

The Connaught Square Practice

Quality Report

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

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 at The Connaught Square Practice on 15 June 2017. Overall the practice is rated as requires improvement.

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

- Although risks to patients were assessed, the systems to address these risks were not implemented well enough to ensure patients were kept safe. For example, we found the management of patient safety alerts and some aspects of safeguarding, infection control and medicine management required improvement.
- There was a system in place 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.

- Staff were aware of current evidence based guidance. However, healthcare assistants did not have access to clinical protocols to support their role.
- Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Patients we spoke with on the day told us they were treated with compassion, dignity and respect and involved in decisions about their care and treatment. However, results of the national GP survey were mixed with patients rating the practice lower than others for some aspects of care.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients we spoke with said they could get an appointment with a named GP when they needed it and there was continuity of care, with urgent appointments available the same day.
- Although the practice was equipped to treat patients and meet patient needs the layout of the building had restrictions for patients with accessibility needs and ambulatory difficulties.

Summary of findings

- 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.

The areas where the provider must make improvement are:

- Ensure care and treatment is provided in a safe way to patients.

The areas where the provider should make improvement are:

- Continue to monitor performance of the Quality and Outcome Framework (QOF) indicators specifically in relation to the cervical screening programme and patient outcomes in relation to the childhood immunisation programme.
- Consider how those with accessibility needs and ambulatory difficulties can use the patient toilet.
- Continue to monitor patient experience and satisfaction with the service provided.

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.

- Although risks to patients were assessed, the systems to address these risks were not implemented well enough to ensure patients were kept safe. For example, we found the management of patient safety alerts and some aspects of safeguarding, infection control and medicine management required improvement.
- There was a system in place 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.
- 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.

Requires improvement



Are services effective?

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

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were for the most part comparable to the CCG and the national average with some mental health and respiratory-related indicators above averages. However, cervical screening and childhood immunisations uptake were below local and national averages.
- Staff we spoke with were aware of current evidence based guidance. However, clinical protocols were not available to support the roles undertaken by the healthcare assistants.
- Clinical audits demonstrated quality improvement.
- 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.

Requires improvement



Summary of findings

Are services caring?

The practice is rated as good for providing caring services.

Good



- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality. For example, the practice had a confidentiality card system in place at reception which enabled patients who wished to have a private conversation to indicate this discreetly by handing a confidentiality card to the receptionist. The patient would then be escorted to a private room.
- Patients we spoke with on the day and comment cards indicated that patients were treated with compassion, dignity and respect and involved in decisions about their care and treatment. However, results of the national GP survey were mixed with patients rating the practice lower than others for some aspects of care.
- Information for patients about the services available was accessible in languages aligned to the patient demographic.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- 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.
- Patients we spoke with said they could get an appointment with a named GP when needed and there was continuity of care, with urgent appointments available the same day.
- Although the practice was equipped to treat patients and meet patient needs the layout of the building had restrictions for patients with accessibility needs and ambulatory difficulties. For example, the patient toilet was in the basement which was accessible only by stairs.
- The practice website had the functionality to translate to other languages and change font size, colour and contrast for the visually impaired.
- Information about how to complain was available and evidence from two examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

Good



Summary of findings

- The practice had a clear vision and strategy to deliver high quality 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.
- The practice told us they prioritised safe, high quality and compassionate care.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour. In two examples we reviewed we saw evidence the practice complied with these requirements.
- 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.

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 and effective. The issues identified as requiring improvement overall affected all patients including this population group. However, there was evidence of some good practice.

- 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. For example, a dedicated doctor liaised with the local pharmacies regarding dosette boxes (a pill container and organiser for storing scheduled doses of a patient's medication) and repeat dispensing for this cohort.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- 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.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- A member of staff acted as a carers' champion to help ensure that the various services supporting carers were coordinated and effective.

Requires improvement



People with long term conditions

The provider was rated as requires improvement for safe and effective. The issues identified as requiring improvement overall affected all patients including this population group. However, there was evidence of some good practice.

- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was comparable to the CCG and national averages. For example, the percentage of patients with diabetes, on the register, in whom the last HbA1c was 64 mmol/mol or less in the preceding 12 months was 69% (CCG average 74%; national average 78%) and the percentage

Requires improvement



Summary of findings

of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less was 80% (CCG average 74%; national average 78%).

- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their health and medicines needs were being met. 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.

Families, children and young people

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

- Data showed that immunisation rates were below standard for all childhood immunisations up to the age of two.
- The practice's uptake for the cervical screening programme was 56%, which was lower than the CCG average of 73% and the national average of 81%.
- The practice offered Chlamydia testing.
- From the sample of documented examples we reviewed we found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. The practice had also undertaken an audit to ensure all minors registered at the practice had a parent or guardian also registered at the practice.
- Appointments were available outside of school hours including on Saturday and Sunday.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.
- The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control was 74% (CCG average 75%; national average 76%).

Requires improvement



Summary of findings

Working age people (including those recently retired and students)

The provider was rated as requires improvement for safe and effective. The issues identified as requiring improvement overall affected all patients including this population group. However, there was evidence of some good practice.

- 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 e-consultations and telephone appointments.
- Extended opening hours were available Monday to Friday until 8pm and on Saturday and Sunday from 8am to 4pm.
- 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.

Requires improvement



People whose circumstances may make them vulnerable

The provider was rated as requires improvement for safe and effective. The issues identified as requiring improvement overall affected all patients including this population group. However, there was evidence of some good practice.

- The practice held a register of patients living in vulnerable circumstances including 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.
- 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 and effective. The issues identified as requiring improvement overall affected all patients including this population group. However, there was evidence of some good practice.

- The practice carried out advance care planning for patients living with dementia.
- The percentage of patients diagnosed with dementia who had had their care reviewed in a face-to-face meeting in the last 12 months was 88% (CCG average 87%; national average 84%) with a practice exception reporting of 14% (CCG average 9%; national average 7%).
- The practice specifically considered the physical health needs of patients with poor mental health and dementia. For example, the practice had accessed the Alzheimer's Society's resources for developing dementia-friendly general practice and identified changes in the practice to better support people with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- Performance for mental health related indicators were above CCG and national averages. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 100% (CCG average 86%; national average 89%) and the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months was 100% (CCG average 89%; national average 89%).
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- 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 were published in July 2016 for the most recent data collected between January and March 2016. Three hundred and seventy one survey forms were distributed and 97 were returned. This represented 1.4% of the practice's patient list and a completion rate of 26%.

The results showed that patient experience was mixed with some rating the practice lower than other practices for some aspects of patient experience. For example:

- 63% of patients described the overall experience of this GP practice as good compared with the CCG average of 81% and the national average of 85%.
- 59% 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 75% and the national average of 78%.
- 71% of patients said they found it easy to get through to the practice by phone compared with the CCG average of 82% and the national average of 73%.
- 50% of patients described their experience of making an appointment as good compared with the CCG average of 71% and the national average of 73%.
- 61% of patients said they were able to get an appointment to see or speak with someone the last time they tried compared with the CCG average of 82% and the national average of 85%.

The practice had undertaken its own patient satisfaction survey which had been sent out by text to 500 patients registered for the text messaging service. The practice had received 136 responses of which 89% said they were happy with their most recent visit to the surgery and 79% would recommend the practice. Patients were asked what they liked about the service and responses included professional, friendly, efficient and prompt.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 24 comment cards of which 18 contained positive comments, five contained mixed comments and one contained a negative comment. Of the positive comments, patients described the practice as providing an excellent and efficient service with caring, thoughtful and polite staff. The mixed and negative comment related to length of time to get an appointment and feeling rushed in a consultation.

We spoke with eight patients who told us they were very happy 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 of the Friends and Family Test (FFT) for the period January to May 2017 based on 70 responses showed that 85% of patients were extremely likely to recommend the practice.

Areas for improvement

Action the service **MUST** take to improve

- Ensure care and treatment is provided in a safe way to patients.

Action the service **SHOULD** take to improve

- Continue to monitor performance of the Quality and Outcome Framework (QOF) indicators specifically in relation to the cervical screening programme and patient outcomes in relation to the childhood immunisation programme.

- Consider how those with accessibility needs and ambulatory difficulties can use the patient toilet.
- Continue to monitor patient experience and satisfaction with the service provided.

The Connaught Square 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.

Background to The Connaught Square Practice

The Connaught Square Practice operates from 41 Connaught Square, London, W2 2HL and has access to four clinical consulting rooms, two located on the ground floor and two located in the basement. The basement was accessible by stairs only. The practice had a wheelchair accessible entrance.

The practice provides NHS primary care services to approximately 7,050 patients and operates under a Personal Medical Services (PMS) contract (an alternative to the standard GMS contract used when services are agreed locally with a practice which may include additional services beyond the standard contract). The practice is part of NHS Central London Clinical Commissioning Group (CCG).

The practice is registered as a partnership with the Care Quality Commission (CQC) to provide the regulated activities of diagnostic and screening procedures, treatment of disease, disorder or injury, maternity and midwifery services and family planning.

The practice staff comprises of a male and female GP partner, two female and one male salaried GP providing a

total of 25 clinical sessions per week. The clinical team is supported by three practice nurses (1.4 whole time equivalent) and two full-time healthcare assistants. The administration team is led by a full-time practice manager and a reception and administration team.

The practice has a higher than average population of male and female patients between the ages of 25 and 44 years. The practice told us that 20% of its population speak Arabic as their first language.

The practice is open between 8am and 6.30pm Monday to Friday. Extended hours are offered from 6.30pm to 8pm Monday to Friday and from 8am to 4pm on Saturday and Sunday.

When the surgery is closed, out-of-hours services are accessed through the local out of hours service or NHS 111.

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 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.

Detailed findings

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 15 June 2017. During our visit we:

- Spoke with a range of staff which included a GP partner, locum GP, practice manager, practice nurse, healthcare assistant and receptionists.
- Observed how patients were being cared for in the reception area and talked with carers and/or family members.
- Reviewed a sample of the personal care or treatment records of patients.
- Spoke with patients who used the service and reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Inspected the facilities, equipment and premises.
- Reviewed a wide range of documentary evidence including policies, written protocols and guidelines, recruitment and training records, safeguarding referrals, significant events, patient survey results, complaints, meeting minutes and performance data.

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

Safe track record and learning

There was a system for reporting and recording significant events.

- There was a lead for significant events and staff had access to an operational policy. 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).
- The practice had only recorded four significant events for the past 12 months. From a sample of two 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 and a written apology.
- We reviewed minutes of clinical and administration meetings where significant events and learning had been discussed. The practice had carried out a thorough analysis of the four significant events recorded.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the process to manage two-week wait referrals was reviewed and revised following the failure to send a referral. The practice had put mechanisms in place to track that referrals had been sent and contacted patients by telephone to ensure they had received an appointment and then followed-up to ensure they had attended the appointment. The practice carried out audits to ensure the system was effective.

The practice told us that patient safety alerts and MHRA (Medicines and Healthcare Regulatory Agency) alerts were received via email by the lead GP and practice manager and disseminated to staff. Although we saw evidence that some medicines-related MHRA alerts had been appropriately actioned the practice could not demonstrate a formal process to track alerts received and

to ensure all alerts had been reviewed, appropriate action taken and shared with staff. After the inspection the practice sent an alert protocol and the process they intended to put in place.

Overview of safety systems and processes

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

- The practice had a safeguarding children and safeguarding adult policy in place which were accessible to staff. The policies outlined who to contact for further guidance if staff had concerns about a patient's welfare. We also observed safeguarding flowcharts and contact details were available in consultation rooms. We noted that the safeguarding children policy, which had been reviewed in February 2017, still referenced Criminal Records Bureau (CRB) checks which were completely replaced by Disclosure & Barring Service (DBS) checks in 2013. We saw a NHS England guidance poster on the mandatory reporting of female genital mutilation and that Prevent (anti-radicalisation) training had been undertaken by the GPs, the practice nurse, healthcare assistants and the majority of the administration team, but neither were referenced in the safeguarding policies.
- The practice had a safeguarding children and adult lead and deputy lead which were referenced in the policies. Staff we spoke with knew who the leads were.
- GPs attended safeguarding meetings when possible or provided reports where necessary for other agencies. The practice held quarterly safeguarding meetings with the health visitors.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs and the practice nurse were trained to child safeguarding level three, healthcare assistants to level two and administration staff to level one.
- Notices around the practice advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received an enhanced 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).

Are services safe?

Although the practice had processes in place to maintain standards of cleanliness and hygiene these required improvement.

- The practice employed a cleaner and there was a cleaning schedule and monitoring systems in place. On the day of the inspection we observed the premises to be clean and tidy. However, there was inadequate storage and segregation of cleaning mops which posed a risk of cross-contamination. On the day of the inspection we found mops had been left to dry propped against a dirty external wall of a stairwell leading to the basement. There was no dedicated cleaning storage area.
- The practice nurse who worked 16 hours per week was the infection prevention and control (IPC) clinical lead. There was an IPC protocol which included waste management and the safe handling of sharps and spillages. We observed that each consulting room had information displayed on good handwashing techniques, how to deal with a sharps injury and was well equipped with personal protective equipment and waste disposal facilities.
- All staff we spoke with knew the location of the bodily fluid spill kits and had access to appropriate personal protective equipment when handling specimens at the reception desk. We noted from minutes of an administration meeting that the practice nurse had given a demonstration on dealing with bodily fluid spills and how to use the spill kits. All staff, except one GP, had received infection control training.
- An external IPC audit had been undertaken in 2015 by the clinical commissioning group and the IPC lead had undertaken an audit in March 2017. We saw there was an action plan which included the replacement of the flooring in the nurse's consultation room which had heavily worn out and was covered with a clear plastic mat and replacement of fabric chairs to those of wipeable material in consultation rooms. We noted some work surfaces and sink areas in clinical rooms were chipped and damaged which posed an infection control risk but had not been identified or included in the infection control audit or action plan. Furthermore, the IPC audit had failed to identify that clinical staff did not have access to all the appropriate colour-coded

sharps containers required for the range of medicines administered. The practice told us after the inspection that they had requested relevant sharps containers from their clinical waste supplier.

Although there were arrangements in place for managing medicines, including emergency medicines and vaccines to minimise risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal) these required improvement.

- Blank prescription forms and pads not in use were stored in a locked cupboard and prescriptions were removed from printers at the end of each day and locked away. However, there was no system in place to track their use in line with guidance. After the inspection the practice sent a protocol which outlined the process they intended to put in place for the management of blank prescriptions.
- There were dedicated vaccine storage refrigerators with built-in thermometer and we saw evidence that the minimum, maximum and actual temperatures were recorded daily. However, the practice were not aware of Public Health England's Protocol for ordering, storing and handling vaccines (March 2014) which states all vaccine fridges should ideally have two thermometers, one of which is a maximum and minimum thermometer independent of mains power. If only one thermometer is used, then a monthly check should be considered to confirm that the calibration is accurate. The practice had not considered this recommendation and could not demonstrate regular calibration. After the inspection the practice told us they had ordered thermometers for all vaccine refrigerators.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Healthcare assistants were trained to administer vaccines and medicines and patient specific prescriptions or directions from a prescriber were produced appropriately.
- There were processes for handling repeat prescriptions which included the review of high risk medicines. 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.

Are services safe?

We reviewed five personnel files, which included one locum doctor file, 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

Although there were procedures for assessing, monitoring and managing risks to patient and staff safety in place these required improvement.

- Although the practice could demonstrate that the fire alarm system and fire equipment was regularly maintained by an external contractor it had failed to undertake a formal fire risk assessment (a process involving the systematic evaluation of the factors that determine the hazard from fire, the likelihood that there will be a fire and the consequences if one were to occur). The practice subsequently forwarded a fire risk assessment which had been undertaken by the practice manager after the inspection.
- There was a fire safety policy in place and the practice carried out quarterly fire drills which were undertaken during patient clinic times in order to practice fire evacuation in a 'real-time' situation. We observed fire notices around the practice which detailed the fire evacuation assembly point. The practice had nominated three fire marshals and all staff had received fire awareness training. The practice told us the fire procedure was part of staff induction.
- There was a health and safety policy available and a health and safety poster displayed within the practice.
- Each clinical room was appropriately equipped and we saw evidence that the equipment was maintained. This included checks of electrical equipment and equipment used for patient examinations. We saw evidence of calibration of equipment used by staff was undertaken annually and was tested in January 2017 and that portable electrical appliances had been checked in August 2016.

- The practice had a variety of other risk assessments to monitor safety of the premises such as health and safety, 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

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 had received annual basic life support training and the practice had a defibrillator and oxygen with adult and children's masks available on the premises. We saw that these were checked regularly that they were fit for purpose.
- 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.
- Staff had access to a first aid kit and accident book was available.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The practice kept a laptop fully charged and a mobile phone on site should IT and/or telephony be compromised. The plan included emergency contact numbers for staff. The practice had established a 'buddy' system with a neighbouring practice.

Are services effective?

(for example, treatment is effective)

Our findings

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.

- All computers had links for staff to access guidelines from NICE and the British National Formulary (prescribing and pharmacology reference book) which were used to deliver care and treatment that met patients' needs. The practice had systems to keep all clinical staff up to date through meetings and computer update alerts.
- GPs attended external learning events and the practice invited secondary care consultants to its clinical meetings to present on topics such as NICE guidance and treatment updates. For example, type two diabetes and infertility.
- The practice did not monitor that these guidelines were followed through any risk assessments, audits or 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 93% of the total number of points available (CCG 88%; national 95%) with 5% overall exception reporting (CCG 6%; 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).

Overall the practice was statistically comparable with local and national targets for QOF with the exception of some mental health related and respiratory-related indicators which showed a positive variance from the national average and cervical screening which showed a significant negative variation from the national average. Data from 2015/16 showed:

Performance for diabetes related indicators was statistically comparable to the CCG and national averages. For example:

- The percentage of patients with diabetes, on the register, in whom the last HbA1c was 64 mmol/mol or less in the preceding 12 months was 69% (CCG average 74%; national average 78%) with a practice exception reporting of 6% (CCG average 11%; national 12%);
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less was 80% (CCG average 74%; national average 78%) with a practice exception reporting of 9% (CCG average 9%; national average 9%);
- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less was 73% (CCG average 74%; national average 80%) with a practice exception reporting of 8% (CCG average 11%; national average 13%).

Performance for some mental health related indicators were above CCG and national averages. For example:

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 100% (38 patients) compared with the CCG average of 86% and the national average of 89% with a practice exception reporting of 5% (CCG average 9%; national average 13%);
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months was 100% (38 patients) compared with the CCG average of 89% and the national of average 89% with a zero per cent practice exception reporting (CCG average 7%; national average 10%);
- The percentage of patients diagnosed with dementia who had had their care reviewed in a face-to-face meeting in the last 12 months was 88% (CCG average 87%; national average 84%) with a practice exception reporting of 14% (CCG average 9%; national average 7%).

Performance for some respiratory-related indicators was above CCG and national averages. For example:

Are services effective?

(for example, treatment is effective)

- The percentage of patients with chronic obstructive pulmonary disease (COPD) who had a review undertaken including an assessment of breathlessness was 100% (51 patients) compared with the CCG average of 86% and the national average of 90%) with a practice exception reporting of 18% (CCG average 10%; national average 12%);
- The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control was 74% (CCG average 75%; national average 76%) with a low practice exception reporting of 2% (CCG average 7%; national average 8%);
- The percentage of patients with physical and/or mental health conditions whose notes record smoking status in the preceding 12 months was 96% (CCG average 94%; national average 95%) with a practice exception reporting of 0.7% (CCG average 1.5%; national average 0.8%).

There was evidence of quality improvement including clinical audit:

- There had been four clinical audits commenced in the last two years, three of which were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, the practice had been identified by the CCG as one of the highest referrers into secondary care and had participated in a secondary care referral audit to assess whether referrals were appropriate and their content adequate. To access this the practice had implemented a peer review of all referrals from the practice and liaised with consultants through advice lines regarding appropriate referral to foster good practice. The practice saw a reduction in its referrals in excess of the 23% target set by the CCG. This is an ongoing audit to monitor the quality and appropriateness of referrals into secondary care.
- The practice was invited to share its good practice and outcomes at a peer review as part of a CCG locality meeting.

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 and confidentiality. In addition, the practice undertook role-specific inductions which included shadowing and supervision during the first three months of the induction.
- 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 such as diabetes and asthma had received updates.
- We saw that healthcare assistant had been trained to undertake services under an out of hospital initiative, such as wound care, ambulatory blood pressure monitoring and spirometry. Although staff we spoke with told us they would refer patients to the doctor if they had any concerns, there were no clinical protocols available outlining the framework for the management of specific clinical situations or definition of circumstances where patients should be referred to a nurse or a GP for further assessment. After the inspection the practice sent us an example of some clinical protocols it had written to support the healthcare assistant role.
- 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.
- The learning needs of staff were identified through a system of appraisals a 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 on-going support, clinical supervision and facilitation and support for revalidating GPs and nurses. At the time of our inspection the practice manager and GP partners were undertaking a 360 degree appraisal (an employee performance review in which subordinates, co-workers, and managers all anonymously rate the employee. This information is then incorporated into that person's performance review). All staff had received an appraisal within the last 12 months.

Are services effective?

(for example, treatment is effective)

- Staff received training that included: safeguarding, basic life support, infection prevention and control information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. The practice operated a 'buddy' system for when clinicians were absent from the surgery.
- We found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- The practice used an IT interface system which enabled patients' electronic health records to be transferred directly and securely between GP practices. This improved patient care as GPs would have full and detailed medical records available to them for a new patient's first consultation.
- The practice maintained a register of its two-week wait referrals and contacted patients to ensure they had received an appointment and had attended the appointment. Two-week wait referral data showed that the percentage of new cancer cases (among patients registered at the practice) who were referred using the urgent two-week wait referral pathway was 25% which was lower than the CCG average of 46% and the national average of 49%. This gives an estimation of the practice's detection rate, by showing how many cases of cancer for people registered at a practice were detected by that practice and referred via the two-week wait pathway. Practices with high detection rates will improve early diagnosis and timely treatment of patients which may positively impact survival rates.
- The practice utilised Coordinate My Care (a system which allows healthcare professionals to electronically record patient's wishes and ensures their personalised urgent care plan is available 24/7 to all those who care for them).

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 (MCA) 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support 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 were signposted to the relevant service.
- A dedicated doctor liaised with the local pharmacies regarding dosette boxes (a pill container and organiser for storing scheduled doses of a patient's medication) and repeat dispensing for the elderly cohort.

The practice's uptake for the cervical screening programme was 56%, which was significantly lower than the CCG average of 73% and the national average of 81%. The practice told us it had addressed this by increasing its practice nurse capacity and extending access to weekends. The practice nurse had been given dedicated administration time to monitor recall. The practice had

Are services effective?

(for example, treatment is effective)

identified a significant cohort of patients were Arabic speaking and provided literature regarding cervical screening in the Arabic language. We reviewed unvalidated QOF data for 2016/17 and saw there had been a slight improvement in uptake to 57.4%. We saw there was a failsafe system 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 encouraged its patients to attend national screening programmes for bowel and breast cancer.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Childhood immunisation rates for the vaccinations given to the under two year olds for the period April 2015 to March 2016 were lower than the national average. There are four areas where childhood immunisations are measured; each has a

target of 90%. The practice had not achieved its target in all four areas. The practice's achievement ranged from 66% to 77%. These measures can be aggregated and scored out of 10, with the practice scoring 7.1 (compared to the national average of 9.1). Immunisation rates for five year olds for Measles, Mumps and Rubella (MMR) dose one was 81% (CCG 80%; national 94%) and MMR dose two 57% (CCG 63%; national 88%). The practice told us they were attempting to address this with an increase in their nursing team and offering immunisations on Saturday and Sunday.

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. The practice had undertaken 37% of the eligible cohort.

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.

- The waiting area was adjacent to the reception desk so conversations at reception could not be overheard. However, the reception area was small and situated immediately upon entry to the practice and so it could be possible to overhear conversations if there were several patients waiting to speak with a receptionist. The practice told us it continually attempted to manage the space limitations of the practice and patient numbers at reception. For example, it encouraged patients through workshops and literature to utilise the self-check-in, utilise the electronic prescription service (EPS) and on-line booking of appointments to improve patient flow and reduce patients needing to attend the surgery in person. The practice had enrolled 31% of its patients to on-line access which exceeded the clinical commissioning group (CCG) target of 20% and 68% of its patients on EPS which exceed the CCG target of 56%.
- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private area to discuss their needs. In addition, the practice had a confidentiality card system in place at reception which enabled patients who wished to have a private conversation to indicate this discreetly by handing a confidentiality card to the receptionist. The patient would then be escorted to a private room.
- Patients could be treated by a clinician of the same gender.

From the 24 patient Care Quality Commission comment cards we received 18 contained positive comments and five contained mixed comments. Of the positive comments, patients described the practice as providing an excellent and efficient service with caring, thoughtful and polite staff.

We spoke with eight 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 that although patients felt they were treated with compassion, dignity and respect they rated the practice lower than others for some questions related to satisfaction scores on consultations with GPs and nurses. For example:

- 78% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 85% and the national average of 89%.
- 68% of patients said the GP gave them enough time compared to the CCG average of 81% and the national average of 87%.
- 92% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.
- 76% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 81% and the national average of 85%.
- 80% of patients said the nurse was good at listening to them compared with the CCG average of 87% and the national average of 91%.
- 83% of patients said the nurse gave them enough time compared with the CCG average of 88% and the national average of 92%.
- 93% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 95% 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 87% and the national average of 91%.
- 73% of patients said they found the receptionists at the practice helpful compared with the CCG average of 84% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us they felt involved in decision making about the care and treatment they received and felt listened to and supported by clinical staff. Patient feedback from the comment cards we received was also positive and aligned with these views.

Are services caring?

We saw that care plans were personalised and comprehensive. The practice had completed care plans on 7.4% of its at risk patient population which exceeded the 2% requirement of the Avoiding Unplanned Admissions (AUA) enhanced service.

Results from the national GP patient survey showed patients rated the practice lower than local and national averages to questions about their involvement in planning and making decisions about their care and treatment. For example:

- 74% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 82% and the national average of 86%.
- 71% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 78% and the national average of 82%.
- 76% 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%.
- 77% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 81% and the national average of 85%.

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

- Staff told us that interpretation services were available for patients who did not have English as a first language. Patients were also told about multi-lingual staff who might be able to support them. Patients also had access to British Sign Language (BSL) interpreters.
- The practice had identified that 20% of its population was Arabic speaking and we saw information leaflets available in both the English and the Arabic language. Health and self-management advice was available on the practice website.

- The practice website had the functionality to translate to other languages and the patient check-in screen was available in other languages aligned to the practice demographic.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital).

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 100 patients as carers (1.4% of the practice list). The practice had links with the local carers network, displayed posters in the waiting room outlining information available for carers in both the English and the Arabic language. Carers were provided with a welcome pack which directed them to the various avenues of support available. Information was also available on the practice website which had the ability to translate to other languages. The practice offered flexible appointments, influenza vaccination and health checks for carers. In addition, the practice had a nominated member of staff who acted as a carers' champion to help ensure that the various services supporting carers were coordinated and effective.

Staff told us that if families had experienced bereavement, their usual GP contacted them and offer a patient consultation at a flexible time and location to meet the family's needs. The practice website had a bereavement page which guided patients on how to register a death and arrange a funeral.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice was open until 8pm Monday to Friday for working patients who could not attend during normal opening hours. The practice was also open from 8am to 4pm on Saturday and Sunday.
- There were longer appointments available for patients with a learning disability, those requiring an interpreter and carers.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice sent text message reminders of appointments.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- Although the practice was equipped to treat patients and meet patient needs the layout of the building had restrictions for patients with accessibility needs and ambulatory difficulties. For example, the patient toilet was in the basement which was accessible by stairs only. The practice had a wheelchair accessible entrance.
- There was a hearing loop and interpretation services available.
- The practice website had the functionality to increase font size, contrast and colour to assist the visually impaired.
- The practice has accessed the Alzheimer's Society's resources for developing dementia-friendly general practice and identified changes in the practice to better support people with dementia. For example, signage and contrast colour of patient toilet seats in line with recommendations.

Access to the service

The practice was open and appointments available between 8am and 6.30pm Monday to Friday. Extended hours were available from 6.30pm to 8pm Monday to Friday and 8am to 4pm on Saturday and Sunday. In addition to

pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments, telephone consultations with doctors and nurses and on-line GP consultations were also available for patients that needed them.

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

- 85% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 73% and the national average of 76%.
- 71% of patients said they found it easy to get through to the practice by phone compared with the CCG average of 82% and the national average of 73%.
- 85% of patients said their last appointment was convenient compared with the CCG average of 87% and the national average of 92%.
- 50% of patients described their experience of making an appointment as good compared with the CCG average of 71% and the national average of 73%.

Patients told us on the day of the inspection that they were able to get appointments when they needed them. Overall patients told us access was good and found the facility to book appointment on-line efficient and convenient.

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.
- The practice had a complaints handling policy and there was a designated responsible person who handled all complaints in the practice.

Are services responsive to people's needs?

(for example, to feedback?)

- We saw that information was available to help patients understand the complaints system. For example, information in the waiting room and the practice leaflet.

The practice had recorded 48 written and verbal complaints in the past 12 months. We looked at two complaints received in the last 12 months in detail and

found these had been handled satisfactorily and in a timely manner. We saw evidence of apology letters to patients which included further guidance on how to escalate their concern if they were not happy with the response. We saw evidence that learning outcomes were discussed in practice meetings.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement and values which it shared with patients in the practice brochure. Staff we spoke with 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

Although the practice had an overarching governance framework which supported the delivery of the strategy and good quality care, we found some arrangements for identifying, recording and managing risks were not implemented well enough to ensure patients were kept safe. For example, we found the management of patient safety alerts and some aspects of safeguarding, infection control and medicine management required improvement.

We saw that the practice had structures and procedures and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas. For example, complaints, governance, prescribing.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained. We saw evidence that the practice had implemented measures to address areas which required improvement.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- Meetings allowed for lessons to be learned and shared following significant events and complaints and minutes were available.

Leadership and culture

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

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 two 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.

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

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- The practice engaged with the wider health community and we saw that the practice manager had recently been elected as a board member of the GP federation (a group of practices working together, sharing responsibility for developing and delivering high quality, patient focussed services for their local communities).
- Staff told us the practice held regular team meetings and we saw minutes were comprehensive.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Staff said they felt respected, valued and supported, particularly by the partners and the manager in the practice.

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

The practice encouraged and valued feedback from patients and staff. For example:

Are services well-led?

Good 

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

- The patient participation group (PPG) was active and had been established approximately eight years. The practice told us that there were 149 registered PPG members and meetings were well attended. The most recent meeting held in February had been attended by 21 patients. We saw that minutes of meetings were comprehensive and included PPG-led events. For example, an event had been organised in February 2017 'empowering patients – the case for change.' The event included an open debate on issues such as how patient can manage their own expectations of a consultation and what is a good patient experience and how can it be improved. The PPG told us the practice kept them informed of new developments and services and felt the practice was well run.
- The practice had organised a jointly led on-line services workshop with the PPG in May 2017 to help patients utilise on-line services available at the practice, for example appointment booking and managing repeat prescriptions. We saw that 29 patients attended and the practice shared some positive patient feedback about the event.
- The practice produced a biannual newsletter which was a forum to promote new services and development, introduce new staff and for patients to contribute articles.
- The practice manager held an 'open door' session every Wednesday to enable patients to drop in for a discussion.
- The practice held regular staff events which included a sightseeing away day and boat cruise on the Thames, sharing culturally-inspired food at a practice lunch event and a team building session to shape the practice mission statement.
- The practice conducted internal patient surveys and gathered feedback from the NHS Friends and Family Test, NHS Choices, complaints and compliments received. The practice provided feedback to staff and patients in a 'you said, we did' format.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and took part in local pilot schemes to improve outcomes for patients in the area. For example, the practice participated in out of hospital initiative, which included offering wound care, ambulatory blood pressure monitoring and spirometry in the practice. The practice demonstrated positive patient and staff engagement through regular PPG meetings and workshops and staff events.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The provider was failing to ensure that care and treatment was provided in a safe way for patients:</p> <ul style="list-style-type: none">• There was no formal process in place to track patient safety alerts received and to ensure they had been reviewed, appropriate action taken and shared with staff.• Safeguarding policies did not reflect all current and relevant guidance.• Arrangements in relation to infection control did not mitigate the risk of spread of infection.• There was no system in place to track blank prescriptions in line with guidance.• Healthcare assistants did not have access to clinical protocols to support their role. <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>