

Walton Village R

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Walton Village R on 25 April 2016. The overall rating for the practice was requires improvement. The full comprehensive report on the 25 April 2016 inspection can be found by selecting the 'all reports' link for Walton Village R on our website at www.cqc.org.uk.

This inspection was an announced comprehensive carried out on 21 March 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 25 April 2016. This report includes our findings in relation to those requirements.

Overall the practice is rated as good for providing services.

Our key findings were as follows:

- The practice was a small family practice which had been at the heart of the community for many years and patients received a continuity of care from GPs.
- The practice premises were in need of refurbishment, but plans for this were on hold. The practice had limited disabled access and no hearing loop. There was access to translation services.
- The practice had addressed the majority of the issues identified during the previous inspection 25 April 2016. Improvements included: the management of health and safety of the premises, increased audits which had improved clinical outcomes for patients; and improved methods of shared learning for staff. However, more work was required in terms of quality assurance of some of the systems to mitigate safety risks. For example, for uncollected prescriptions, safeguarding and cleaning of the premises.
- The practice did have oxygen for use in medical emergencies but no defibrillator. The practice had carried out a risk assessment as to how they would manage a medical emergency without a defibrillator.
- Patients' needs were assessed and care was planned and delivered in line with current legislation.
- Patients said they were treated with compassion, dignity and respect. However, at this inspection not all

Summary of findings

staff had received training around the Mental Capacity Act 2005 and we were concerned about the lack of some GP's understanding around issues of consent. We were advised training had been arranged.

- Patient survey data and comment cards reviewed demonstrated that patients found staff helpful and that they providing a caring service and good access to appointments but that there were problems with waiting times beyond allocated appointment times. The practice had identified this problem by monitoring survey results and had put some measures in place to tackle this issue.
- The practice did have a list of carers but only had 9 patients on the register and not all staff were clear about what support was offered to carers.
- Information about services and how to complain was available. The practice sought patient views about improvements that could be made to the service; including having a patient participation group (PPG) and acted, where possible, on feedback.

The provider should:

- Regularly review the risk assessment for the need for a defibrillator to ensure they can effectively respond to any medical emergency should there be a delay in the ambulance response time.
- Monitor safeguarding cases and have a system for monitoring patients where there is a safeguarding concern.
- Have due regard to the national standards for the cleaning of practice premises.
- Have a system to monitor and act on uncollected prescriptions to ensure patients receive their medication in a timely fashion.
- Ensure all clinicians update their knowledge around issues of consent.
- Encourage the uptake of carers on the practice register and make it clear to both staff and patients what support is available from the practice.
- Have a system to monitor patient group directives (PGDs) for the authorisation of immunisations.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services. This was because the practice had addressed the issues identified during the previous inspection 25 April 2016, such as important actions to comply with health and safety regulations and fire safety. However, there were still areas such as the cleaning of the premises, the monitoring of uncollected prescriptions and the management of safeguarding cases that needed improvement. The practice did not have a defibrillator but had carried out a risk assessment to show how they would manage a medical emergency without one. The practice should regularly review this risk assessment to ensure they can effectively respond to any medical emergency should there be a delay in the ambulance response time. The practice took the opportunity to learn from internal incidents and safety alerts, to support improvement and now had a clear audit trail as to how learning was shared with all staff.

Good



Are services effective?

The practice is rated as good for providing effective services. Patients' needs were assessed and care was planned and delivered in line with current legislation. Staff worked with other health care teams. The practice had worked hard to improve patient outcomes for example by completing 100% of their child immunisations. However, some clinicians could improve their understanding around issues of consent.

Good



Are services caring?

The practice is rated as good for providing caring services. Patients' views gathered at inspection demonstrated they were treated with compassion, dignity and respect. We also saw that staff treated patients with kindness and respect. However, more could be done to encourage the support of carers.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services. Longer appointments were available for patients when necessary. Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised.

Good



Are services well-led?

The practice is rated as good for being well-led. The practice had addressed the majority of the issues identified during the previous inspection. There were improvements in risk assessments, audits

Good



Summary of findings

and monitoring systems to improve the quality and safety of the service. However, there were still improvements that could be made in terms of the quality assurance of some of the safety systems in place. There were regular staff meetings to support shared learning for the whole team and staff had received further training. The practice had a number of policies and procedures to govern activity. The practice sought feedback from patients and had a patient participation group (PPG).

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The practice is rated as good for providing services for older people.

The practice offered proactive, personalised care to meet the needs of the older people in its population and offered home visits and care home visits. The practice participated in meetings with other healthcare professionals to discuss any concerns. There was a named GP for the over 75s.

Good



People with long term conditions

The practice is rated as good for providing services for people with long term conditions.

The practice had registers in place for several long term conditions including diabetes and asthma. Longer appointments and home visits were available when needed. All these patients had a structured review to check their health and medicines needs were being met. For those patients with the most complex needs, the GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

The practice is rated as good for providing services for families, children and young people. The practice had safeguarding policies and all staff were aware of their responsibilities to report safeguarding concerns.

Good



Working age people (including those recently retired and students)

The practice is rated as good for providing services for working age people.

The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible. There were online systems available to allow patients to make appointments.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for providing services for people whose circumstances make them vulnerable.

The practice held a register of patients living in vulnerable circumstances including those with a learning disability. It had carried out annual health checks and longer appointments were available for people with a learning disability.

Good



Summary of findings

People experiencing poor mental health (including people with dementia)

The practice is rated as good for providing services for people experiencing poor mental health.

Patients experiencing poor mental health received an invitation for an annual physical health check. Those that did not attend had alerts placed on their records so they could be reviewed opportunistically. The practice worked with local mental health teams to ensure patients received annual health checks.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published in July 2016 (from 104 responses which is approximately equivalent to 5% of the patient list) showed the practice was performing above local and national averages in certain aspects of service delivery. For example,

- 82% of patients described their experience of making an appointment as good compared to the CCG average of 77% and national average of 73%.
- 97% patients said they could get through easily to the surgery by phone (CCG average 75%, national average 73%).

However, some results showed below average performance, for example,

- 77% said the last GP they saw was good at involving them in decisions about their care (CCG average 84%, national average 82%).
- 44% of patients said they had to wait 15 minutes or less after their appointment time (CCG average 62%, national average 65%).

The practice had reviewed the national GP patient survey information and NHS choices and had audited appointment waiting times. Telephone systems had been changed and the practice had increased some appointment times as a result of feedback.

In terms of overall experience, results were mixed. For example,

- 91% described the overall experience of their GP surgery as good (CCG average 88%, national average 85%).
- 70% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 81%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 13 comment cards, which were very complimentary about the service provided. Patients said they received an excellent, caring service and patients who more vulnerable were supported in their treatment. However, there was one comment regarding excessive waiting times when attending appointments.

Walton Village R

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector and included a GP specialist advisor.

Background to Walton Village R

Walton R (Walton Village Medical Centre) is based in Walton Village in Liverpool. There were 2187 patients on the practice register at the time of our inspection.

The practice is managed by three GP partners (two male, one female). There is a part time practice nurse. Members of clinical staff are supported by a practice manager, reception and administration staff.

The practice is open 8am to 6.30pm every weekday. Patients requiring a GP outside of normal working hours are advised to contact the GP out of hours service, provided by Urgent Care 24 by calling 111.

The practice has a General Medical Services (GMS) contract and has enhanced services contracts which include childhood vaccinations. The practice is part of Liverpool Clinical Commissioning Group.

Why we carried out this inspection

We carried out an announced comprehensive inspection at Walton Village R on 25 April 2016. The overall rating for the

practice was requires improvement. The full comprehensive report on the 25 April 2016 inspection can be found by selecting the 'all reports' link for Walton Village R on our website at www.cqc.org.uk.

This inspection was an announced comprehensive carried out on 21 March 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 25 April 2016. This report includes our findings in relation to those requirements.

How we carried out this inspection

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

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

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

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

The inspector :-

Detailed findings

- Reviewed information available to us from other organisations e.g. local clinical commissioning groups (CCG).
- Reviewed information from CQC intelligent monitoring systems.
- Carried out an announced inspection visit on 21 March 2017.
- Spoke to staff and a representative of the patient participation group.

- Reviewed patient survey information.
- Reviewed the practice's policies and procedures.

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

Are services safe?

Our findings

At our previous inspection on 25 April 2016, we rated the practice as requires improvement for providing safe services as the arrangements in respect of health and safety, cleanliness and infection control required improving.

The practice had carried out the work we had requested when we undertook a follow up inspection on 21 March 2017. However, there were still improvements the practice should consider.

Safe track record and learning

There was an effective system in place for reporting and recording significant events and incidents. Staff told us they would inform the practice manager of any incidents and there were recording forms available in reception. The incident recording form supported the recording of notifiable incidents under the duty of candour. When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, an apology and were told about any actions to improve processes to prevent the same thing happening again.

At our last inspection 25 April 2016, we found that significant events were discussed at clinicians' meetings but these were not always documented. Improvements had been made at this inspection 21 March 2017 as we found that significant events were discussed at regular staff meetings which were documented to promote shared learning. The practice carried out a thorough analysis of the significant events.

Overview of safety systems and process

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare and there was additional information in the consulting rooms. Staff demonstrated they understood their responsibilities and all other staff had received training relevant to their role. Information was documented on patient's records. However, there were no internal meetings to discuss the

progress of any cases or oversight of requests for further information from other healthcare professionals and health visitors were only contacted if there were concerns.

- A notice in the waiting room advised patients that chaperones were available if required. Staff who acted as chaperones had received training for the role and 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).
- At the previous inspection 25 April 2016, the practice had only just brought in a cleaning agency and there were no records in place to monitor standards of cleanliness and ensuring the practice was following all guidance regarding cleaning the premises and equipment. At this inspection 21 March 2017, the practice had monitoring systems in place. However, we found no light to the cleaning store room and the contents of the cleaning cupboard to be disorganised. There were cleaning liquids on the floor, no control of substances hazardous to health risk assessments with instructions for the cleaner should there be a spillage or contact with material, no cleaning schedules, and there was no information about colour coding systems used for cleaning equipment to prevent cross infection readily available to the cleaner in the store room. There was information held elsewhere in the practice. The practice manager advised us they had raised concerns with the cleaning company about standards of cleaning.
- One of the GPs was the infection control clinical lead. However, at the previous inspection 25 April 2016 we found that they were not up to date with their training. We also found that infection control audits had not been undertaken since 2013. The practice had made improvements from the two audits carried out that year but scored below an accepted target set by the local infection control teams. At this inspection 21 March 2017, we found that an audit was completed in July 2016 with an action plan in progress and staff had received further training. There was an infection control protocol and there were spillage kits and appropriate clinical waste disposal arrangements in place.
- Processes were in place for handling repeat prescriptions which included the review of high risk

Are services safe?

medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. The repeat prescribing policy outlined how uncollected prescriptions were managed. However, we found there was no accountable member of staff to ensure that patients did have their medication and we found several prescriptions dated from 2016.

- The practice nurse carried out vaccinations for the practice. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. However, all the PGDs had only been signed four days prior to our inspection and the PGD for the flu vaccination was not readily available and was given to us later in the day, dated 21st March 2017. PGDs are legal documents which should be signed for at the time of implementation.
- Blank prescription forms and pads were securely stored. At the previous inspection 25 April 2016, there were no records in place to monitor what blank prescriptions were available on the premises. At this inspection 21 March 2017 we found that monitoring systems had been implemented.
- Emergency medications were kept in the treatment room and some in GP bags. At the previous inspection 25 April 2016, there was a monitoring system for emergency medication expiry dates which had been put in place the working day before our inspection. The log sheet did not account for all medications in the treatment room and there was no monitoring system in place for medications kept in the GP bags. At this inspection 21 March 2017 we found that improvements had been made in the monitoring systems. We checked a sample of emergency medications and vaccinations stored on the premises and found them to be in date.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Monitoring risks to patients

At the previous inspection 25 April 2016, the practice employed a company to carry out health and safety risk

assessments. The risk assessments identified areas of risk but it was not always clear what action plans were in place to mitigate the risks and who was responsible. Similarly a fire risk assessment completed in May 2015 identified actions required but these had not been undertaken. There was no electrical safety certificate for the building.

At this inspection 21 March 2017, we found that the following improvements had been made:

- A new health and safety risk assessment for the premises
- A new fire risk assessment and some actions taken. For example, fire drills and fire equipment tests, appropriate signage to show the storage of oxygen; fire maps within the building (however these were not displayed at the entrance which would be beneficial to the fire services).
- An electrical safety check of the building had been completed.
- Work station and Display Screen Equipment (DSE) risk assessments for staff and new chairs for staff had been purchased.
- The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health (COSHH) and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs.

Arrangements to deal with emergencies and major incidents

At the previous inspection 25 April 2016, the practice had some arrangements in place to respond to medical emergencies and major incidents. For example, staff had received basic life support training, there was oxygen and emergency medication, first aid kits and an accident book and business contingency plans. However, there was no defibrillator and no formal risk assessment to explain how a the practice would respond to a medical emergency without one.

Are services safe?

At this inspection 21 March 2017, the practice now had a formal risk assessment for the rationale for not having a defibrillator. This was based on local median ambulance

response times. The practice should regularly review their position as to how they would effectively respond to any medical emergency should there be a delay in the ambulance response time.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.

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

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 and held regular meetings to discuss performance. (QOF is a system intended to improve the quality of general practice and reward good practice). The practice had systems in place to ensure they met targets and the most recent published results were 98% of the total number of points available. The practice also worked towards meeting local key performance targets.

Since our last inspection 25 April 2016, the practice had carried out a variety of audits. For example, medication audits, administration and clinical audits. For example, the practice had audited higher risk medications. The practice had worked hard to improve their performance figures and demonstrated improvements, for example, in the take up of child immunisations and the management of patients with respiratory disease. The practice also held a monthly clinic with a diabetes specialist nurse to help review more complex diabetic cases.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. It covered such topics as infection prevention and control, fire safety, health and safety and confidentiality.
- All staff had an appraisal scheduled for 2017.
- Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. Training included: safeguarding, fire procedures, equality and diversity and basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and had protected learning time for one session a month.

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 shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Gold standard framework meetings took place on a quarterly basis and care plans were routinely reviewed and updated. All unplanned admissions to hospital were reviewed at monthly clinical meetings to prevent the risk of further admissions. The practice liaised with local mental health teams to ensure patients received physical health checks.

Consent to care and treatment

The majority of staff had not received training around the Mental Capacity Act however the training was in the process of being arranged. We found that some of the clinicians' understanding of the the Mental Capacity Act 2005, and of the relevant guidance around consent when providing care and treatment for children and young people, could be improved but we were assured by the provider that further training was being sought.

Supporting patients to live healthier lives

Are services effective?

(for example, treatment is effective)

Patients who may be in need of extra support were identified by the practice. This included patients who required advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service at other clinics.

At the previous inspection 25 April 2016, the practice had been without a practice nurse for over a year. Immunisations were carried out by an immunisation team.

The GPs had also provided immunisation clinics when the local teams were no longer available. The newly appointed practice nurse was to receive further training before taking over the responsibility for immunisations and cervical screening.

At this inspection 21 March 2017, the practice nurse worked part time and had received training to undertake immunisations.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

Results from the national GP patient survey published in July 2016 (from 104 responses which is approximately equivalent to 5% of the patient list) showed patients felt they were treated with compassion, dignity and respect. For example:

- 89% said the GP was good at listening to them (CCG average of 91% national average of 89%).
- 92% said the GP gave them enough time (CCG average 90%, national average 87%).
- 86% said the last GP they spoke to was good at treating them with care and concern (CCG average 88%, national average 85%).
- 96% said they found the receptionists at the practice helpful (CCG average 89%, national average 87%)

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

- 87% said the last GP they saw was good at explaining tests and treatments (CCG average of 88% , national average of 86%).
- 77% said the last GP they saw was good at involving them in decisions about their care (CCG average 84%, national average 82%)

Staff told us that telephone translation services were available but the practice preferred to use interpreters to accompany patients when attending the practice.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations. One notice invited carers to be registered with the practice. The practice kept a register of carers but there was only nine carers on the list and staff were unclear as to how they used this information. Information was available on the practice web site to direct carers to the various avenues of support available to them.

Information for patients in times of bereavement was available on the practice web site.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice was aware of the needs of its local population. For example, they were aware of an increase in new patients and non-English speaking patients. Services were planned and delivered to take into account the needs of different patient groups. For example;

- There were longer appointments available for people with a learning disability or when interpreters were required. The practice preferred to use interpreters at appointments rather than telephone translation services.
- Home visits were available for elderly patients.
- Urgent access appointments were available for children under 10 years of age and those with serious medical conditions.

Access to the service

The practice is open 8am to 6.30pm every weekday. Telephone consultation appointments were also available. Patients requiring a GP outside of normal working hours were advised to contact the GP out of hours service by calling 111.

Results from the national GP patient survey published in July 2016 (from 104 responses which is approximately equivalent to 5% of the patient list) showed that patient's satisfaction with how they could access care and treatment were higher compared with local and national averages. For example:

- 82% of patients described their experience of making an appointment as good (CCG average of 77% and national average of 73%).
- 90% of respondents were able to get an appointment to see or speak to someone last time they tried (CCG average 85%, national average 85%).

- 97% patients said they could get through easily to the surgery by phone (CCG average 75%, national average 73%).

However,

- 44% of patients said they had to wait 15 minutes or less after their appointment time (CCG average 62%, national average 65%).

The practice had reviewed the national GP patient survey information and NHS choices and had audited appointment waiting times. Telephone systems had been changed and the practice had increased some appointment times as a result of feedback. The practice had a recent increase in the number of new patients and had increased the number of appointments available to meet the demand. The practice recognised a high failure rate for attendance of appointments and had introduced a text reminding service which had reduced the number of missed appointments.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy was in line with recognised guidance and contractual obligations for GPs in England and there was a designated responsible person who handled all complaints in the practice. Information about how to make a complaint was available at the reception desk. The complaints policy clearly outlined a time frame for when the complaint would be acknowledged and responded to and made it clear who the patient should contact if they were unhappy with the outcome of their complaint.

We reviewed a log of previous complaints and found both written and verbal complaints were recorded and written responses included apologies to the patient and an explanation of events. Staff told us complaints were discussed at meetings.

Are services well-led?

Good 

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

Our findings

At our previous inspection on 25 April 2016, we rated the practice as requires improvement for providing well-led services as there was a limited governance structure to ensure relevant risk assessments, audit work and active shared learning took place to improve patient outcomes.

We issued a requirement notice in respect of these issues and found arrangements had significantly improved when we undertook a follow up inspection of the service on 21 March 2017. The practice is now rated as good for being well-led.

Vision and strategy

The practice described one of their primary aims as to provide their patients with high quality personal modern primary care services in a traditional setting. There was a business development plan (2015-2019).

Governance arrangements

Evidence reviewed demonstrated that the practice had improved the systems in place since our last inspection 25 April 2016. For example the practice had:-

- Practice policies that all staff could access on the computer system or in a file behind reception. There was also a staff handbook.
- Team meetings and clinical meetings which demonstrated that significant events, performance and audit work were discussed to improve shared learning for the staff team and minutes from these meetings were documented and available to all staff.
- Actively Identified audit work to improve the quality of patient outcomes. For example, audits of appointment systems,
- Completed risk assessments for health and safety and fire safety and completed essential actions.

However further work was required in terms of the management of systems to oversee safeguarding, cleaning the premises and uncollected prescriptions.

Leadership and culture

Staff told us that they had the opportunity to raise any issues with the practice manager and felt confident in doing so. The practice had a whistleblowing policy and all staff were aware of this.

The practice had systems in place 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). The practice had systems in place 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.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service when possible.

- There was a patient participation group (PPG) and the practice had acted on feedback such as providing new noticeboards in the waiting room.
- The practice used the NHS Friends and Family survey to ascertain how likely patients were to recommend the practice.
- The practice reviewed other sources of patient feedback and had acted on concerns identified, for example, patient waiting times.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with the practice manager.

Continuous improvement

The practice team took an active role in locality meetings. One of the GP partners was keen to utilise IT systems and was exploring the possibility of using technology to monitor patients clinical signs at home. Although the practice had made some improvements over the past few months, for example the introduction of the PPG and a new appraisal system, more work was required in terms of overall governance.