

The Lordship Lane 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

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at the Lordship Lane Surgery (then named Dr SAKM Doha) on 23 January 2017. The overall rating for the practice was requires improvement. The full comprehensive report on the January 2017 inspection can be found by selecting the 'all reports' link for The Lordship Lane Surgery on our website at www.cqc.org.uk.

This inspection was undertaken five months following the publication of the report of the inspection in January 2017, and was an announced comprehensive inspection on 12 September 2017. Overall the practice has improved and is now rated as good overall.

Our key findings were as follows:

- The systems and processes to address risks to patients were not as comprehensive as they needed to be. For example, the fire log indicated the fire alarms were usually tested on a monthly basis, but we saw that if the designated fire marshal was absent when the test

was due, no-one else undertook it. There was a health and safety risk assessment which had been completed in June 2017. It was minimal and did not adequately review all potential areas of risk.

- The security of medicines and blank prescriptions had been improved.
- We saw staff were recording the temperature of the vaccine refrigerator each day the practice was open; however, there was only one thermometer rather than the two recommended as good practice. The vaccines we checked were all in date.
- Although the practice had a policy of checking uncollected prescriptions every three months, we found a number waiting to be collected that were older than this.
- Patients prescribed high risk medicines received regular monitoring.
- The premises were clean and a comprehensive infection prevention and control (IPC) audit had been carried out by the local clinical commissioning IPC lead. Staff at the practice had begun to take action to rectify areas identified for improvement.

Summary of findings

- There had been a number of clinical audits undertaken in the last two years, including two completed audits where the improvements made were implemented and monitored.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes overall were comparable to the Clinical Commissioning Group (CCG) and national average.
- Staff had access to guidelines from NICE and told us they used this information to deliver care and treatment that met patients' needs. Clinical staff were aware of recently issued guidelines.
- Meetings took place with other health care professionals on a monthly basis; however, we found that most of the multi-disciplinary meetings were not minuted, albeit the GP in attendance updated patient notes where appropriate.
- The practice maintained a palliative care register and held regular multi-disciplinary meetings with, for example, the palliative care consultant and the health visitors. We noted the practice did not maintain a register of patient deaths.
- Staff had the skills, knowledge, support and experience to deliver effective care and treatment.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had identified 101 patients as carers (just over 2% of the practice list).
- The Patient Participation Group felt that the practice listened to what they had to say, and tried to act upon suggestions.
- All but one of the 46 patient Care Quality Commission comment cards we received were positive about the service experienced. Data from the national GP patient survey showed the practice was comparable to others for most aspects of care.

- In the week preceding this inspection the practice had employed a locum female GP, with a view to them becoming a permanent salaried GP. Patient feedback had been very positive.
- A complaint leaflet was available and since the last inspection the practice has set up a designated complaints information notice board in the reception area.
- 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.

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

Importantly, the provider must:

- Strengthen arrangements for identifying, recording and managing risks, issues and implementing mitigating actions, including an appropriate health and safety risk assessment, accurate electrical testing records and regular fire alarm tests.
- Review the process for dealing with uncollected repeat prescriptions so that they are dealt with in a timely manner.

In addition the provider should:

- Consider acquiring an additional thermometer for the vaccine fridge.
- Consider implementing a register of patients who have died.
- Make arrangements to minute multi-disciplinary meetings.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

Requires improvement



- The systems and processes to address risks to patients were not as comprehensive as they needed to be. For example, the fire log indicated the fire alarms were usually tested on a monthly basis, but we saw that if the designated fire marshal was absent when the test was due, no-one else undertook it. There was a health and safety risk assessment which had been completed in June 2017. It was minimal and did not adequately review all potential areas of risk. Portable electrical equipment had been tested however the date stated on the stickers on the equipment did not tally with the corresponding paperwork.
- We reviewed four personnel files and found in most, but not all cases, appropriate recruitment checks had been undertaken prior to employment. The missing information was sent to us following the inspection.
- Staff told us that safety alerts, such as those from the Medicines and Healthcare products Regulatory Agency (MHRA), were received by the practice manager who circulated them to staff, and they were discussed at staff meetings where appropriate. We found limited evidence that alerts had been discussed in practice meetings.
- The security of some medicines and blank prescriptions had been improved.
- We saw staff were recording the temperature of the vaccine refrigerator each day the practice was open; however, there was only one thermometer rather than the two recommended as good practice. The vaccines we checked were all in date.
- Patients prescribed high risk medicines received regular monitoring.
- Although the practice had a policy of checking uncollected prescriptions every three months, we found a number waiting to be collected that were older than this.
- The premises were clean and a comprehensive infection prevention and control (IPC) audit had been carried out by the local clinical commissioning IPC lead. Staff at the practice had begun to take action to rectify areas identified for improvement.
- Staff understood their responsibilities to raise concerns, and to report incidents and near misses.

Summary of findings

- There was a system in place for reporting and recording significant events.
- When things went wrong patients 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 systems, processes and practices in place to keep patients safe and safeguarded from abuse. All staff had undergone appropriate safeguarding training.

Are services effective?

The practice is rated as good for providing effective services.

Good



- There had been a number of clinical audits undertaken in the last two years, including two completed audits where the improvements made were implemented and monitored.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes overall were comparative to the CCG and national average.
- Staff had access to guidelines from NICE and told us they used this information to deliver care and treatment that met patients' needs. Clinical staff were aware of recently issued guidelines.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals for staff. Staff fed back that the appraisal process was much improved.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- Childhood immunisation rates were comparable to the national average.
- 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. Data provided by the practice indicated that over the course of the last (financial) year, the practice had carried out 162 NHS health checks, exceeding its target of 108.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Information for patients about the services available was displayed in the waiting room.
- The practice had identified 101 patients as carers (just over 2% of the practice list).

Summary of findings

- Data from the national GP patient survey showed the practice was comparable to others for most aspects of care.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- All but one of the 46 patient Care Quality Commission comment cards we received were positive about the service experienced.
- Patients said they were treated with compassion, dignity and respect and they were listened to and supported.
- The practice maintained a palliative care register and held regular multi-disciplinary meetings with, for example, the palliative care consultant and the health visitors. The practice did not, however, maintain a register of patient deaths.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice offered extended hours on a Monday, Wednesday and Thursday evening until 7.30pm for working patients who could not attend during normal opening hours.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- There were disabled facilities and translation services available.
- The premises had a lift giving ease of access to all floors.
- In the week preceding this inspection the practice had employed a locum female GP, with a view to them becoming a permanent salaried GP. Patient feedback had been very positive.
- The practice patient participation group had carried out a survey in April 2017 which had indicated that patients wanted better online access to appointments as they found it difficult to get through by phone. As a result more appointments were made available online and all staff promoted this facility.
- A complaint leaflet was available and since the last inspection the practice has set up a designated complaints information notice board in the reception area.

Good



Are services well-led?

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

Good



Summary of findings

- The practice had a vision to deliver high quality care and promote good outcomes for patients, to continue to develop the local federation of GPs of which it was a member and to foster good collaborative working local stakeholders.
- There was a limited programme of continuous clinical and internal audit to monitor quality and to make improvements. Two completed audits had been carried out.
- QOF outcomes were monitored quarterly, and improvements had been made. The practice's overall performance had risen to 91% from 86%.
- The arrangements for identifying, recording and managing risks, issues and implementing mitigating actions had been improved but still required further development.
- Patients now had the choice of seeing a female GP.
- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Staff told us the practice held regular team meetings, and we saw that these were now being minuted.
- 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.

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

Good



- The practice was responsive to the needs of older people, and offered home visits, including holistic health assessments, and urgent appointments for those with enhanced needs.
- The practice website provided information on a range of health matters including a specific section on seniors' health. This provided information on, for example, the seasonal flu immunisation, eating well and exercise.
- All patients over the age of 75 had a named GP.
- The practice worked with King's college hospital and used the Rapid Response Team for same day or next day reviews to prevent unplanned hospital admissions. The practice also had a register of patients on the unplanned avoidance register, with alerts on their notes for priority appointments as necessary when they called.
- The practice engaged with the Lambeth Safe and Independent Living (SAIL) scheme (a scheme designed to streamline health and social care and which provided access to over 15 different services through a single referral).
- The practice had regular meetings with the community district nurse team and matron to discuss housebound elderly patients.
- In 2016-17, 74% of patients over the age of 65 had been given the flu vaccine (national target 73%).

People with long term conditions

Good



- The practice website provided information on a range of long term conditions including coronary heart disease, stroke, cancer, COPD and asthma.
- The practice's performance in dealing with patients with long term conditions had improved, as reflected in their QOF score which had risen from 86% to 91%.
- We saw appropriate templates were used to assess patients with long term conditions.
- The practice arranged virtual clinics for diabetes, respiratory, heart failure, to enhance patient care. The practice had a pre-diabetes patient register.
- We saw the practice liaised with the local hospice, palliative care team, district nurses and community matrons to discuss patients receiving end of life care.

Summary of findings

- Performance for diabetes related indicators was comparable to the CCG and England average.

Families, children and young people

Good



- The practice website provided information on a range of family health matters including men's health, women's health, sexual health and child health.
- Since our last inspection the practice's cervical screening performance had improved from 71% to 80%.
- The practice usually provided same day appointments for young children. Appointments were available outside of school hours.
- The practice had a health visitor led, child health review clinic, offering a one stop service to see the health visitor for developmental checks and have child immunisations.
- Childhood immunisation rates for the vaccinations given were comparable to the national averages. There are four areas where childhood immunisations are measured; each has a target of 90%. The practice achieved the target in all four areas.

Working age people (including those recently retired and students)

Good



- The practice provided a choice of appointments, including late evening surgeries and telephone consultations.
- Patients were able to book appointments online and order their repeat medication online.
- The practice had increased (to 45%) the number of appointments available online, and also offered a choice of appointments through the locality Extended Primary Care Service from 8am-8pm seven days a week.
- The practice has recently signed up to MyGP app to improve access for patients.
- The practice offered a range of health promotion and screening that reflected the needs for this age group. Patients over the age of 40 were encouraged to have an NHS Health Check. Data provided by the practice indicated that over the course of the last (financial) year, the practice had carried out 162 NHS health checks, exceeding its target of 108.

People whose circumstances may make them vulnerable

Good



- The practice had a learning disability register in place and children on the child protection register were coded with alerts.

Summary of findings

- The practice offered longer appointments for patients with a learning disability and those who required an interpreter.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns.
- A representative from the SAIL scheme (a scheme designed to streamline health and social care and which provided access to over 15 different services through a single referral) visited the practice weekly to identify vulnerable patients who may benefit from their services.

People experiencing poor mental health (including people with dementia)

- The practice had a register of patients experiencing poor mental health and reviewed these patients usually annually.
- The practice had a register of patients with dementia. It used the local Memory Clinic for patient with memory concerns, for assessment and diagnosis.
- Performance for mental health related indicators was comparable to the CCG and England average.
- Leaflets giving information on mental health services were available in the waiting area.
- Patients could access the local IAPT (Improving Access to Psychological Therapies) service through the practice. The practice also hosted a psychotherapist working for the local mental health trust.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. Three hundred and sixty three survey forms were distributed and 110 were returned. This represented 2.7% of the practice's patient list. The response rate was 30%, below the England average response rate of 38%. The unverified 2017 results showed some improvement, but also some areas where performance had dropped. Three hundred and seventy two surveys had been sent out, with 86 returned, a response rate of 23%.

- 68% of patients found it easy to get through to this practice by phone compared to the Clinical Commissioning Group (CCG) average of 73% and the national average of 73%. (2017 survey results indicated 75% responded positively compared to the CCG average of 74% and national average of 71%.)
- 72% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 72% and the national average of 76%. (2017 survey results indicated 86% responded positively compared to the CCG average of 82% and national average of 84%.)
- 82% of patients described the overall experience of this GP practice as good compared to the CCG average of 79% and the national average of 85%. (2017 survey results indicated 67% responded positively compared to the CCG average of 69% and national average of 73%.)

- 68% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 74% and the national average of 79%. (2017 survey results indicated 73% responded positively compared to the CCG average of 73% and national average of 77%.)

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. All but one of the 46 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect. A number of patients commented that the GPs listened to their views and explained matters in a way they could understand. One patient commented that they sometimes had to wait for an appointment, but their other comments were all positive.

We spoke with four patients during the inspection. Feedback was generally positive with patients commenting that it was relatively easy to get an appointment, and that they were satisfied with the service received. Two commented that there was sometimes a long wait to be seen once they had arrived for their appointment. We also spoke with two members of the practice's Patient Participation Group. They commented that the practice listened to what they had to say, and tried to act upon suggestions.

Areas for improvement

Action the service **MUST** take to improve

- Strengthen arrangements for identifying, recording and managing risks, issues and implementing mitigating actions, including an appropriate health and safety risk assessment, accurate electrical testing records and regular fire alarm tests.
- Review the process for dealing with uncollected repeat prescriptions so that they are dealt with in a timely manner.

Action the service **SHOULD** take to improve

- Consider acquiring an additional thermometer for the vaccine fridge.
- Consider implementing a register of patients who have died.
- Make arrangements to minute multi-disciplinary meetings.

The Lordship Lane Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector. The team included a GP specialist advisor and a practice manager specialist advisor.

Background to The Lordship Lane Surgery

The Lordship Lane Surgery provides services to approximately 4600 patients in south east London under a Personal Medical Services contract (an agreement between NHS England and general practices for delivering personal medical services). It sits within the Southwark Clinical Commissioning Group (CCG) which has 45 member practices serving a registered patient population of approximately 312,000. The practice provides a number of enhanced services including meningitis immunisation provision; extended hours access; influenza and pneumococcal immunisations and learning disabilities.

The staff team at the practice consists of two full time male GPs, a female part time GP, a male practice manager, one part time female practice nurse, a part time male health care assistant and three administrators/receptionists. The service is provided from this location only. The practice patient list had increased by over 400 since our last inspection, but the number of GP sessions had decreased from 17 to 16. We did not receive any adverse comments from patients regarding this.

The practice reception is open between 8am and 7.30pm on Mondays and Wednesdays, and between 8am and 6.30pm on Tuesdays, Thursdays and Fridays. Appointments are available between 9am – 12.30pm and 2.30pm – 7.30pm on Mondays and Wednesdays; and between 9am –

12.30pm and 2.30pm – 6.30pm on Tuesdays and Fridays. On Thursdays appointments are available between 9.30am and 12.30pm, and between 4.30pm – 7.30pm. Patients who wish to see a GP outside of these times are advised to contact the practice's out of hours provider, whose number is displayed on the practice website and in the practice waiting room. Telephone consultations are available each day at the end of surgery. The practice belongs to a local federation and can use its clinic for patients between 8am and 8pm. The practice provides an online appointment booking system and an electronic repeat prescription service. Patients can also view test results online. The premises are purpose built with ease of access for patients with mobility difficulties and a lift has been installed.

The practice is registered with the Care Quality Commission to carry on the regulated activities of diagnostic and screening procedures, family planning services, maternity and midwifery services and treatment of disease, disorder or injury.

The practice has a slightly higher percentage than the national average of people with a long standing health conditions (54% compared to a national average of 53%). It has a higher percentage of unemployed people compared to the national average (13% compared to 4%). The average male and female life expectancy for the CCG area and the practice is in line with the national average for both males and females.

The population in this CCG area is 54% white British. The second highest ethnic group is black or black British (27%). The practice sits in an area which rates within the fifth most deprived decile in the country, with a value of 25 compared to the CCG average of 29.5 and England average of 21.8 (the lower the number the less deprived the area). The patient

Detailed findings

population is characterised by a below England average for patients, male and female, over the age of 60 and between the ages of 10 and 19; and an above England average for male and female patients between the ages of 25 and 49.

Why we carried out this inspection

We undertook a comprehensive inspection of the Lordship Lane Surgery on 23 January 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as good for providing responsive services and requires improvement for providing safe, effective, caring and well led services.

We undertook this comprehensive follow up inspection on 12 September 2017 to check that action had been taken to comply with legal requirements. The full comprehensive report on the January 2017 inspection can be found by selecting the 'all reports' link for the Lordship Lane Surgery on our website at www.cqc.org.uk.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 12 September 2017.

During our visit we:

- Spoke with a range of staff, including GPs, healthcare assistant, practice manager and administrative staff; and spoke with patients who used the service.

- Observed how patients were being cared for in the reception area and talked with carers and/or family members.
- Reviewed 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 with dementia).

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

Are services safe?

Our findings

At our previous inspection on 23 January 2017, we rated the practice as requires improvement for providing safe services. We found:

- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. The practice did not have a health and safety risk assessment for example.
- The security of some medicines and blank prescriptions needed to be improved.
- Not all patients prescribed high risk medicines received regular monitoring.
- The premises were clean however there were several areas where infection prevention and control processes required improvement.

We found arrangements had developed when we undertook a follow up inspection on 12 September 2017, however there remained areas where further progress was necessary. The practice remains rated as requires improvement for providing safe services.

Safe track record and learning

There was a system in place for reporting and recording significant events. The practice sent to us the reports of the three significant events log which had occurred since the last inspection, one regarding an aggressive patient, one about patient samples not being sent off and the third relating to the widespread cyber-attack.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.

- The practice carried out an analysis of the significant events. We saw minutes of practice meetings where other significant events were discussed, and saw that where appropriate, significant events had been shared with external bodies.
- We saw that staff learned from incidents. For example, following the failure to send off a patient's sample for analysis, staff were now keeping a record of all samples taken, and indicating when they had been placed in the fridge, and when they had been collected.

We were informed that safety alerts, such as those from the Medicines and Healthcare products Regulatory Agency (MHRA), were received by the practice manager who circulated them to staff, and they were discussed at staff meetings where appropriate. We found limited evidence that alerts had been discussed in practice meetings. For example, the practice manager could recall an alert in May 2017 regarding a blood glucose testing system, but there was no record in the May meeting minutes to indicate this had been discussed. We did find mention in meeting minutes that staff had discussed concerns regarding high concentration oxygen masks.

Overview of safety systems and processes

The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. We saw evidence to support this. Staff demonstrated they understood their responsibilities and had received training on safeguarding children relevant to their role. GPs were trained to child protection or child safeguarding level 3. The practice nurse and the health care assistant were trained to level 2. Non-clinical staff were trained to level 1. All staff had undergone adult safeguarding training.
- All staff who acted as chaperones had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on

Are services safe?

an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable), and told us they had received training, although there were no certificates to confirm this. There were posters in the waiting room and clinical rooms advising patients they could request a chaperone. Staff could refer to a chaperone policy if required.

- We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead. There was an infection control protocol in place and most staff had received up to date training. We saw a detailed infection control audit had been undertaken in September 2017 by the CCG infection control lead, and staff at the practice has started to address the issues highlighted in the audit action plan.
- The practice had introduced a cleaning management system including colour coding of equipment.
- We reviewed the arrangements for managing medicines, emergency medicines and vaccines (including obtaining, prescribing, recording, handling, storing, security and disposal). We found improvements had been made. We found medicines were being stored in locked cupboards and the keys removed from the locks.
- All of the single use equipment we checked was in date.
- Processes were in place for handling repeat prescriptions including the review of high risk medicines. A new 'high risk drug safe' policy had been introduced which outlined each high risk medicine and the recommended frequency of biological testing and review.
- The practice met annually with the local clinical commissioning group (CCG) medicines management team and with their support carried out regular medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. A record was now being kept of blank prescription pad numbers. Unused pads were stored in a lockable cupboard within a room that required entrance via a keypad.
- At our last inspection we found staff were checking the uncollected prescription box every month to ensure there were no vulnerable patients who had failed to collect their prescription. At this inspection we were told the box was checked every three months; however, we found more than six prescriptions that were over three

months old, including one from March 2017 with an attached blood test form. Some of the uncollected prescriptions were for medicines used to treat mental ill health. Before the inspection had finished one of the GPs had reviewed all of the prescriptions that were older than three months and ascertained that there were no patients missing crucial medication.

- We saw staff were recording the temperature of the vaccine refrigerator each day the practice was open; however, there was only one thermometer rather than the two recommended as good practice. The vaccines we checked were all in date.
- The practice had appropriately signed and up to date Patient Group Directions (PGDs) in place, which had been adopted by the practice to allow nurses to administer medicines in line with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment). The health care assistant was trained to administer vaccines and medicines against a patient specific prescription or direction (PSD) from a prescriber (PSDs are written instructions from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis). The PSDs we saw were appropriately signed and in date.
- We reviewed four personnel files and found in most, but not all cases, 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 Disclosure and Barring Service. We were unable to confirm at the time of the inspection that the practice nurse had current medical indemnity in place. We also noted that there were no references on file for the newest member of staff whilst the practice had not confirmed current GMC registration for all of the GPs. This was carried out during the inspection. One of the GPs did not have a record confirming they had undergone a DBS check. Following the inspection the practice sent to us confirmation that appropriate medical indemnity was in place. They also sent one reference for the newest member of staff and evidence a DBS check had been requested for the GP who had never had one carried out previously.
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Are services safe?

Monitoring risks to patients

The practice did not have a wide range of risk assessments, but some risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice had fire evacuation procedures on each floor. A fire drill had last been carried out in August 2017. These were carried out annually. The fire log indicated the fire alarms were usually tested on a monthly basis, but we saw that if the designated fire marshal was absent when the test was due, no-one else undertook it. Fire fighting equipment had been serviced in May 2017, while the fire alarm system had been serviced in December 2016.
- Electrical equipment was checked to ensure the equipment was safe to use; however, the date of the last check as indicated on the stickers on the equipment did not tally with the paperwork presented to us. Clinical equipment was checked to ensure it was working properly. Checks had last been carried out the day before this inspection.
- There was a health and safety risk assessment which had been completed in June 2017. It was minimal and did not adequately review all potential areas of risk.
- The practice manager maintained a maintenance log, and we saw that where faults were identified action was taken.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed

to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. There was a low staff turnover.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual online basic life support training and there were emergency medicines available in the nurse's 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. We saw records to evidence staff checked the oxygen and defibrillator regularly.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff, and details of the buddy arrangement with two other local practices.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 23 January 2017, we rated the practice as requires improvement for providing effective services. We found:

- There had been a number of clinical audits undertaken in the last two years; however, with the exception of the CCG led antibiotic prescribing audit, none of these were completed audits where the improvements made were implemented and monitored.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes overall were comparative to the CCG and national average. However, the practice was an outlier for two QOF clinical indicators.
- Staff had access to guidelines from NICE and told us they used this information to deliver care and treatment that met patients' needs. The practice did not, however, have systems in place to monitor that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- In most areas staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals for most, but not all, staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- Childhood immunisation rates were mixed, with some above the national average and some below.

We found improvement when we undertook a follow up inspection on 12 September 2017; the provider is now rated as good for providing effective services.

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.

- Staff had access to guidelines from NICE and told us they used this information to deliver care and treatment that met patients' needs. Clinical staff were aware of recently issued guidelines.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 86% of the total number of points available, compared to the CCG average of 94% and England average of 95%. The practice's overall exception reporting rate was 8% compared to the CCG average of 7% and England average of 10% (exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). The practice provided us with 2016/17 data which indicated their performance had improved to 91%.

Performance for diabetes related indicators was comparable to the CCG and England average:

- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months), was 5 mmol/l or less (01/04/2015 to 31/03/2016) was 83% compared to the CCG average of 81% and England average of 80%. The practice exception reporting rate for this indicator was 6% (compared to the CCG average of 8% and England average of 13%).
- The percentage of patients with diabetes, on the register, in whom the last HbA1c was 64 mmol/mol or less in the preceding 12 months (01/04/2015 to 31/03/2016) was 83% compared to the CCG average of 70% and England average of 78%. The practice exception reporting rate for this indicator was 8% (compared to the CCG average of 7% and England average of 12%).

Performance for mental health related indicators was comparable to the CCG and England average, and in one indicator was above :

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2015 to 31/03/2016) was 100% compared to the CCG average of 88% and England average of 89%. The practice exception reporting rate for this indicator was 6% (compared to the CCG average of 5% and England average of 13%).

Are services effective?

(for example, treatment is effective)

- The percentage of patients diagnosed with dementia whose care plan had been reviewed in a face-to-face review in the preceding 12 months (01/04/2015 to 31/03/2016) was 86% compared to the CCG average of 87% and England average of 84%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months (01/04/2015 to 31/03/2016) was 76% compared to the CCG average of 86% and the and England average of 89%. The practice exception reporting rate for this indicator was 4% (compared to the CCG average of 4% and England average of 10%).

There was evidence of quality improvement including clinical audit.

- There had been a number of clinical audits undertaken in the last two years, including two completed audits where the improvements made were implemented and monitored. One of these was an audit of the monitoring of patients prescribed anti-epileptic drugs; the other an audit and of patients with atrial fibrillation who would be suitable for non-Vitamin K antagonist oral anticoagulants.
- Both of the completed audits demonstrated improvements for patients. For example, the audit of patients with atrial fibrillation resulted in an increase in the number of patients who may benefit from this anticoagulation and also identified patients who were not suitable and alternative treatment was then considered.

Effective staffing

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

Staff had recently been able to access online training and at the time of the inspection we were told, although could not evidence through certificates, that staff had undergone training in fire safety, basic life support, information governance, infection prevention and control, adult safeguarding and child safeguarding. The practice send us a copy of two training spreadsheets, which did not tally with each other but between the two indicated that the very recently employed female GP still needed to undergo training in adult safeguarding, fire safety, infection prevention control and information governance. This training was undertaken in the week following the

inspection. Following the inspection the practice sent us copies of certificates showing all staff had undergone training recently in infection prevention and control; fire safety, information governance and basic life support.

- The practice had an induction pack for new staff, including locum GPs.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff fed back that the appraisal process was much improved.

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.
- We saw the GPs reviewed unplanned admissions and readmissions and coordinated with the community matron to keep this under review.
- There were systems in place to ensure abnormal pathology results were communicated to patients by the GPs.
- We reviewed the referral process for patients identified as requiring urgent two week wait appointments and found that the patients were referred appropriately.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. Staff commented on the good links the practice had with some other services and we saw minutes of meetings with, for example, the health visitors. We also saw that the practice raised concerns with the CCG when district nurses

Are services effective?

(for example, treatment is effective)

repeatedly failed to attend meetings. We found that most of the multi-disciplinary meetings were not minuted, albeit the GP in attendance updated patient notes where appropriate.

Consent to care and treatment

Staff verbally sought patients' consent to care and treatment but consent forms were not used.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. The GPs told us they had undergone training in deprivation of liberty safeguards.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Patients receiving end of life care, those at risk of developing a long-term condition and those requiring advice on smoking and alcohol cessation. Patients were signposted to the relevant service.
- The practice arranged virtual clinics for diabetes, respiratory, heart failure, to enhance patient care.

The percentage of women aged 25-64 whose notes record that a cervical screening test had been performed in the preceding 5 years was 71% compared to the CCG average of 77% and the England average of 81%. The practice

provided us with more recent QOF figures which indicated their cervical screening performance had improved to 80%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test, and the nurse told us they would opportunistically offer tests if possible.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. In the last 36 months, 55% of females ages 50 – 70 had been screened for breast cancer, compared to the CCG average of 63% and England average of 72%. In the same period, 39% of patients aged 60 – 69 had been screened for bowel cancer compared to the CCG average of 43% and England average of 58%. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to the national averages. There are four areas where childhood immunisations are measured; each has a target of 90%. The practice achieved the target in all four areas. These measures can be aggregated and scored out of 10, with the practice scoring 9.1 (the same as the national average).

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. Data provided by the practice indicated that over the course of the last (financial) year, the practice had carried out 162 NHS health checks, exceeding its target of 108. 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 previous inspection on 23 January 2017, we rated the practice as requires improvement for providing caring services. We found:

- Information for patients about the services available was not displayed and had to be requested.
- The practice had identified just 15 patients as carers (less than half a percent of the practice list).
- Data from the national GP patient survey showed the practice was comparable to others for most aspects of care.

We found improvements when we undertook a follow up inspection 12 September 2017. The provider is now rated as good for providing caring services.

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.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. Confidentiality at the reception was managed as there was a door between the reception desk and the waiting area.

All but one of the 46 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect. A number of patients commented that the GPs listened to their views and explained matters in a way they could understand. One patient commented that they sometimes had to wait for an appointment, but their other comments were all positive.

We spoke with two members of the patient participation group (PPG). They commented that the practice listened to what they had to say, and tried to act upon suggestions. For example, a PPG member had suggested that the practice produce a leaflet to inform new patients about

how the appointment system worked. As a result a leaflet entitled 'Choose Well' had been produced, which gave information on the out of hours system; NHS 111; A&E and 999; the phone number and address of the local hospital and walk in centre and the extended primary care service.

Results from the national GP patient survey 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was comparable for most but not all of its satisfaction scores on consultations with GPs and nurses. Unverified results from the 2017 survey showed mixed feedback regarding the practice's performance. Some areas had improved, some had worsened. For example:

- 84% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 85% and the national average of 89%. (2017 survey results indicated 82% responded positively compared to the CCG average of 86% and national average of 89%.)
- 80% of patients said the GP gave them enough time compared to the CCG average of 82% and the national average of 87%. (2017 survey results indicated 80% responded positively compared to the CCG average of 82% and national average of 86%.)
- 91% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 88% and the national average of 92%. (2017 survey results indicated 91% responded positively compared to the CCG average of 94% and national average of 95%.)
- 71% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 80% and the national average of 85%. (2017 survey results indicated 82% responded positively compared to the CCG average of 82% and national average of 86%.)
- 76% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 91%. (2017 survey results indicated 84% responded positively compared to the CCG average of 85% and national average of 91%.)
- 89% of patients said they found the receptionists at the practice helpful compared to the CCG average of 85% and the national average of 87%. (2017 survey results indicated 85% responded positively compared to the CCG average of 85% and national average of 87%.)

Are services caring?

Care planning and involvement in decisions about care and treatment

Patients 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.

Results from the 2016 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. Unverified results from the 2017 survey showed minor changes. For example:

- 86% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 82% and the national average of 86%. (2017 survey results indicated 83% responded positively compared to the CCG average of 83% and national average of 86%.)
- 79% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 77% and the national average of 82%. (2017 survey results indicated 78% responded positively compared to the CCG average of 77% and national average of 82%.)
- 73% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 80% and the national average of 85%. (2017 survey results indicated 74% responded positively compared to the CCG average of 79% and national average of 85%.)

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

- Staff told us that translation services were available for patients who did not have English as a first language. There no notices in the reception areas to inform patients this service was available but there was information in the practice leaflet.

- The practice did not have a hearing loop but staff told us they could arrange for a sign language interpreter if required.
- The practice did have a practice leaflet. Copies were available in the waiting room.
- There was an accessible toilet.
- If a patient requested it, they could use one of the nurse's rooms to change their baby's nappy. If patients wished to breastfeed then staff said they would make a room available if they had one.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 101 patients as carers (just over 2% of the practice list). Information for carers was available on the practice website, including links to other websites such as carer support groups.

The practice maintained a palliative care register and held regular multi-disciplinary meetings with, for example, the palliative care consultant and the health visitors. The practice did not, however, maintain a register of patient deaths. Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. Bereavement information was available in the waiting room.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 23 January 2017, we rated the practice as good for providing responsive services. We found:

- The practice offered extended hours on a Monday, Wednesday and Thursday evening until 7.30pm for working patients who could not attend during normal opening hours.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- There were disabled facilities and translation services available.
- The premises had a lift giving ease of access to all floors.
- Although the practice had reviewed the needs of its local population, it had not considered how the lack of a female GP may have affected patients; or reviewed whether or not patients' needs were being met by being referred elsewhere.
- The practice had a complaints leaflet but this was not on display and had to be specifically requested.
- The practice maintained a complaints log which detailed the learning taken but we found limited evidence to show this had been discussed with staff.

The practice remains rated as good for providing responsive services following our follow up inspection on 12 September 2017.

Responding to and meeting people's needs

The practice reviewed some of the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice engaged with the Lambeth Safe and Independent Living (SAIL) scheme (a scheme designed to streamline health and social care and which provided access to over 15 different services through a single referral). A representative visited the practice once a week to review patient lists and identify vulnerable and/or elderly patients who qualified for a home visit. Doctors felt this had had a positive impact on their vulnerable patients.

- In the week preceding this inspection the practice had employed a locum female GP, with a view to them becoming a permanent salaried GP. Patient feedback had been very positive.
- The practice offered extended hours on a Monday, Wednesday and Thursday evening until 7.30pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities and translation services available.
- The premises had a lift giving ease of access to all floors.

Access to the service

The practice reception was open between 8am and 7.30pm on Mondays; and between 8am and 6.30pm on Tuesdays, Wednesdays, Thursdays and Fridays. Appointments were available between 9.00am – 12.30pm and 2.30pm – 7.30pm on Mondays and Wednesdays; and between 9am – 12.30pm and 2.30pm – 6.30pm on Tuesdays and Fridays. On Thursdays appointments were available between 9.30am and 12.30pm, and between 4.30pm – 7.30pm. Patients who wish to see a GP outside of these times were advised to contact the practice's out of hour's provider, whose number was displayed on the practice website and in the practice waiting room. Telephone consultations were available each day at the end of surgery. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them. The practice belonged to a local federation and could use its clinic for patients between 8am and 8pm.

The practice patient participation group had carried out a survey in April 2017 which had indicated that patients wanted better online access to appointments as they found it difficult to get through by phone. As a result more appointments were made available online and all staff

Are services responsive to people's needs?

(for example, to feedback?)

promoted this facility. The practice had recently signed up to MyGP app to improve access for patients (an app commissioned by NHS England, to help speed up access to care by allowing patients to securely book and/or cancel doctors' appointments remotely on their smartphones). Patients had also commented that they did not know how to leave feedback. The practice had responded by creating a specific complaints noticeboard in the waiting room.

Results from the 2016 national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages. The unverified 2017 results showed the practice had improved with regard to patient satisfaction with the practice's opening hours and the ease of getting through by phone; but more patients had stated they waited too long to be seen once they had arrived for their appointment.

- 71% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and the national average of 76%. (2017 survey results indicated 79% responded positively compared to the CCG average of 74% and national average of 76%.)
- 66% of patients said they could get through easily to the practice by phone compared to the CCG average of 73% and the national average of 73%. (2017 survey results indicated 75% responded positively compared to the CCG average of 74% and national average of 71%.)
- 57% of patients said they had to wait too long to be seen compared to the CCG average of 45% and the national average of 34%. (2017 survey results indicated 43% responded positively compared to the CCG average of 51% and national average of 58%.)

People told us on the day of the inspection that they were usually able to get appointments when they needed them.

The practice had a system in place to assess:

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

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 provided us with a copy of their complaints log. This showed that there had been one complaint since the last inspection, however we were made aware during the inspection that there was a second, recent complaint that was still being dealt with, and had not, to date, been included on the complaints log.

The practice had a system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- There was a poster in the waiting room informing patients that if they wished to make a complaint they should ask to see the practice manager. A complaint leaflet was available and since the last inspection the practice has set up a designated complaints information notice board in the reception area.
- The complaints log outlined the action taken and the learning as a result. For example, a complaint had been made regarding the time it took to make a patient's notes available. As a result the filing system had been reviewed and changes made to improve capacity and ease of access.

Are services well-led?

Good 

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

Our findings

At our previous inspection on 23 January 2017, we rated the practice as requires improvement for providing well led services. We found:

- Whilst a number of audits had been carried out, with the exception of the CCG led prescribing audit, none had been completed with a second audit. There was still no effective programme of continuous clinical and internal audit to monitor quality and to make improvements.
- The practice was an outlier for two of the QOF clinical targets relating to atrial fibrillation and cervical screening.
- We once again found that the arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not always robust. For example, medicines, blank prescriptions and some high risk medicines were not effectively managed. There were a limited number of risk assessments.
- Patients did not have the choice of seeing a female GP. The practice had not conducted any sort of review of actual demand, or ascertained if patients' needs were being met by being referred elsewhere.
- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- The practice was in the process of updating its policies and procedures. These were available to all staff. Those already updated had not yet been embedded.
- Staff told us the practice held regular team meetings, and we saw that these were now being minuted.
- 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.

We found arrangements had improved when we undertook a follow up inspection of the service on 12 September 2017 and the practice is now rated as good for being well-led.

Vision and strategy

The practice had a vision to deliver high quality care and promote good outcomes for patients, to continue to develop the local federation of GPs of which it was a member and to foster good collaborative working local stakeholders.

- Staff knew and understood the vision and told us the practice wanted to continue to improve their services to patients.

Governance arrangements

The practice's governance framework had been strengthened by increased oversight by one of the partner GPs. This had led to an improvement in the delivery of the practice vision and good quality care.

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. They had access to the practice's policies and procedures through the practice website, and also in hard copy.
- There was a programme of continuous clinical and internal audit to monitor quality and to make improvements.
- The arrangements for identifying, recording and managing risks, issues and implementing mitigating actions had improved. For example, medicines, blank prescriptions and some high risk medicines were more effectively managed. There was limited health and safety risk assessment which needed improvement.
- Patients now had the choice of seeing a female GP.
- The practice used the monthly CCG reports to compare their performance against other local practices and to identify where improvements could be made.
- QOF outcomes were monitored quarterly, and improvements had been made. The practice's overall performance had risen to 91% from 86%.

Leadership and culture

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

The provider was aware of and 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). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

Are services well-led?

Good 

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

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular team meetings, and we saw that these were now being minuted.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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.

- The practice had a patient participation group (PPG). They commented that the practice listened to what they had to say, and tried to act upon suggestions.
- The practice had gathered feedback from 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. Staff commented that team dynamics had improved and they felt they worked together much better as a team. Non-clinical staff fed back that they were being consulted more, and were being listened to.

Continuous improvement

The practice had a number of objectives for the forthcoming 12 months, including increasing training for staff, providing group consultations for patients with long term conditions and assessing the potential benefits of employing a pharmacist. The practice had made available consulting space for a private physiotherapist and also a private counsellor.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met: The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. This was in breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.