

Clayton Brook Surgery

Quality Report

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Good



Are services effective?

Requires improvement



Are services caring?

Requires improvement



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	8
What people who use the service say	12
Areas for improvement	12

Detailed findings from this inspection

Our inspection team	13
Background to Clayton Brook Surgery	13
Why we carried out this inspection	13
How we carried out this inspection	13
Detailed findings	15
Action we have told the provider to take	28

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Clayton Brook practice on 5 October 2016. The practice was rated as inadequate for providing safe, effective, caring and well-led services, requiring improvement for responsive services and inadequate overall. The practice was placed in special measures for a period of six months.

At our inspection in October 2016, we found that the practice did not ensure that persons providing care and treatment to service users had the qualifications, competence, skills and experience to do so. Staff training was inadequate and staff were acting outside their levels of competency. There were insufficient staff to provide a good level of service to patients. We found that patients were at risk of harm because systems and processes were not in place to keep them safe and there was no systematic approach to assessing and managing risks. Practice policies and procedures were not well managed. There was no comprehensive programme of quality

improvement and the procedure for reviewing and acting on significant incidents was inadequate. The practice registration with the CQC was incorrect since December 2013.

The full comprehensive report on the October 2016 inspection can be found at: <http://www.cqc.org.uk/location/1-544061997>

This inspection was undertaken following the period of special measures and was an announced comprehensive inspection on 30 May 2017. Overall the practice is now rated as requires improvement.

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

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events. However, minutes of meetings sometimes lacked details of discussion of significant events and actions taken as a result of incidents were not always reviewed to be effective.

Summary of findings

- We saw evidence of clinical audit activity although there was a lack of evidence to show that practice systems had been changed as a result of these audits and learning shared.
- The practice had clearly defined and embedded systems to minimise risks to patient safety.
- The arrangements for managing medicines in the practice generally kept patients safe; however, there was evidence of lack of staff training in the practice cold chain procedure and the protocol for the repeat prescribing of medicines needed review.
- The practice had undertaken appropriate recruitment checks for new members of practice staff although locum GP files lacked character references and evidence of suitable training.
- 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 although the practice nurse lacked training for the role as infection prevention and control lead.
- We were told that clinical staff met regularly for peer review and to discuss clinical issues. However, there were no records kept of these meetings to evidence this and share learning. There were no records of clinical supervision and staff told us that this was lacking.
- Patients were positive about their interactions with staff and said they were treated with compassion and dignity.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns although evidence for this was sometimes lacking.
- Patients we spoke with and comments we received said patients 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.
- There was a clear leadership structure and staff generally felt supported by management. However,

some staff we spoke to said that they felt unsupported by management and there was little evidence of clinical supervision. One staff member reported a lack of communication.

- There was a lack of formal systems to review areas of quality improvement such as significant events, complaints, audit and patient safety alerts, and actions taken as a result of these. We were told that clinical meetings took place to discuss clinical audits and patient care and treatment but there were no minutes for these meetings to share information and evidence learning.
- 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:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

The areas where the provider should make improvement are:

- Consider further staff training in the management of refrigerated medicines and further training for the practice clinical infection prevention and control lead.
- Obtain assurance that GP locum doctors employed by the practice are of good character and are suitably trained for the role.
- Address the actions identified by the last infection prevention and control audit.

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

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

At our previous inspection in October 2016, we found that there were failings in systems and processes to keep patients safe. The practice was rated as inadequate for providing safe services. At this inspection, we found that these failings had largely been addressed and the practice is now rated as good for providing safe services.

Good



- From the sample of documented examples we reviewed, we found there was a system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. However, minutes of meetings sometimes lacked details of discussion of significant events, and actions taken as a result of incidents were not always reviewed to demonstrate they were effective.
- 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 had clearly defined and embedded systems, processes and practices to minimise risks to patient safety. There were risk assessments in place for all areas of practice staff working and for the surgery premises.
- The arrangements for managing medicines in the practice generally kept patients safe, however, there were some discrepancies in the logging of fridge temperatures related to non-clinical staff training and the protocol for the repeat prescribing of medicines needed review. Some actions identified by an infection control audit carried out in March 2017 had not been addressed and were still outstanding.
- 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.
- The practice had undertaken appropriate recruitment checks for new members of practice staff although locum GP files lacked character references and evidence of suitable training.

Are services effective?

At our inspection in October 2016, we found little evidence of clinical discussion or supervision and a lack of clinical audit activity. Staff training and medical indemnity were insufficient and some items of post and patient test results were being filed without sight of a GP.

Requires improvement



Summary of findings

We rated the practice as inadequate for providing effective services. These arrangements had improved when we undertook a follow up inspection in May 2017 and the practice is now rated as requires improvement for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average compared to the national average.
- Staff were aware of current evidence based guidance and we were told that clinical staff met regularly for peer review and to discuss clinical issues. However, there were no records kept of these meetings to evidence this and share learning. There were no records of clinical supervision and staff told us that this was lacking.
- Clinical audits demonstrated some quality improvement. However, there was little evidence of system change as a result of audit and no evidence of shared learning by, for example, discussion at meetings.
- Staff had the skills and knowledge to deliver effective care and treatment although the practice nurse lacked training for the role as infection prevention and control lead.
- 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.

Are services caring?

At our last inspection, we rated the practice as inadequate for providing caring services. Results from the last national patient survey were poor in some areas and the practice was unable to adequately identify patients who were carers. We saw evidence at this inspection that this situation had improved and the practice is now rated as requires improvement for offering caring services.

- The practice had conducted its own survey of 100 patients following our inspection in October 2016. The patient survey information we reviewed showed that 95% of patients rated the practice as either "fair" (7%), "good" (17%), "very good" (29%) or "excellent" (42%) for the way that they were treated by the practice.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Requires improvement



Summary of findings

- The practice had introduced a register of patients who were carers and had identified 45 patients (1.3%) of the patient list as carers since our inspection in October 2016.

Are services responsive to people's needs?

At our inspection in October 2016, we found that there were concerns related to the way that the practice complaints system was advertised to patients and we rated the practice as requires improvement for providing responsive services. At this inspection in May 2017, we found that these concerns had been addressed and the practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population. For example, there were appointments available outside of normal working hours for those patients who worked.
- 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 found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from two examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders although evidence for this was sometimes lacking.

Good



Are services well-led?

During our inspection in October 2016, we found that practice governance arrangements were insufficient and that the practice registration with the CQC was incorrect. We rated the practice as inadequate for providing well-led services. At this inspection we although we saw some improvement, we found that there were still some concerns in these areas and the practice is rated as requires improvement for providing well-led services.

- The practice had a vision 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 generally felt supported by management. The practice had policies and

Requires improvement



Summary of findings

procedures to govern activity although we saw evidence of different policies for the same process, such as repeat prescribing. Several policies required review and some were undated.

- There was a lack of formal systems to review quality improvement topics such as significant events, complaints, audit and patient safety alerts, and actions taken as a result of these. We were told that clinical meetings took place to discuss clinical audits and patient care and treatment but there were no minutes for these meetings to share information and evidence learning.
- A programme of clinical and internal audit was used to monitor quality and to make improvements although there was little evidence that audit results were used to change practice systems or that learning had been shared.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities. However, two members of staff we spoke to said that they felt unsupported by management and there was little evidence of clinical supervision. One staff member reported a lack of communication in some areas.
- 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 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.
- Staff training was a priority however, there was little protected time given for this and staff completed it generally in their own time.
- The practice registration with the CQC was still incorrect; the practice was registered as a partnership but was operating as a sole provider.

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 overall. The issues identified as being requiring improvement overall affected all patients including this population group. However:

- 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. Longer appointments at the practice were available for those patients with complex 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 held comprehensive multidisciplinary meetings on a monthly basis where patients with complex needs were discussed to ensure they were being cared for appropriately.
- Where older patients had complex needs, the practice shared summary care records with local care services including the ambulance service.

Requires improvement



People with long term conditions

The practice was rated as requires improvement overall. The issues identified as being requiring improvement overall affected all patients including this population group. However:

- The practice nurse carried out long-term disease management and patients at risk of hospital admission were identified as a priority.
- A podiatrist visited the practice monthly to carry out foot screening for patients with diabetes.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- A member of the smoking cessation service visited the practice every week to help patients stop smoking.
- 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.

Requires improvement



Summary of findings

Families, children and young people

The practice was rated as requires improvement overall. The issues identified as being requiring improvement overall affected all patients including this population group. However:

- 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.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Staff told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- 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 practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.
- The practice's uptake for the cervical screening programme was 82%, which was comparable with the national average of 81%.

Requires improvement



Working age people (including those recently retired and students)

The practice was rated as requires improvement overall. The issues identified as being requiring improvement overall affected all patients including this population group. However:

- 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, lunchtime and some Saturday appointments.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- The practice offered telephone appointments for those patients unable to attend in person and whose needs could be met in this way.

Requires improvement



People whose circumstances may make them vulnerable

The practice was rated as requires improvement overall. The issues identified as being requiring improvement overall affected all patients including this population group. However:

Requires improvement



Summary of findings

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability. They offered open access to homeless people on their patient list.
- 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.

People experiencing poor mental health (including people with dementia)

The practice was rated as requires improvement overall. The issues identified as being requiring improvement overall affected all patients including this population group. However:

- The practice carried out advance care planning for patients living with dementia.
- 97% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was higher than the national average of 84%.
- The practice specifically considered the physical health needs of patients with poor mental health and dementia. All these patients were invited for an annual health review at the practice.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- 91% of people experiencing poor mental health had a comprehensive, agreed care plan documented in the record compared to the national average of 89%.
- 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.

Requires improvement



Summary of findings

- 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.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results showed that patient satisfaction scores were variable when compared to local and national averages. There were 301 survey forms distributed and 102 were returned (34%). This represented 3% of the practice's patient list.

- 80% of patients found it easy to get through to this practice by phone compared to the local average of 71% and national average of 73%.
- 85% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the local average of 88% and national average of 85%.
- 72% of patients described the overall experience of this GP practice as good compared to the local average of 89% and national average of 85%.
- 66% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the local average of 81% and national average of 78%.

The practice ran their own survey of 100 patients following our inspection in October 2016. Results from this survey where the same or similar questions were asked showed changes to these results as follows:

- 55% of patients found it easy to get through to the practice by phone.

- 87% of patients were able to book an appointment within five working days with a GP (13% indicated that this question did not apply).
- 74% of patients said that they would definitely recommend the GP practice to someone who had just moved to the local area and a further 14% said that they "might" recommend it.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 46 comment cards, 45 of which were positive about the standard of care received. There were six of these cards that also made negative comments but there was no similarity among the issues identified. The remaining comment card made a negative comment relating to staff attitude. However, many comment cards described the practice, GPs, clinical and reception staff as being responsive, helpful, caring and willing to listen. Several cards made mention of specific members of staff and commended them for their support.

We spoke with three patients during the inspection. All three patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. From the most recent published results of the practice friends and family test, 85% of patients would recommend the practice based on 72 responses.

Areas for improvement

Action the service **MUST** take to improve

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

Action the service **SHOULD** take to improve

- Consider further staff training in the management of refrigerated medicines and further training for the practice clinical infection prevention and control lead.

- Obtain assurance that GP locum doctors employed by the practice are of good character and are suitably trained for the role.
- Address the actions identified by the last infection prevention and control audit.

Clayton Brook Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included a GP specialist adviser and a practice nurse specialist advisor.

Background to Clayton Brook Surgery

Clayton Brook Surgery is situated in Tunley Holme in the Bamber Bridge area of Preston at PR5 8ES. The building is two stories high and was purpose built as a doctors' surgery in 1977. It has had a small extension to the building and provides patient facilities of a waiting area and treatment and consulting rooms. One of the consulting rooms is on the first floor and is used when the practice is hosting a medical student. The practice provides level access for patients to the building with disabled facilities available.

There is parking provided for patients at the nearby free public car park and some parking on the road and the practice is close to public transport.

The practice is part of the Chorley with South Ribble Clinical Commissioning Group (CCG) and services are provided under a General Medical Services Contract (GMS).

There is one male GP partner and one regular female locum GP assisted by one practice nurse. A practice manager and seven administrative and reception staff also support the practice. The practice is registered as a teaching practice for GPs in training and medical students, although at the time of the inspection, the practice was only hosting medical students.

The practice is open from Monday to Friday 8am to 6.30pm with doors opening at 8.30am, and extended hours are offered on some Saturdays from 9.30am to 12.30pm. Saturday surgeries are held on designated days that are advertised in advance to patients. A total of 10 Saturday surgeries are planned between 1 April 2017 and 30 September 2017. Appointments are offered every weekday from 9am to 10.50am and from 4pm to 6pm except Thursdays afternoons when the surgery is open for emergency appointments only. Lunchtime surgeries are also provided on Monday, Wednesday and Friday from 1pm to 2.50pm. On Saturdays, the practice offers appointments between 9.40am and 12.10pm. When the practice is closed, patients are able to access out of hours services offered locally by the provider GotoDoc by telephoning 111.

The practice provides services to 3,385 patients. There are higher numbers of patients aged under 18 years of age (22%) than the national average (21%) and fewer numbers of patients aged over 65 years of age (14%) than the national average (17%).

Information published by Public Health England rates the level of deprivation within the practice population group as three on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. Both male and female life expectancy is the same as the national average, 83 years for females and 79 years for males.

The practice has a higher proportion of patients experiencing a long-standing health condition than average practices (65% compared to the national average of 53%). The proportion of patients who are in paid work or full time education is lower (54%) than the local average of 62% and national average of 63% and the proportion of patients with an employment status of unemployed is 8% which is higher than the local average of 3% and the national average of 4%.

Detailed findings

At the time of inspection the practice was not registered correctly with CQC. It was registered as a partnership when it was operating as an individual provider.

Why we carried out this inspection

We undertook a comprehensive inspection of Clayton Brook Surgery on 5 October 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as inadequate for providing safe, effective, caring and well-led services, requires improvement for providing responsive services, and inadequate overall, and was placed into special measures for a period of six months.

We also issued an enforcement notice to the provider in respect of safe care and treatment and good governance and imposed conditions on their registration as a service provider. The full comprehensive report on the October 2016 inspection can be found at <http://www.cqc.org.uk/location/1-544061997>

We undertook a further announced comprehensive inspection of Clayton Brook Surgery on 30 May 2017. This inspection was carried out following the period of special measures to ensure improvements had been made and to assess whether the practice could come out of special measures.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations including the local clinical commissioning group to share what they knew. We carried out an announced visit on 30 May 2017. During our visit we:

- Spoke with a range of staff including two GPs, the practice nurse, the practice manager and three members of the practice administration team. Following our visit, we also spoke to a care manager at a local care and nursing home.
- Spoke with three patients who used the service, two of which were also members of the practice patient participation group.
- 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.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.

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

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

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

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

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

Are services safe?

Our findings

During our inspection in October 2016, we found that the process for reporting, recording and sharing significant events and learning from those events, was not always effective. There was also no evidence that patient safety alerts were addressed appropriately. We also saw that there was a lack of systems and processes to keep patients safe and risks to patients were not appropriately assessed nor managed. The practice was rated as inadequate for providing safe services. At this inspection, we found that these failings had been addressed and the practice is now rated as good for providing safe services.

Safe track record and learning

During the inspection in May 2017, we found that the practice had systems in place that could demonstrate a safe track record and evidence learning, although these systems were not always formally documented.

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 practice policy 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).
- From the 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, a verbal or 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. We saw records of significant incidents that said that they had been discussed at practice meetings, but for the two incidents that we reviewed, minutes of these meetings lacked details of these discussions. Since our last inspection in October

2016, the practice had carried out an analysis of all significant events in the past year and told us that they planned to review new events in a timely manner as well as introduce an annual review.

- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, when the practice identified that a referral had been made for the wrong patient because of a similarity in the patient name, they arranged for all patients with similar or the same names on the practice list to have an alert message added to the patient computer record as a warning to clinicians. The practice also introduced a "breaking bad news" policy as a result of an incident where a patient had received bad news regarding a recent diagnostic test on the telephone instead of face-to-face.
- We saw that although some actions put in place as a result of significant events had been reviewed to be effective, there was no formal process in place to ensure that all actions were reviewed in a timely manner.
- The practice had introduced a comprehensive system for the management of patient safety alerts. These alerts were also kept in hard copy for any locum staff for information.

Overview of safety systems and processes

During the inspection in May 2017 we found that improvements had been made and the practice had addressed the concerns identified at the previous inspection.

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

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare and there were lists displayed on surgery walls. There was a lead member of staff for safeguarding. From documented examples we reviewed we found that the GP attended safeguarding meetings when possible or provided reports where necessary for other agencies.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had

Are services safe?

received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three and the practice nurse to safeguarding level two.

- Notices on treatment and consulting room doors 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).

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place. The portable patient privacy screens that we had observed during our inspection in October 2016 had been removed and new disposable curtains fitted.
- The practice nurse was the infection prevention and control (IPC) clinical lead. There was an IPC protocol and staff had received up to date training. An IPC audit had been undertaken in March 2017 and we saw evidence that some action had been taken to address improvements identified as a result. However, there was no formal action plan and some actions that required management intervention were still outstanding.

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

- There was a new lock on the treatment room door where emergency medicines were stored. Medicines were stored securely and refrigerated medicines were stored according to the cold chain policy to keep them safe. Staff told us that they had been trained in the cold chain procedure for the storage of refrigerated medicines and we saw evidence that fridge temperatures were monitored, although there was some evidence that when administration staff were recording temperatures, they were not resetting temperature recorders after logging the temperature.

- We reviewed detailed evidence of clinician prescribing and practice prescribing processes. There were comprehensive processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were authorised before being dispensed to patients and there was a reliable process in place to ensure this occurred. The practice clinical staff 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. The practice nurse acted as the practice medicines co-ordinator. Blank prescription forms and pads were securely stored and there were systems to monitor their use. The practice planned for the nurse to undertake a nurse prescribing course in the near future. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

We reviewed six personnel files and found that for two permanent staff 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. However, although locum GP files contained evidence of registration, medical indemnity, DBS checks and identity, three files lacked evidence of suitable training such as safeguarding, and references. The practice employed locum GPs on a regular basis and always tried to use the same GPs.

Monitoring risks to patients

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

Are services safe?

substances hazardous to health and infection control and legionella. After our inspection in October 2016, the practice had carried out health and safety risk assessments for the premises and for staff working and had taken action to address any identified improvements such as the replacement of worn carpets. They had also put up notices to warn patients of very hot water, on a yellow background for those patients with visual impairment and also in Braille.

- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. The practice had recruited an additional three administrative staff since our inspection in October 2016 and we saw that the practice manager was able to dedicate suitable time to the management of the practice. 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 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.
- 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. There was a new lock on the treatment room door where they were stored.
- 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.

Are services effective?

(for example, treatment is effective)

Our findings

At our inspection in October 2016, we found little evidence of clinical discussion or supervision and a lack of clinical audit activity. Staff training and medical indemnity were insufficient and some items of post and patient test results were being filed without sight of a GP. We rated the practice as inadequate for providing effective services. These arrangements had improved when we undertook a follow up inspection in May 2017 and the practice is now rated as requires improvement 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. We were told that clinical staff met regularly for peer review and to discuss clinical issues and share information, but there were no records kept of these meetings. Staff told us that clinical supervision was lacking.

Management, monitoring and improving outcomes for people

At this inspection, we were shown evidence that the practice had achieved 95% of the total number of points available for the QOF in 2016/17, an improvement on the previous year, although these figures were unverified. This data also showed an achievement of 86% overall for diabetes indicators, the same as for the previous year.

There was some evidence of quality improvement including clinical audit:

- We were shown a file of more than seven clinical audits commenced in the last two years; three of these were audits that had been repeated. However, this audit activity was not systematic, was not driven by practice needs and the GP had little involvement. There was little evidence that audit results were used to change practice systems and that the practice benefited from the results. Although mention was made in audits that findings had been discussed in practice meetings, there was no evidence for this.

- The practice had also participated in a safeguarding audit for the CCG safeguarding lead and conducted medicines audits to assure best practice prescribing.
- There was some evidence that findings were used by the practice to improve services. For example, the practice looked at the co-prescribing for patients who were taking blood-thinning medicines to ensure that prescribing for these patients was in line with best practice. Recommendations for prescribing practice were added to the information folder for doctors in training and the locum induction folder.
- We were told that information about patients' outcomes was used to make improvements such as ensuring that all patients who had been diagnosed with chronic kidney disease stage five had been referred to secondary care renal services and that they had been coded appropriately on the patient computer system. We were told that this had been discussed at a practice meeting to raise awareness but there was no evidence for this or evidence of any system change to embed it into practice.

Effective staffing

The practice had introduced comprehensive overviews of clinical indemnity and staff training.

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. Staff had trained in conflict resolution and how to handle complaints and the practice nurse had trained in adult malnutrition. The nurse was the practice infection prevention and control lead although there had not been any formal training for this role. We were told that this would be sourced and provided following our inspection.
- 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

Are services effective?

(for example, treatment is effective)

demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

- 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. The practice had planned for one of the administration staff to undertake training to become a healthcare assistant and there were plans for the practice nurse to train to become a nurse prescriber. The practice nurse had access to ongoing support from the GPs and opportunities to discuss clinical issues. We were told that clinical meetings happened every four to six weeks but these meetings were not documented. 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 and external training.

Coordinating patient care and information sharing

When we inspected the practice in October 2016 we found that staff were filing patient test results and removing items of post without sight of a GP and with no practice protocols in place.

At this inspection, we found that the practice had addressed these concerns and that the situation had improved.

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 two 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 and when supplying information to the local nursing homes.

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 and social 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. A care manager at a local care and nursing home expressed concerns to us regarding difficulties in getting the GPs to visit residents at the home; however, the practice advised us that they always visited according to clinical need. They told us that had 63 patients resident at this home and that the home was able to request home visits on a daily basis. The care manager told us that GPs would sometimes prescribe antibiotics for patients with symptoms of chest infection without visiting, but the practice confirmed that this was only when patients had been visited by a GP recently and/or they suffered from chronic lung conditions. The practice also requested that a staff nurse at the home checked the patient's vital signs prior to prescribing. The home told us of an instance where a patient had been admitted to hospital on the same day that a home visit had been refused. The practice had carried out a significant event review for this incident and had reviewed their policy and procedure for handling requests for home visits. They also met with the patient's family at the practice in order to discuss the incident and offer apologies.

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.

Are services effective?

(for example, treatment is effective)

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

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.
- A smoking cessation advice clinic was available at the practice from a local support group. This service had been established since March 2014 and was one of the first to be established in the area. During 2014/15, the surgery referred 81 patients to the service and 57 set a date to stop smoking. We were told that this was one of the highest referral rates in the locality and because of the increase in patients attending, the service was replicated in other surgeries across Central and East Lancashire. This also led to the service being nominated for a Lancashire Care Foundation Trust staff award for innovation, for partnership working with GP practices and use of the patient clinical system.

The practice's uptake for the cervical screening programme was 82%, which was comparable with the national average of 81%.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were higher than national averages. For example, vaccines given to under two year olds were above standard for all four vaccinations, achieving over 90%. Rates for the vaccines given to one year olds ranged from 95% to 100% and five year olds from 87% to 96%.

There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. There were failsafe systems 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 also encouraged its patients to attend national screening programmes for bowel and breast cancer; they used alerts on the patient computer records for patients who did not attend screening and displayed posters in the patient waiting area. Practice figures for attendance at breast screening were 65%

compared to 73% both locally and nationally, and for those screened for bowel cancer, the figure was 48% compared to 59% locally and 58% nationally. The practice told us that they continued to use the alerts on the practice computer system to opportunistically encourage patients who had not participated in the screening programmes.

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

Are services caring?

Our findings

At our last inspection, we rated the practice as inadequate for providing caring services. Results from the last national patient survey were poor for those questions related to consultations with GPs and the practice was unable to adequately identify patients who were carers. We saw evidence at this inspection that this situation had improved in some respects and the practice is now rated as requires improvement for offering 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.

- 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.
- 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.

Of the 46 patient Care Quality Commission comment cards we received, 45 were positive about the service experienced. There were six of these cards that also made negative comments but there was no similarity among the issues identified. The remaining comment card made a negative comment relating to staff attitude, however, the majority of patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Several cards made mention of specific members of staff and commended them for their support.

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

Results from the national GP patient survey that was published in July 2016 showed that patients had mixed views when asked if they were treated with compassion,

dignity and respect. The practice was lower than average for its satisfaction scores on consultations with GPs and higher than average for its satisfaction scores on consultations with nurses. For example:

- 81% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 92% and the national average of 89%.
- 79% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%.
- 85% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% 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 89% and the national average of 85%.
- 97% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 99% of patients said they had confidence and trust in the last nurse they saw compared to the CCG and national average of 97%.
- 97% of patients said the nurse was good at listening to them compared to the clinical commissioning group (CCG) average of 92% and the national average of 91%.
- 75% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

The practice ran their own survey of 100 patients following our inspection in October 2016. This survey posed more general questions to patients than those in the national patient survey and results showed a high level of satisfaction for the question related to caring:

- 95% of patients rated the practice as either "fair" (7%), "good" (17%), "very good" (29%) or "excellent" (42%) for the way that they were treated by the practice.

The survey also asked for comments as to what patients would say was particularly good about their care and what could be improved. There were many positive comments, several relating to the care given by GPs and other staff and far fewer negative comments, the majority of which related to the telephone system and booking routine appointments in advance.

Are services caring?

Care planning and involvement in decisions about care and treatment

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

Children and young people were treated in an age-appropriate way and recognised as individuals. Clinical staff were trained in best practice guidelines for caring for these patients confidentially.

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

- 76% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% 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 85% and national average of 82%.
- 97% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 91% and the national average of 90%.
- 87% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 88% and national average of 85%.

Eight of our patient comment cards mentioned that they felt that GPs listened to them and two mentioned that they did not feel listened to by GPs.

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.
- Information leaflets and posters were available in the practice waiting area. The practice had a number of themed notice boards that provided clear displays of information. Members of the practice PPG had sourced, maintained and organised these notice boards.

- The practice was small and staff said that they knew the patients which aided communication.
- 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

During our previous inspection in October 2016, we found that the practice failed to record patients who were carers appropriately on the patient computerised clinical system which meant that they were not always offered appropriate care and support. They had only coded three patients as carers on the carers' register. We found that this situation had improved at our inspection in May 2017.

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 45 patients as carers (1.3% of the practice list) and these patients were coded appropriately on the practice computer record system. Written information was available to direct carers to the various avenues of support available to them and all carers had been invited for a 'flu vaccination during the 'flu season.

A member of staff 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 suffered bereavement, their usual GP contacted them if it was appropriate. This call was then followed by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our inspection in October 2016, we found that there were concerns related to the way that the practice complaints system was advertised to patients and we rated the practice as requires improvement for providing responsive services. At this inspection in May 2017 we found that these concerns had been addressed and the practice is rated as good for providing responsive services.

Responding to and meeting people's needs

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

- The practice offered a 'Commuter's Clinic' on some Saturday mornings (10 Saturdays in a six month period) from 9.30am to 12.30pm for working patients who could not attend during normal opening hours.
- There were appointments offered to patients over the lunchtime period on Monday, Wednesday and Friday as well as appointments until 6pm.
- There were longer appointments available for patients with a learning disability and for those with complex needs.
- Appointments were available to be booked online and telephone appointments were available as well as face-to-face appointments.
- 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. These patients were discussed at monthly meetings with other health and social care professionals.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The principal GP was trained in the management of patients with diabetes and the practice nurse was able to initiate certain types of injectable insulin for diabetic patients.
- Midwives attended the practice once a fortnight and the practice offered combined baby and post-natal clinics.
- The practice offered open access to homeless people on the patient list.
- A phlebotomist attended the surgery weekly to take patient blood for testing.

- A member of the community drug and alcohol addiction team visited the practice regularly to work with patients experiencing addiction problems.
- The practice sent text message reminders of appointments and test results.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- There were accessible facilities and interpretation services available.
- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services. When the practice used the consulting room on the first floor, staff checked with patients that they were able to use the stairs.

The practice had a protocol for dealing with requests for home visits which were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.

Access to the service

The practice was open from Monday to Friday 8am to 6.30pm, with doors opening at 8.30am, and extended hours were offered on some Saturdays from 9.30am to 12.30pm. Saturday surgeries were held on designated days that were advertised in the surgery and on the practice website in advance to patients. A total of 10 Saturday surgeries were planned between 1 April 2017 and 30 September 2017. Appointments were offered every weekday from 9am to 10.50am and from 4pm to 6pm except Thursdays afternoons when the surgery was open for emergency appointments only. Lunchtime surgeries were also provided on Monday, Wednesday and Friday from 1pm to 2.50pm. On Saturdays, the practice offered appointments between 9.40am and 12.10pm.

In addition to pre-bookable appointments that could be booked up to six months in advance, urgent appointments 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 generally comparable to local and national averages.

- 70% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and national average of 76%.

Are services responsive to people's needs?

(for example, to feedback?)

- 80% of patients said they could get through easily to the practice by phone compared to the CCG average of 71% and national average of 73%.
- 85% 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 88% and the national average of 85%.
- 98% of patients said their last appointment was convenient compared with the CCG average of 94% and the national average of 92%.
- 69% describe their experience of making an appointment as good compared to the local average of 77% and the national average of 73%.
- 72% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 65% 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. Our patient comment cards also said this.

The practice had conducted their own survey since the inspection in October 2016 and had asked 100 patients about the availability of appointments. Results from this survey were:

- 98% of patients rated the hours that the practice was open for appointments as "fair" (8%), "good" (26%), "very good" (39%) and "excellent" (25%).
- 87% of patients said that they saw a doctor within five days, (58% on the same day), with the remaining 13% replying that the question "did not apply".
- 55% of patients said that they found it easy or very easy to get through to the practice by phone with 37% who said that it was not easy, and 4% who said that they had not tried.

The practice had discussed these results with its patient participation group and was sourcing alternative telephone system providers in order to try to improve getting through to the practice by phone. We also saw evidence that the practice had arranged for a member of administration to train as a healthcare assistant and for the practice nurse to train as a nurse prescriber. They were also advertising for an advanced nurse practitioner. It was hoped that the additional clinical provision would provide better patient access to GPs.

The practice had a system to assess:

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

Patient requests for home visits were listed in the practice home visit diary and given to the GP to assess the urgency of need. The GP often contacted the patient first before visiting. 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 manager was the designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. There were leaflets available for patients and a poster displayed in the patient waiting area.

We looked at six complaints received in the last 12 months and found they had been dealt with in a timely way and with openness and honesty. The practice contacted patients and offered a meeting at the practice to discuss the complaint and we saw minutes of one of these meetings between the complainant and the practice. Lessons were learnt from individual concerns and complaints and action was taken as a result to improve the quality of care. For example, staff were reminded that patient requests for prescriptions on a Saturday morning should be dealt with on an individual patient basis and not against a blanket policy. However, evidence of discussion of complaints at meetings was sometimes lacking.

Are services well-led?

Requires improvement 

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

Our findings

During our inspection in October 2016, we found that practice governance arrangements were insufficient and that some practice staff felt unsupported by management; staff feedback was not always listened to. We rated the practice as inadequate for providing well-led services. At this inspection we found that there were still some concerns in these areas and we rated the practice as requires improvement for providing well-led services.

Vision and strategy

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

The practice had a mission statement and staff knew and understood the values. That statement was “we aim to provide a high quality of care to our patients in a safe, effective, caring and responsive environment”.

The practice had a short business development plan for 2017/18. This set out plans to develop staff at the practice and plans for developing a “locality hub” with neighbouring practices to deliver services. It also mentioned that there had been an application for funding to provide refurbishment of the existing building.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. It was clear that all staff were acting within their professional competencies. As it was a small staffing establishment, non-clinical staff were multi-skilled in order to more easily provide cover in times of staff absence. Following our inspection in October 2016, the practice had recruited an additional three administrative staff members to allow the practice manager to devote the appropriate time to her role.
- Practice specific policies were implemented, including a health and safety policy, and were available to all staff. However, we saw evidence of different policies for the same process, such as repeat prescribing. We also saw

that policies contained some out of date information despite recent review, including mention of the Primary Care Trust (PCT) when this had ceased to exist in 2013. Some policies and their reviews were undated.

- There was a comprehensive system to manage patient safety alerts and a management overview of staff medical indemnity was in place.
- An understanding of the performance of the practice was maintained. Practice meetings were held every six weeks which provided an opportunity for staff to learn about the performance of the practice. Minutes of these meetings showed however that there was a lack of formal systems to review quality improvement topics such as significant events, complaints, audit and patient safety alerts and actions taken as a result of these. We saw that, for example, where discussion in meetings had been documented as taking place in some of the significant events themselves, there was no evidence that this happened in the meeting minutes or that learning from these events had been shared. We were told that clinical meetings took place on an ad hoc basis to discuss clinical audits and patient care and treatment but there were no minutes for these meetings to share information and evidence learning. A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. We saw that many of these audits were relatively simple, conducted by GPs in training or student GPs and there was little evidence that audit results were used to change practice systems. Although mention was made in audits that findings had been discussed in practice meetings, there was no evidence for this or that learning had been shared. The practice nurse had carried out an infection control audit but some elements of actions identified by this had not been communicated to management and had not been carried out.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. Since our inspection in October 2016 the practice had carried out risk assessments for health and safety aspects of staff working and for the surgery premises.
- We saw that a comprehensive staff training programme had been implemented, however, there was evidence of lack of training for administration staff in monitoring fridge temperatures when the practice nurse was away.
- At this inspection, the provider was still registered incorrectly with CQC; the provider was registered as a

Are services well-led?

Requires improvement 

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

partnership rather than as a sole provider. The practice had taken the initial steps to remove the previous partner who had left in December 2013. The principal GP had received the applications to de-register the practice as a partnership and re-register as a sole provider but had not submitted them. Despite the issues regarding registration being raised at the inspection in October 2016 the practice had failed to submit an application to register as an individual. We were told that the practice had been in the process of recruiting an additional partner or salaried GP with a view to becoming a partner but this had not been successful so far.

Leadership and culture

During our previous inspection, we were told by some staff that they did not feel supported by management. This situation had still required improvement at our inspection in May 2017.

The practice told us they prioritised safe, high quality and compassionate care. Staff told us the GPs and 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 GPs 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/or written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

Some staff we spoke to said that they did not feel supported by management and we saw evidence that supported this:

- Staff were told that they could carry out online training at quiet periods in their normal working hours but we were told that they usually found that it had to be completed in their own time, without being paid to do so.
- The practice nurse was given little time for administrative duties and arrived at the practice early in order to be able to complete these before starting work. The nurse also chose to work through lunchtimes in order to manage the workload better.
- The nurse reported a lack of formal support and supervision and there were no documented clinical meetings. The nurse had started to attend the local practice nurse forum for support although this was not funded by the practice. There had been no formal training to support the nurse in the lead role of infection prevention and control.
- There was evidence of a lack of communication between staff and management. Relevant staffing issues were not always discussed appropriately.

However, we were also told that since our inspection in October 2016, the principal GP had been supportive of the practice manager in working to achieve the necessary requirements to address the breaches identified by our inspection.

- 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.
- 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. Minutes were available for practice staff to view however, we saw that these minutes sometimes lacked details of discussions of significant events and there were no minutes kept for clinical meetings.
- Staff were involved in discussions about how to run and develop the practice and there were opportunities for staff to suggest ways to improve the service delivered by the practice.

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

Are services well-led?

Requires improvement 

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

At our inspection in October 2016, staff told us they felt that they were not always listened to and said that suggested improvements were sometimes not implemented. At this inspection, we found that this had improved in some areas.

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, as a result of a recent patient survey, the practice had discussed the difficulties that patients were experiencing with the practice telephone system and had agreed to look for an alternative provider.

- the NHS Friends and Family test, complaints and compliments received.
- staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Most staff told us they felt involved and engaged to improve how the practice was run although one staff member reported a lack of communication in some areas.

Continuous improvement

The practice told us that they were planning for refurbishment of the premises and also hoped to be involved in local pilot project work in the near future.

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 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The practice must comply with Regulation 17(1).</p> <p>Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>How the regulation was not being met:</p> <p>There were inadequate systems or processes that enabled the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:</p> <p>There was little evidence that audit findings were used to change systems or share learning.</p> <p>There was a lack of formal review of actions taken as a result of significant events.</p> <p>There was a lack of systems or processes that enabled the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:</p> <p>There was a lack of clinical supervision.</p> <p>There was a lack of protected time for staff training.</p> <p>Policies and procedures were not well managed.</p> <p>This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>