignity and respect and they were involved in decisions about their

Requires improvement



Summary of findings

care and treatment, but data from the national GP patient survey published in July 2017 showed that patients rated the practice below others for several aspects of consultations with GPs and nurses.

- The practice conducted their own patient survey in September 2017 which showed that patients rated the practice as good for consultations with nurses and GPs.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had improved identification of carers from the last inspection from 0.4% to 2%.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services. At our previous comprehensive inspection on 10 January 2017, we rated the practice as good for providing responsive services. We found that the provider was still providing responsive service when we undertook this announced comprehensive inspection on 11 October 2017, the provider remains rated as good for this key question.

- The practice understood its population profile and had used this understanding to meet the needs of its population.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Appointments were not available on Wednesday afternoons at either the main or branch site. Patients could be referred to one of the Bromley GP Alliance hubs. The practice offered daily telephone appointments, and extended hours appointments were available from 6.30pm to 8pm on Monday evenings at the main site.
- Patients we spoke with 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. This was reflected in results from the national GP patient survey published in July 2017 where the provider was rated above average for several aspects of access to the service, and satisfaction with receptionist staff was high.

Good



Summary of findings

- The practice offered a range of online services such as appointment booking and repeat prescription ordering to facilitate access to the service for patients.

Are services well-led?

The practice is rated as requires improvement for being well-led. At our previous comprehensive inspection on 10 January 2017, we rated the practice as inadequate for providing well-led services as provider was not addressing core issues which could improve the quality and safety of the service. We found the concerns raised at the last inspection regarding patients on high risk medicine had not been resolved during this inspection.

- The practice had a clear vision and strategy to deliver care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care.
- The practice had addressed most concerns raised at the last inspection.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the Patient Participation Group.
- There was a focus on continuous learning and improvement at all levels. Staff training was a priority and was built into staff rotas.
- GPs who were skilled in specialist areas used their expertise to offer additional services to patients.
- The practice was not having palliative care meetings, or nurse meetings.

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 provider was rated as requires improvement for safe, caring and well-led. The issues identified as requiring improvement overall affected all patients including this population group.

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- All patients aged over 75 years had a named GP to ensure continuity of care.
- The practice provided care at one care home.

Requires improvement



People with long term conditions

The provider was rated as requires improvement for safe, caring and well-led. The issues identified as requiring improvement overall affected all patients including this population group.

- Nationally reported data for 2015/2016 showed that outcomes for patients with diabetes atrial fibrillation and hypertension were generally above average, but exception reporting was higher than the local Clinical Commissioning Group (CCG) and national average for some indicators. For example:
- 76% of patients with diabetes had well-controlled blood sugar in the previous 12 months (CCG average 77%, national average 78%). Exception reporting for this indicator was 18% which was above the CCG average of 8% and the national average of 13%. The practice provided us with subsequently published data which showed the overall exception reporting rate for diabetes was reduce.
- 96% of patients with atrial fibrillation were treated with anti-clotting therapy (CCG average 85%, national average 87%). Exception reporting for this indicator was 24% which was above the CCG average of 11% and the national average of 10%. The practice provided us with subsequently published data which showed the overall exception reporting rate was reduced.

Requires improvement



Summary of findings

- Outcomes for other long-term conditions were above local and national averages. All patients with a long-term condition had a named GP and the majority had received a structured annual review to check their health and medicines needs were being met. For example:
- In the previous 12 months, 96% of patients with asthma had an asthma review (CCG average 73% and the national average 76%). The exception reporting rate for the practice was 4%, local 7% and national 8%.
- In the previous 12 months, 97% of patients with chronic obstructive pulmonary disease had a review of their condition (CCG average 89%, national average 90%). The exception reporting rate for the practice was 6%, local 10% and national 12%.
- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Longer appointments and home visits were available when needed.

Families, children and young people

The provider was rated as requires improvement for safe, caring and well-led. The issues identified as requiring improvement overall affected all patients including this population group.

- Immunisation rates for 2015/2016 were below local and national averages for some standard childhood immunisations. The practice provided us with subsequently published data which showed childhood immunisations rates were in line with local and national averages.
- The provider received an award from Public Health Bromley in May 2016 for achieving one of the highest Chlamydia screening rates in Bromley borough.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours on Monday evenings until 8pm.
- The practice engaged in joint working with midwives and health visitors. They had systems in place to identify and follow up children living in disadvantaged circumstances and those at risk; for example, children and young people who had a high number of attendances to Accident & Emergency services.

Requires improvement



Summary of findings

Working age people (including those recently retired and students)

The provider was rated as requires improvement for safe, caring and well-led. The issues identified as requiring improvement overall affected all patients including this population group.

- The needs of these populations 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 was available on Monday evenings from 6.30pm to 8pm at the main site, for patients that were not able to attend during normal opening hours.
- 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.
- There were no appointments available on Wednesday afternoons at either the main site or branch site, but patients we spoke with said they were able to get appointments when needed. This was reflected in results from the national GP patient survey published in July 2017.

Requires improvement



People whose circumstances may make them vulnerable

The provider was rated as requires improvement for safe, caring and well-led. The issues identified as requiring improvement overall affected all patients including this population group.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability.
- Out of 12 patients registered with a learning disability, 75% (9) had received an annual review of their care.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They 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.

Requires improvement



Summary of findings

People experiencing poor mental health (including people with dementia)

The provider was rated as requires improvement for safe, caring and well-led. The issues identified as requiring improvement overall affected all patients including this population group.

- The practice carried out advance care planning for patients living with dementia.
- 100% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, This was above the local average of 83% and the national average of 89%. The exception reporting for this indicator was 17% Clinical Commissioning Group average of 7% and the national average of 10%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results published in July 2017 showed the practice was performing below clinical commission group (CCG) and national averages for several aspects of consultations with GPs and nurses, but they were rated above average for experiences with reception staff and access to care. Of two hundred and seventy seven survey forms distributed, 111 were returned. This represented approximately 3% of the practice's patient list.

- 77% of patients described the overall experience of this GP practice as good compared with the CCG average of 83% and the national average of 85%.
- 83% of patients described their experience of making an appointment as good compared with the CCG average of 72% and the national average of 73%.
- 67% of patients said they would recommend this GP practice to someone who has just moved to the local area compared with the CCG average of 78% and the national average of 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 42 comment cards which were all positive about the standard of care received.

We spoke with seven patients during the inspection. All patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

The practice conducted their own survey over a period of two weeks during September 2017. They left questionnaires at reception for patients to complete after appointments. Twenty two were completed, 0.6% of the practice's patient list. They asked the question how would you rate your consultation today and had a scale of one to ten, one being the lowest and ten being the highest. Ten patients gave a rating of ten, five patients rated nine, two patients eight, one patient seven.

Highland Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a practice manager specialist adviser and an expert by experience.

Background to Highland Medical Practice

Highland Medical Practice operates from two sites. The main site is based at 10 Highland Road, Bromley, Kent, BR1 4AD and the branch site is based at 7A/B Tubbenden Lane, Orpington, Kent, BR6 9PN. It is one of 48 GP practices in the Bromley Clinical Commissioning Group (CCG) area. There are approximately 3,700 patients registered at the practice. This includes patients that reside at a local care home.

The practice was previously registered with the Care Quality Commission (CQC) as Dr Gnanachelvan & Partners; they changed their name to Highland Medical Practice in December 2016.

The practice is registered with the CQC to provide the regulated activities of:

- Diagnostic and screening procedures.
- Family planning services.
- Maternity and midwifery services.
- Surgical procedures.
- Treatment of disease, disorder or injury.

The practice has a personal medical services contract with the NHS and is signed up to a number of enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract). These enhanced services include:

- Childhood immunisation and vaccination.
- Dementia.
- Extended hours.
- Influenza and pneumococcal immunisation.
- Patient participation.
- Rotavirus and shingles immunisation.
- Unplanned admissions.

The practice has an above average population of female patients aged from 75 to 79 and 85+ years, and an above average population of male patients aged from 35 to 85+ years when compared to the national average. Income deprivation levels affecting children and adults registered at the practice are similar to the Bromley CCG average and below the national average.

The clinical team includes two male GP partners (one of whom is a member of Bromley's Local Medical Committee), and a female GP partner. The GPs provide a combined total of nine fixed sessions per week.

There are three female practice nurses (one nurse practitioner and two practice nurses). The clinical team is supported by a practice manager and seven administrative/reception staff.

The practice's main and branch sites are open from 8am to 6.30pm from Monday, Tuesday, Thursday and Friday. Both sites close at weekends and bank holidays, and at 1pm on Wednesdays.

Detailed findings

Appointments (including extended hours) are available at the following times:

Monday: 9am-11am, 3.30pm-4.30pm (last appointment at the branch site is at 5pm), 5.30pm-8pm (late opening applies to the main site only).

Tuesday: 9am-11.30am, 3.15pm-5pm.

Wednesday: 9am-12pm.

Thursday: 9am-11am, 3pm-5pm.

Friday: 9am-12.30pm, 3.30pm-5pm.

The practice told us that although appointments are not available on Wednesday afternoons, the reception office remains open at the main site for patients to book appointments and drop off repeat prescription requests. Patients could also be referred over to Bromley GP Alliance hubs.

The main site operates over the ground and first floors of a converted house. There are three consulting rooms, a treatment room, a waiting area, a reception office, and an accessible patient toilet with baby changing facilities. There is wheelchair access throughout the ground floor although we observed that there is a small step at the main entrance.

The branch site operates over the ground and first floors of a converted house. There is a consulting room, a treatment room, a patient toilet, a waiting area and a reception office.

There is no wheelchair access. There are three car parking spaces available.

The practice directs patients needing urgent care outside of normal hours to contact the out-of-hours (OOH) number NHS 111, which directs patients to a local contracted OOH service or Accident and Emergency, depending on the urgency of the medical concern.

Why we carried out this inspection

We undertook a comprehensive inspection of Highland Medical Practice on 10 February 2015 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement for providing safe, effective, and well-led care.

We carried out a comprehensive inspection of this practice on 10 January 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We found that the provider was not meeting some legal requirements and they were rated as requires improvement for providing safe, effective and caring, and inadequate for providing Well-led.

We issued a requirement notice under the following regulations:

Regulation 9: Person-centred care

Regulation 12: Safe care and treatment

Regulation 17: Good governance

We undertook a further announced comprehensive inspection on 11 October 2017. This inspection was carried out to assess whether the practice had now met legal requirements.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 11 October 2017.

During our visit we:

- Spoke with a range of staff: GPs, practice nurse, practice manager, administrative and reception staff, and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area and talked with carers and/or family members
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Visited all practice locations
- Looked at information the practice used to deliver care and treatment plans.
- We checked patients' records, who were on high risk medicines to see if they were being monitored appropriately.

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

Detailed findings

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

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

- older people
- people with long-term conditions
- families, children and young people

- working age people (including those recently retired and students)
- people whose circumstances may make them vulnerable
- people experiencing poor mental health (including people with dementia).

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

Are services safe?

Our findings

At our comprehensive inspection on 10 January 2017 we rated the practice as requires improvement as there were deficiencies in their processes for providing safe services for example, the practice was not able to demonstrate that they had an effective system in place for recalling patients taking high risk medicines. The practice failed to ensure that medical equipment and medicines were managed appropriately and safely. The practice failed to ensure that nurses had been properly authorised to administer medicines in line with legislation. There was an ineffective system for reporting and recording significant events. The practice sent us an action plan stating that they would implement the necessary improvements.

These arrangements had improved with the exception of the practice being able to demonstrate that they had an effective system in place for recalling patients taking high risk medicines. The practice is still rated as requires improvement for providing safe services.

Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). At the previous inspection 10 January 2017, we found significant events were not always being recorded, and events had not been documented in meeting minutes. At this inspection we found significant events were being discussed in meetings held every eight weeks, and minutes were taken. From the sample of documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.

- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a staff member was handling clinical waste and had no Hepatitis B immunisation. The practice manager and lead GPs discussed this incident, they conducted a risk assessment and a Hepatitis B vaccination was given. The practice also changed their policy to reflect that non-clinical staff should not handle clinical waste.
- The practice also monitored trends in significant events and evaluated any action taken.

Overview of safety systems and process

At the last inspection on 10 January 2017 we found that the safeguarding children policy was not updated. Staff were not following the practice's chaperone policy. We saw evidence that although some action had been taken to address improvements identified from an infection control audit conducted on 5 January 2017; these actions had not been documented. There was a lack of clarity over which staff should dispose of clinical waste bins and sharps boxes (used to store used sharp instruments such as needles); There was no documentation of Patient Group Directions (PGDs) for a practice nurses to allow her to administer medicines.

During this inspection we found that the provider had addressed some of these issues but there were still areas that required improvement:

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policy was reviewed in July 2017 and clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. From the sample of documented examples we reviewed we found that the GPs attended safeguarding meetings when possible or provided reports where necessary for other agencies.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained

Are services safe?

to child protection or child safeguarding level 3. The practice nurses were trained to child protection or child safeguarding level 3. All non-clinical staff were trained to child protection or child safeguarding level 1. 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 (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). All staff were following the chaperone policy and knew where to stand, which was not demonstrated at the last inspection.

- The two week referral, system needed to be improved. The practice was booking the appointment for patients, but then not following up if the patient had been contacted/attended the appointment.

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy, cleaners came in twice a week. There were cleaning schedules and monitoring systems in place.
- A GP partner was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken (January 2017) and we saw evidence that action was taken to address any improvements identified as a result.
- At the last inspection there was lack of clarity over which staff should dispose of clinical waste bins and sharps boxes (used to store used sharp instruments such as needles). At this inspection all staff knew only clinical staff and the cleaner were allowed to manage clinical waste.

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).

- The vaccines fridge at the branch site did not have an additional back-up thermometer to provide a means of

cross-checking the accuracy of the temperatures. This was raised at the last inspection. When we raised this again the practice showed us a second thermometer and said they had forgotten to install it at the branch.

- The provider was not able to demonstrate that they had an effective system in place for recalling patients taking high risk medicines. This was raised at the last inspection. We checked three patients who were on Warfarin (a medicine that stops blood clotting) one patient had a blood test in date two were overdue, they were not using next test due date. They had one patient on Lithium (a medicine that is used to treat mood disorders) their blood was being checked every four to six months; however, it should be checked every three months. The provider didn't have a register or do anything for patients on Azathioprine (this is used to prevent organ rejection in people who have received a kidney transplant).
- Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. 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. Blank prescription forms and pads were securely stored and there were systems to monitor their use. The practice were removing the pads from the printer each evening and replacing them in the morning, but not recording serial numbers and which rooms scripts were being taken from and returned to. When we raised this, the practice said they would set up a process for recording the serial numbers.
- Patient Group Directions (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) had been adopted by the practice to allow nurses to administer medicines in line with legislation. In the previous inspection PGDs were only shown for one practice nurse, we saw PGDs signed and dated at the main and branch site for both nurses.

We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence

Are services safe?

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

At the last inspection on 10 January 2017 we found that the provider had not conducted a health and safety risk assessment for the main or branch sites. We observed that domestic cleaning solutions including the hazardous chemical sodium hypochlorite (more commonly known as bleach) were stored in an unlocked kitchen on the ground floor at the branch site, and were therefore not secure. There were no fire action plans on the premises at the main site to indicate action to take in the event of a fire.

During this inspection we found that risks to patients had been assessed and managed. There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment and carried out regular fire drills. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

Arrangements to deal with emergencies and major incidents

At the last inspection the practice did not stock all emergency medicines. The practice had a defibrillator available on both premises and oxygen with adult and children's masks; however, there were no systems in place at either site to regularly log the condition of this equipment.

During this inspection we found that the practice had adequate arrangements to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available. The practice had a system for checking equipment monthly.
- 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.

The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and a copy of it was kept off-site by a GP partner.

Are services effective?

(for example, treatment is effective)

Our findings

At our comprehensive inspection on 10 January 2017 we rated the practice as requires improvement for providing effective services as there were deficiencies in their processes. There had been three clinical audits completed in the previous two years, none of which were completed two cycle audits.

These arrangements had improved when we undertook a follow up inspection 11 October 2017. The provider is now rated as good for providing effective services.

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems 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, with the exception of high risk medicines.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 98% of the total number of points available compared with the clinical commissioning group (CCG) average of 95% and national average of 95%. The practice's

overall clinical exception reporting rate was 13%, which was above the CCG average 8% and the national average of 10% (exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines

cannot be prescribed because of side effects).

This practice was positive outlier for targets relating to diabetes, patients with mental health problems, dementia, hypertension, and asthma. Data from 2015/2016 showed:

Performance for diabetes related indicators was generally above average, but exception reporting was higher than average for several indicators. For example, of patients recorded as having diabetes:

- 76% of patients with diabetes had well-controlled blood sugar levels in the previous 12 months (CCG average 77%, national average 78%). The exception reporting rate for the practice was 18%, CCG 8% and national 13%.
- 97 % of patients with diabetes had well-controlled blood pressure in the previous 12 months (CCG average 75%, national average 78%). The exception reporting rate for the practice was 10%, CCG 7% and national 9%.
- 87% of patients with diabetes on the register had their cholesterol measured as well controlled (CCG average 77%, national average 80%). The exception reporting rate for the practice was 21%, CCG 10% and national 13%.

Data from 2016/2017 showed:

- 67% of patients with diabetes had well-controlled blood sugar levels in the previous 12 months (CCG average 79%, national average 79%). The exception reporting rate for the practice was 6%, CCG 7% and national 9%.
- 85 % of patients with diabetes had well-controlled blood pressure in the previous 12 months (CCG average 76%, national average 78%). The exception reporting rate for the practice was 2%, CCG 4% and national 6%.
- 70% of patients with diabetes on the register had their cholesterol measured as well controlled (CCG average 77%, national average 80%). The exception reporting rate for the practice was 8%, CCG 10% and national 13%.

Are services effective?

(for example, treatment is effective)

Performance for mental health related indicators was above average, but exception reporting was higher than average. For example, of patients recorded as having schizophrenia, bipolar affective disorder, and other psychoses:

- 100% of patients diagnosed with dementia had a recorded review in a face to face meeting in the last 12 months (CCG average 82%, national average 84%). The exception reporting rate for the practice service was 0%, local 5% and national 7%.
- 100% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan recorded in the last 12 months local average 83%, national average 89%. The exception reporting rate for the practice was 21%, CCG 8% and national 13%.
- 100% of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the last 12 months (local average 83%, national 89%). The exception reporting rate for the practice was 17%, CCG 7% and national 10%.
- Performance for asthma related indicators was above average, For example, of patients recorded as having asthma, 96% had a review of their condition (CCG average 73%, national average 76%). Exception reporting for this indicator was 4%, CCG average 7% and national average of 8%.
- Performance for indicators related to COPD was above average, For example, 97% of patients with COPD had a review of their condition (CCG average 89%, national average 90%). Exception reporting for this indicator was 6%, CCG average 10% and the national average 12%.

Data from 2016/2017 showed:

- 90% of patients diagnosed with dementia had a recorded review in a face to face meeting in the last 12 months (CCG average 82%, national average 84%). The exception reporting rate for the practice service was 3%, local 6% and national 7%.
- 94% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive,

agreed care plan recorded in the last 12 months local average 84%, national average 90%. The exception reporting rate for the practice was 10%, CCG 10% and national 13%.

- 90% of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the last 12 months (local average 85%, national 91%). The exception reporting rate for the practice was 10%, CCG 8% and national 10%.
- Performance for asthma related indicators was above average, For example, of patients recorded as having asthma, 95% had a review of their condition (CCG average 90%, national average 88%). Exception reporting for this indicator was 2%, CCG average 4% and national average of 4%.
- Performance for indicators related to COPD was above average, For example, 94% of patients with COPD had a review of their condition (CCG average 92%, national average 90%). Exception reporting for this indicator was 3%, CCG average 13% and the national average 11%.

At the last inspection three clinical audits had been conducted; however, none were completed two cycle audits: At this inspection there was evidence of quality improvement including clinical audit. The practice now had a schedule of audits to be conducted throughout 2017 to 2018.

- There had been two clinical audits commenced in the last two years, two of these were completed audits where the improvements made were implemented and monitored. For example the practice looked at the identification of vulnerable adults in the first cycle the practice had identified nine patients. The first cycle identified that the adult register was significantly underpopulated and there was no systematic approach to identifying and recording vulnerable adults. The practice reviewed its process for recording and coding and putting alerts on patients records identified as being a vulnerable adult, in the second cycle the practice identified 62 patients.

Effective staffing

At the previous inspection, we identified gaps in training, found that there was no record of

Are services effective?

(for example, treatment is effective)

induction completed for a recently recruited practice nurse. Two nurses had not been given the proper legal authorisation to administer vaccines. At this inspection 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.
- 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, and those conducting cervical cytology had received specific training.
- Staff who administered vaccines had received appropriate training, and they could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to online resources and attendance to update courses.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- From the sample of documented examples we reviewed we found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

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.

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.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

At the last inspection on 10 January 2017 and at this inspection we found that the provider had systems in place to support patients to live healthier. For example:

- Patients receiving end of life care, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.
- The nurse provided smoking cessation advice to patients that required it.

Are services effective?

(for example, treatment is effective)

The practice's uptake for females, 50-70, screened for breast cancer in last 36 months was 71%, which was comparable with the CCG average of 75% and the national average of 73%.

The practice's uptake for persons, 60-69, screened for bowel cancer in last 30 months was 46%, which was lower than the CCG average of 57% and the national average of 59%.

- There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test.
- There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

- The practice ensured a female sample taker was available.

Childhood immunisation rates for the vaccinations given were slightly lower than the national averages. There are four areas where childhood immunisations are measured; each has a target of 90%. The practice did not achieve the target in four out of four areas. These measures can be aggregated and scored out of 10, with the practice scoring 8.2 (compared to the national average of 9.1). The practice provided us with subsequently published data which showed the practice had achieved the target rate of 90%.

The provider received an award from Public Health Bromley in May 2016 for achieving one of the highest Chlamydia screening rates in Bromley borough.

Are services caring?

Our findings

At our previous comprehensive inspection on 10 January 2017 we rated the practice as requires improvement for providing caring services, as we found deficiencies in the provider's processes, also data from the national GP patient survey published in July 2016 showed that patients rated the practice below others for several aspects of consultations with GPs and nurses.

These arrangements had improved when we undertook a follow up inspection 11 October 2017; however, data from the national GP patient survey July 2017 still showed that patients rated the practice below others for several aspects of consultations with GPs and nurses. The provider is still rated as requires improvement for providing caring services.

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. Patients gave us positive feedback but the practice was rated below average in the GP patient survey for several aspects of consultations with clinicians.

- At the last inspection we found cabinets used to store patients' medical records at the branch site were not locked, since the last inspection new cabinets had been installed and these were locked.
- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

All of the 42 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with seven patients including seven 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.

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

- 68% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 72% of patients said the GP gave them enough time compared to the CCG average of 84% and the national average of 86%.
- 89% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%
- 64% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 86%
- 72% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 91% and the national average of 91%.
- 72% of patients said the nurse gave them enough time compared with the CCG average of 91% and the national average of 91%.
- 88% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 97% and the national average of 97%.
- 71% of patients said the last nurse they spoke to was good at treating them with care and concern compared with the CCG average of 90% and the national average of 91%.
- 90% of patients said they found the receptionists at the practice helpful compared with the CCG average of 87% and the national average of 87%.

We raised this with the practice, as a result the practice conducted their own survey over a period of two weeks during September 2017. They left questionnaires at reception for patients to complete after appointments. 22 were completed 0.6% of the practice's patient list. They

Are services caring?

asked the question how would you rate your consultation today and had a scale of one to ten, one being the lowest and ten being the highest. Ten patients gave a rating of ten, five patients rated nine, two patients eight, one patient seven.

Care planning and involvement in decisions about care and treatment

At the last inspection 10 January 2017 patients told us they felt involved in their care and said clinicians explained things to them adequately. Patients didn't have access to an interpreter service for patients who needed it.

During this inspection patients rated the practice below local and national averages in the national GP patient survey for listening to them and involving them in their care. All of the seven patients we spoke with told us they felt involved in decision making about the care and treatment they received, and that side effects and risks of medicines were explained to them. 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. Feedback from the 42 comment cards we received was positive in this regard. We saw that care plans 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 in line with local and national averages. For example:

- 65% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 85% and the national average of 86%.
- 54% of patients said the last GP they saw was good at involving them in decisions about their care compared with the CCG average of 80% and the national average of 82%.
- 69% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 89% and the national average of 90%.

- 55% of patients said the last nurse they saw was good at involving them in decisions about their care compared with the CCG average of 84% and the national average of 84%.

These results had declined since the last inspection in January 2017.

The practice provided facilities to help patients be involved in decisions about their care:

- At the last inspection staff told us that an interpretation service was not available for patients who did not have English as a first language. At this inspection the practice had addressed this issue and now provided an interpreting service. We saw notices in the reception areas informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 67 patients as carers (2% of the practice list). This had increased since the last inspection where the practice had identified only 13 patients (0.4%). Written information was available to direct carers to the various avenues of support available to them. Older carers were offered timely and appropriate support.

Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. The practice also provided a bereavement pack.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous comprehensive inspection on 10 January 2017, we rated the practice as good for providing responsive services. We found that the provider was still providing responsive service when we undertook this announced comprehensive inspection on 11 October 2017, the provider remains rated as good for this key question.

At the last inspection we found the practice had systems in place to ensure that the needs of patients were met.

Responding to and meeting people's needs

- The practice offered extended hours on a Monday evening from 6.30pm to 8pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Online facilities available such as appointment booking and repeat prescription ordering were available for patients.
- 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.
- Patients were able to receive travel vaccinations available on the NHS. They directed patients to travel clinics for vaccines that were only available privately.
- There were baby changing facilities available at the main site, the practice now provided a baby changing mat at the branch which could be used in the nurses room, there were posters advertising baby changing facilities at the branch.
- There were accessible facilities, which included a hearing loop at both sites, which were not available at the previous inspection and the practice now provided an interpretation service, which was also not available at the previous inspection.
- The main site had wheelchair access throughout, although we observed that there was a small step at the entrance. Staff said the step had not yet adversely

impacted on the ability of wheelchair users to gain access to the practice and that they would assist patients as required. There was no wheelchair access at the branch site; staff told us that if they were available they would help patients if needed. There was no doorbell at either site, which could make it difficult for patients to access premises if they had accessibility difficulties.

Access to the service

The practice's main and branch sites were open from 8am to 6.30pm Monday, Tuesday, Thursday and Friday. Both sites closed at weekends and bank holidays, and at 1pm on Wednesdays. Appointments (including extended hours) were available at the following times:

Monday: 9am-11am, 3.30pm-4.30pm (last appointment at the branch site was at 5pm), 5.30pm-8pm (late opening applied to the main site only).

Tuesday: 9am-11.30am, 3.15pm-5pm.

Wednesday: 9am-12pm.

Thursday: 9am-11am, 3pm-5pm.

Friday: 9am-12.30pm, 3.30pm-5pm.

The provider told us that although appointments were not available on Wednesday afternoons, the reception office remains open at the main site for patients to book appointments and drop off repeat prescription requests. A GP partner told us during the inspection that appointments could be pre-booked up to four weeks in advance. Daily urgent appointments were available.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was above average compared to local and national averages.

- 69% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 74% and the national average of 76%.
- 96% of patients said they could get through easily to the practice by phone compared with the clinical commissioning group (CCG) average of 72% and the national average of 71%.

Are services responsive to people's needs?

(for example, to feedback?)

- 95% 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 85% and the national average of 84%.
- 90% of patients said their last appointment was convenient compared with the CCG average of 81% and the national average of 81%.
- 83% of patients described their experience of making an appointment as good compared with the CCG average of 72% and the national average of 73%.
- 68% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 57% and the national average of 58%.

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 to assess:

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

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had a system 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 looked at one complaint received in the last 12 months and found it was satisfactorily handled, dealt with in a timely way, openness and transparency. Lessons were learned from individual concerns and complaints. For example, a patient complained about an incorrect appointment booking time. The practice investigated the complaint and sent the patient an apology for the misunderstanding. The practice discussed the complaint in an all staff meeting to avoid this happening again.

Are services well-led?

Requires improvement 

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

Our findings

At our previous comprehensive inspection on 10 January 2017, we rated the practice as inadequate for providing well-led services as provider was not addressing core issues which could improve the quality and safety of the service. They had made limited improvements.

We issued a requirement notice in respect of these issues and found arrangements had improved when we undertook a follow up comprehensive inspection of the service on 11 October 2017, however we found the concerns raised at the last inspection regarding patients on high risk medicine had not been resolved during this inspection. The practice is now rated as requires improvement for being well-led.

Vision and strategy

The practice had a clear vision to deliver care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

At the previous inspection we found the practice lacked an overarching governance frame work. We found improvements needed to be made across several areas of the service, for example the process for managing significant events and safety alerts. Staff files reviewed showed no evidence of fire training or basic life support for a non-clinical member of staff. The practice needed to improve documentation of various processes. For example, there were no records of an induction completed for a new nurse, fire evacuation drills conducted at the branch site, actions completed from risk assessment action plans, or actions taken in response to abnormal fridge temperature recordings at the branch site. Some staff were not aware of their roles and responsibilities in relation to chaperoning, handling clinical waste, and awareness of the location of emergency medicines. The safeguarding policy needed to be amended. There was limited evidence of the use of continuous clinical and internal audit in monitoring quality and making improvements.

Arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not effective, for example the availability of emergency medicines, conducting risk assessments for health and safety, blind cords and absent emergency medicines, ensuring that nurses had been given the proper legal authority to administer medicines, implementing a system to monitor patients on high risk medicines, ensuring that safety alerts were actioned, and implementing an effective system for recording and sharing significant events.

At this inspection we found that the practice now had an overarching governance framework in place which supported the delivery of the strategy and good quality care.

- The practice now had a process for managing significant events and safety alerts.
- All staff files checked demonstrated all role specific training had been under taken.
- The practice reviewed processes, had conducted a fire evacuation drill at the branch site, had addressed actions raised in a risk assessment action plan, and had reviewed what action staff should take in relational to abnormal fridge temperature recordings at the branch site.
- The safeguarding policy had been reviewed and updated. The practice also displayed posters in every clinical room indicating details of the safeguarding lead and local details.
- Since the last inspection the practice had conducted two completed audits, and had a schedule of audits to complete throughout 2017 to 2018.
- The practice had addressed arrangements for identifying, recording and managing risks, issues and implementing mitigating actions, for example the availability of emergency medicines, conducting risk assessments for health and safety, blind cords, ensuring that nurses had been given the proper legal authority to administer medicines, safety alerts were actioned, and an effective system for recording and sharing significant events with the exception of implementing a system to monitor patients high risk medicines.

Leadership and culture

Are services well-led?

Requires improvement 

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

During this inspection we found that the lack of addressing patients on high risk medicine had not been resolved from the last inspection.

During the last inspection we found that several of the practice's processes were not being managed effectively. However, staff told us the GP partners were approachable and always took the time to listen to them.

At this inspection we found that staff still told us GP partners were still approachable and always took the time to listen to them they felt supported and valued by the practice's leaders.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. From the sample of documented examples we reviewed we found that the practice had systems to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.
- The practice held regular meetings and there was a fixed agenda. However the practice was not conducting palliative care or nurse meetings.
- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.

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

During the last inspection the practice had sought feedback from patients, the public and staff, and engaged patients in the delivery of the service. Responses to the national GP patient survey published in July 2016 showed the practice was rated below average for aspects of care in relation to consultations with GPs and nurses. The practice was aware of this but had not implemented an effective plan of action to address this and make the necessary improvements.

At this inspection we found the practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- Patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the practice appointment booking system.
- Responses to the national GP patient survey published in July 2017 showed the practice was rated below average for aspects of care in relation to consultations with GPs and nurses. The practice was aware of this and had conducted their own survey over a period of two weeks during September 2017. They left questionnaires at reception for patients to complete after appointments. 22 were completed 0.6% of the practice's patient list. They asked the question how would you rate your consultation today and had a scale of one to ten, one being the lowest and ten being the highest. Ten patients gave a rating of ten, five patients rated nine, two patients eight, one patient seven.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. Since the last inspection the practice has reviewed a number of system and processes, the had recently provided a multilingual website and had staff trained in 11 languages. One GP attended merit course now does in house diabetics management.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 9 HSCA (RA) Regulations 2014 Person-centred care</p> <p>How the regulation was not being met:</p> <p>The provider failed to enable and support all service users to make, or participate in making, decisions relating to their care or treatment to the maximum extent possible.</p> <p>This was in breach of regulation 9 (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The provider did not do all that was reasonably practicable to mitigate any such risks.</p> <ul style="list-style-type: none">• The practice did not have a clear process for monitoring patients on high risk medicines.• Two week referral system, not following up on if the patient had been contacted/attended the appointment.• Vaccine fridge at the branch site did not have an additional back-up thermometer to provide a means of cross-checking the accuracy of the temperatures.• Prescription pads, not recording serial numbers and which rooms scripts were being taken from and returned to. <p>This was in breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>