

Dr Kandiah Pathmanathan

Quality Report

Covent Garden 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

Requires improvement



Are services safe?

Good



Are services effective?

Requires improvement



Are services caring?

Requires improvement



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We had previously inspected Dr Kandiah Pathmanathan's practice using our new approach methodology on 5 March 2015, when we had rated the service as requires improvement.

We carried out a further announced comprehensive inspection on 8 November 2016. The overall rating for the service was inadequate and the practice was placed in special measures for a period of six months. We had found that patients were at risk of harm because systems and processes were not in place in a way to keep them safe. We served warning notices under Section 29 of the Health and Social Care Act 2008 relating to the practice's failure to comply with Regulation 12 (Safe care and treatment) and 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We carried out a focussed inspection on 18 May 2017 and identified other concerns relating to safe care and treatment.

This inspection was undertaken following the period of special measures and was an announced comprehensive inspection on 8 August 2017. We found that the practice had achieved substantial improvement, although more was required. The improvement and changes made in respect of governance need to be embedded and sustained. Overall the practice is now rated as requires improvement.

Our key findings were as follows:

- Although we saw evidence of improvement, outcomes for patients with some long term health conditions and the uptake rate for childhood immunisations remained lower than local and national averages.
- Some GP patient survey scores remained below local and national averages.
- Revised procedures had been implemented to manage significant events, infection prevention and control measures, health and safety, and arrangements for dealing with emergencies.

Summary of findings

- The practice had revised its repeat prescribing protocol to ensure that patients on high risk medicines were appropriately monitored.
- Systems had been introduced to ensure that tests results were reviewed and actioned in a timely manner.
- Staff had received sufficient training to make effective use of the clinical computer system.
- The management of patient records had improved, with the recording of full medical histories, notes of consultations, Read coding and correspondence being saved into the records.
- Procedures had been implemented so that staff assessed patients' needs and delivered care in line with current evidence based guidance.
- The practice had carried out a number of competed cycle audits to drive improvement in patient outcomes.
- Governance procedures and protocols had been reviewed and were saved in a centrally accessible location.

There were areas where the provider needs to make improvements.

The practice must:

- Ensure the care and treatment of patients is appropriate, meets their needs and reflects their preferences.

In addition, the practice should:

- Take steps to improve the take up rate for standard childhood immunisations.
- Consider how patients who wish to see a female practitioner at the practice can do so.
- Take action to improve patients' satisfaction over GP consultations.
- Review record keeping at clinical meetings.

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

Professor Steve Field

CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services. People were protected from avoidable harm. The practice had brought about improvements following our previous inspections.

- The practice had introduced and implemented systems to identify, investigate and learn from significant events.
- The practice had revised its procedure for reviewing and actioning test results to ensure this was done in a timely manner.
- An infection prevention and control audit and necessary risk assessments had been carried out and staff had received training appropriate to their role and responsibilities.
- Policies relating to the management of medicines had been reviewed and changes implemented, for example relating to monitoring patients prescribed high risk medication.
- The practice's business continuity plan had been reviewed and updated to include suitable arrangements in the event that the premises could not be used.
- 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.

Good



Are services effective?

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

- Published data from the Quality and Outcomes Framework (QOF) showed patient outcomes were significantly below local and national averages in 2015/16. The practice achieved 68.4% of the total number of points available. This was 19.5% below both the local and national averages of 87.9%.
- Although the practice provided evidence from unpublished figures of an improvement in 2016/17, achieving an overall total of 82.6%, this remained below the published local and national averages in 2015/16.
- The practice had introduced changes to ensure that care was provided in accordance with current evidence-based guidelines, such as those issued by the National Institute for Health and Care Excellence (NICE).

Requires improvement



Summary of findings

- A number of clinical audits had been completed to drive improvement in patient outcomes, including two undertaken following a review of NICE guidelines.
- Staff had received further training in using the practice's clinical computer system. They were able to demonstrate how they used the system to run searches and monitor performance.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs. Record keeping of multidisciplinary meetings had improved.

Are services caring?

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

- Data from the national GP patient survey showed the practice was generally comparable with others in respect of patients' satisfaction over nurse consultations. However, most figures for GP consultations remained below average, some having fallen since last year's survey.
- Patients told us they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible. Patients were informed of translation service being available.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Requires improvement



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was generally above local and national averages and had in some instances improved from last year.
- Evening appointments were available until 6.30 pm, together with extended access appointments on Wednesday until 8.00 pm.
- The female locum GP appointed in response to patient feedback was no longer working at the practice.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Summary of findings

Are services well-led?

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

- The practice had worked to implement the action plan submitted after our previous inspections to address noted concerns.
- Improvement in performance was noted and changes had been made relation to governance. However, some elements of clinical performance and patient satisfaction remained low.
- The practice had reviewed and revised where appropriate its governance and clinical policies and procedures. This included arrangements to monitor and improve quality and identify risk.
- The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- Staff had received inductions, mandatory training and annual performance reviews.
- The practice was aware of the requirements of the duty of candour.
- The practice engaged with, and acted on feedback from, the patient participation group.

Good



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 requires improvement in the key questions of effective and caring. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, with home visits and longer appointments were available for those with enhanced needs.
- The practice maintained a case management register of patients at high risk of admission to hospital.
- The practice maintained a palliative care register and we saw evidence of close working with the local palliative care team, with appropriate information being shared.
- Twelve patients had been identified as being at risk of developing dementia and had received a cognition test or memory assessment in the year.

Requires improvement



People with long term conditions

The practice is rated as requires improvement in the key questions of effective and caring. The concerns which led to these ratings apply to everyone using the practice, including this population group. The practice is rated as inadequate for providing effective care of people with long-term conditions. Published data for 2015/16 showed -

- Performance for diabetes related indicators was 51.8%, compared with the CCG average of 79.7% and the national average of 89.9%.
- Performance for chronic obstructive pulmonary disease related indicators was 48.9%, compared with the CCG average 81.9% and the national average 95.9%.
- Although the practice provided evidence of an improvement in 2016/17, its figures were still below local and national averages, as follows – performance for diabetes related indicators had improved from 51.8% to 60%. Performance for chronic obstructive pulmonary disease related indicators had improved from 48.9% to 74%.

Requires improvement



Summary of findings

Families, children and young people

The practice is rated as requires improvement in the key questions of effective and caring. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice worked closely with health visitors, to identify and follow up children who were at risk.
- Childhood immunisation rates were below the local and national averages. Published data for 2015/16 showed the practice did not attain the target uptake rates for the vaccines given to children aged under-2. The target rate for uptake is 90%, but the practice's results ranged from 60% to 72% for all four sub-indicators. This represented an achievement of 6.5 out of 10, compared with the national average of 9.1 out of 10. For five year olds, the take up rate ranged from 54% to 72%, being below the CCG average of 62% to 70% and the national average of 87% to 93%.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with health visitors and of regular Multi-Disciplinary Team meetings.

Requires improvement



Working age people (including those recently retired and students)

The practice is rated as requires improvement in the key questions of effective and caring. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this group.
- Evening appointments were available until 6.30 pm on most weekday evenings, and until 8.00 pm on Wednesday.
- Telephone consultations with provider were available each day and with the practice nurse three days a week.
- Published data for 2015/16 showed the percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years was 52.9%, compared with the local average of 72.9% and the national average of 81.4%. However, the practice showed us evidence from unpublished figures for 2016/17 that this had improved to 83.4%.

Requires improvement



Summary of findings

- Published data for 2015/16 showed The percentage of patients with physical and/or mental health conditions whose notes record smoking status in the preceding 12 months was 99.7%, compared with the local average of 94.1% and the national average of 94.9%

People whose circumstances may make them vulnerable

The practice is rated as requires improvement in the key questions of effective and caring. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice held registers of patients living in vulnerable circumstances, including a register of homeless patients who could register at the practice address to receive healthcare-related correspondence.
- It maintained a learning disability register of seven patients, five of whom had received an annual health check since last October and one had recently joined the practice list.
- There were double length appointments for patients with learning disabilities.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- 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 and how to contact relevant agencies in normal working hours and out of hours.

Requires improvement



People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement in the key questions of effective and caring. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- Published data for 2015/16 showed performance for mental health related indicators was 45.5%, compared with the CCG average 84.8% and the national average of 86.2%.
- Performance for dementia related indicators was 45.3%, compared with the CCG average of 88% and the national average of 96.6%.

Requires improvement



Summary of findings

- However, the practice was able to provide evidence from unpublished figures of a significant improvement in 2016/17. Performance in respect of mental health had improved from 45.5% to 80%, and in respect of dementia it had improved from 45.3% to 96%.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia. All staff had completed online training relating to the Mental Capacity Act.

Summary of findings

What people who use the service say

The national GP Patient survey results were published July 2017 and recorded results for the period January - March 2017. Some of the results indicated that the practice was performing below CCG and national averages, but others were comparable. There had been 378 survey forms distributed and 99 were returned. This represented approximately 3% of the practice's patient list.

- 75% of patients described the overall experience of this GP practice as good compared with the CCG average of 79% and the national average of 85%.
- 79% of patients described their experience of making an appointment as good compared with the CCG average of 71% and the national average of 73%.
- 62% of patients said they would recommend this GP practice to someone who has just moved to the local area compared with the CCG average of 74% and to the national average of 77%.

We saw that 34 patients had responded to the Friends and Family Test in the six months prior to our inspection. Of those, 24 had stated they were likely to recommend the practice; 10 had expressed no preference and none had said they were unlikely to recommend it.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 12 comments cards which were consistently positive about the standard of care received. One card mentioned a preference for a female GP to be available and two mentioned a long waiting time for an appointment.

We spoke with six patients during the inspection, including a member of the patient participation group. All the patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Areas for improvement

Action the service **MUST** take to improve

- Ensure the care and treatment of patients is appropriate, meets their needs and reflects their preferences.

Action the service **SHOULD** take to improve

- Take steps to improve the take up rate for standard childhood immunisations.

- Consider how patients who wish to see a female practitioner at the practice can do so.
- Take action to improve patients' satisfaction over GP consultations.
- Review record keeping at clinical meetings.

Dr Kandiah Pathmanathan

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team comprised a lead inspector and second inspector, a GP specialist adviser, a practice nurse specialist adviser and a practice manager specialist adviser.

Background to Dr Kandiah Pathmanathan

Dr Kandiah Pathmanathan's practice, also known as the Covent Garden Medical Centre, operates from 47 Shorts Gardens, London WC2H 9AA. The premises are leased from the local authority and occupy the ground floor of a residential block.

The practice provides NHS primary medical services through a General Medical Services (GMS) contract to approximately 2,800 patients. It is part of the NHS Central London (Westminster) Clinical Commissioning Group (CCG) which is made up of 37 general practices. The practice is registered with the CQC to provide the regulated activities Diagnostic and screening procedures, Family planning, Maternity and midwifery services, and the Treatment of disease, disorder or injury.

The patient profile indicates a population of more working age people than the national average, with a particularly high proportion of younger adults. Many of the patients registered with the practice are adults working or studying in the area. There is a lower proportion of families with young children and teenage patients in the area, compared with the national average. The deprivation level for the practice area is slightly above average.

The provider, Dr Pathmanathan, is a sole practitioner, who has operated the practice for over twenty years, originally in partnership with other GPs. He has worked on his own for the last nine years. The provider works ten clinical sessions a week. The practice makes occasional use of locum GPs to cover the provider's absence. A part-time practice nurse, who worked previously at the practice as a locum, was appointed on a contract basis in April 2017 and works seven clinical sessions over three and a half days a week. The administrative team is made up of the practice manager and three receptionists.

The practice's opening hours are -

Monday 8.00 am – 1.00 pm 2.00 pm – 6.30 pm

Tuesday 8.00 am – 1.00 pm 2.00 pm – 6.30 pm

Wednesday 8.00 am – 1.00 pm 5.00 pm – 8.00 pm

Thursday 8.00 am – 1.00 pm 2.00 pm – 6.30 pm

Friday 8.00 am – 1.00 pm 2.00 pm – 6.30 pm

Consultation times are –

Monday 9.00 am – 12.00 noon 3.00 pm – 6.30 pm

Tuesday 9.00 am – 12.00 noon 3.00 pm – 6.30 pm

Wednesday 9.00 am – 12.00 noon 5.30 pm – 8.00 pm

Thursday 9.00 am – 12.00 noon 5.30 pm – 6.30 pm

Friday 8.00 am – 12.00 noon 3.00 pm – 6.30 pm

Appointments with the practice nurse, who works on Monday, Tuesday and Wednesday, begin at 8.30 am and are available up to 6.30 pm. Routine appointments are 10 minutes long, but patients may book double appointments if they have more than one issue to discuss or for reviews of long term health conditions. Home visits are available for patients' whose health conditions prevent them from attending the surgery. Patients who have previously

Detailed findings

registered for the service may book appointments and request repeat prescriptions online. The CCG provides an extended hours service which operates at three locations across Westminster. Patients may book evening (up to 8.00 pm) and weekend appointments with the service by contacting the practice.

The practice is closed at weekends. It has opted out of providing an out-of-hours service. Patients calling the practice when it is closed are connected with the local out-of-hours service provider. There is information given about the out-of-hours provider and the NHS 111 service on the practice website.

Why we carried out this inspection

We carried out an announced comprehensive inspection at Dr Kandiah Pathmanathan's practice on 8 November 2016. The overall rating for the practice was inadequate and the practice was placed in special measures. The full comprehensive report on the November 2016 inspection can be found by selecting the 'reports' link for Dr Kandiah Pathmanathan on our website at <http://www.cqc.org.uk/location/1-497637421>. Following the inspection, the practice engaged consultants and received support and guidance from the Royal College of General Practitioners to bring about improvement in the service.

We served warning notices under Section 29 of the Health and Social Care Act 2008 relating to the practice's failure to comply with Regulation 12 (Safe care and treatment) and 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. After our inspection, the practice sent us a plan of the action it intended to take to improve the quality of care and meet the legal requirements. We undertook a follow up inspection on 18 May 2017, focussing on the concerns set out in the warning notices. Some work had been done by the practice to address the warning notices, but we found other issues of concern, such as the standard of patients' medical record keepings and hospital referrals not being consistently saved onto patients' records. Accordingly, the warning notices remained in place. We resolved to carry out a further comprehensive inspection, but this was deferred, following representations from the Royal College of General Practitioners (RCGP), which had been providing support to the practice due to it being in special measures.

This inspection was undertaken following the period of special measures and was an announced comprehensive inspection on 8 August 2017. It was carried out to review in detail the actions taken by the practice and to establish whether sufficient improvements had been made.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations, such as NHS England, to share what they knew. We carried out an announced visit on 8 August 2017.

During our visit we:

- Spoke with a range of staff, including the provider, practice nurse and practice manager and three members of the administrative team. We also spoke with six 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)

Detailed findings

- 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 comprehensive inspection on 8 November 2016, we rated the practice as inadequate for providing safe services. We had concerns that the practice was not providing safe care and treatment to patients. We identified further concerns at our focussed inspection on 18 May 2017.

We carried out this comprehensive inspection on 8 August 2017 following the period of special measures. We found that the practice had taken appropriate action to address the concerns. The practice is now rated as good for providing safe services.

Safe track record and learning

At our previous inspections the practice's process for reporting and recording significant events had not been robust. At this inspection we saw that the process had been revised, with support from the RCGP, which had been working with the practice since it was placed in special measures.

- Under the process, staff would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. Staff we spoke with were familiar with the process and told us how it was implemented. Any significant events were reviewed at whole team meetings once a month so that learning could be shared. 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.
- From the sample of six documented examples we reviewed, we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, an apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out an analysis of the six significant events and reviewed and discussed them at a meeting of all staff in June 2017, to

establish and monitor trends and evaluate any actions implemented. The significant event protocol that had been introduced since our previous inspection stated that such a review would be done on a quarterly basis.

- We saw evidence that lessons were shared and action was taken to improve safety in the practice. Two issues that we had highlighted during our comprehensive inspection in November 2016 had been addressed and reviewed by the practice as significant events. These had resulted in revised procedures being introduced. One related to the monitoring of patients prescribed high risk drugs like Methotrexate and Lithium. The review highlighted the need for patients' blood results to be monitored on a regular basis, at least every three months, before repeat prescriptions are issued. We saw that the practice had revised its repeat prescribing protocol to ensure that this was done. The other was regarding a noted delay in reviewing pathology results and had again resulted in a revised procedure to check and action pathology reports on a daily basis. The provider had also undertaken an audit of test results filing in April 2017 (184 results) and May 2017 (188 results), which confirmed that all had been reviewed and actioned appropriately. In addition, we saw the record of significant event in June 2017, when an adult patient had been given child's dose of vaccine. The packaging for both adult and child doses were near identical. As a result the practice had introduced a system whereby child dose packages were additionally marked and highlighted by the nurse upon delivery. The patient in question was contacted and given an explanation and an apology.
- There was a procedure for dealing with safety alerts. We saw that safety alerts were received and passed on to clinical staff by the practice manager. All alerts were saved on the practice's shared drive and a separate hard copy file was maintained. We were shown a recent example from July 2017 of an alert issued by the Medicines and Healthcare products Regulatory Agency regarding oxygen masks with possible faulty tubing. We spoke separately with the practice nurse who confirmed they had been made aware of the alert under the outlined procedure. The provider told us that alerts were discussed at clinical meetings, but the meetings were not formally minuted.

Overview of safety systems and processes

Are services safe?

At our inspection in November 2016, we had found no evidence of regular blood tests being carried out to ensure that patients were being prescribed high risk medication safely. At this inspection, we saw the practice had revised its repeat prescribing protocol. We reviewed in total 25 sets of patients' healthcare records. The records confirmed that appropriate monitoring was being done.

We had previously noted from a review of patients' records that they contained very limited medical histories, notes of consultations or appropriate Read codes. We also saw that hospital referral letters were not consistently copied onto patients' records and some, being handwritten, contained very little information regarding symptoms and possible diagnoses. At this inspection, the provider showed us an audit of clinical records carried out in April and May 2017, following discussion with the RCGP. This had led to the provider using a checklist template to monitor and improve on record keeping. From our review of patients' records we saw they now contained sufficient information and appropriate coding. We reviewed 10 examples of hospital referral letters and saw they contained sufficient information regarding the patients' consultation and the issues giving rise to the referral. The provider no longer wrote letters by hand, but used the templates available on the clinical system, which saved directly onto patients' records. From our review of the records, we found no evidence of any inconsistencies.

The practice had revised or put in place systems, processes and practices to minimise risks to patient safety, for example relating to safeguarding vulnerable adults and child protection.

- Arrangements for safeguarding reflected relevant legislation and local requirements. The provider was the safeguarding lead. Policies had been reviewed since our last comprehensive inspection and were accessible to all staff in a single location on the shared drive. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. We saw that appropriate coding was used on the clinical records system to alert staff of safeguarding concerns. The provider attended quarterly locality safeguarding meetings and, when possible, meetings to discuss particular cases. Reports for other agencies were provided where necessary.
- Staff we interviewed demonstrated they understood their responsibilities regarding safeguarding. With the

exception of one newly appointed member of staff, all had received appropriate recent training or refreshers on safeguarding children and vulnerable adults relevant to their role. Staff were trained to levels appropriate to their roles: the provider was trained to safeguarding level 3; the practice nurse to level 2 and the administration staff to level 1.

- The practice's chaperone policy was regularly reviewed, most recently in June 2017. A notice in the waiting room advised patients that chaperones were available if required. Appropriate coding was maintained on patients' records when a chaperone had been offered, was present, or had been refused. We saw that all staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

We saw the premises were clean and tidy. We noted that cleaning was carried out in accordance with agreed written daily schedules, which were monitored and logged. The cleaning contractor had recently been changed, when staff had noted some concerns with the cleaning standards. A deep clean was carried out every three months. The practice nurse was the lead for infection prevention and control issues. An infection prevention and control audit had been carried out in February 2017, with issues being noted and actioned appropriately. The audit was due to be repeated in August 2017, with the infection prevention and control policy being reviewed at the same time. All staff had up to date training relevant to their role. There were appropriate arrangements for the management and disposal of clinical waste; clinical bins were correctly assembled and dated and were not over-full. There was guidance on actions to be taken in the event of sharps injuries posted in the consultation rooms. The practice had a spillage kit, with staff being trained in its use and written guidance was available in hard copy and on the shared drive. There was a sufficient supply of personal protective equipment, such as gloves, aprons and face masks. All medical instruments were single-use and we found none that were past their expiry dates. Equipment, such as the spirometer and nebuliser, were checked and cleaned after use and in accordance with a weekly written checklist.

Are services safe?

Curtains in consultation rooms had a note affixed of when they were put up, so they could be replaced every six months. The practice maintained a record of staff members' Hepatitis B immunisation status.

There were arrangements for managing medicines, including emergency medicines and vaccines, to minimise risks to patient safety, including obtaining, prescribing, recording, handling, storing, security and disposal. We saw that the practice had worked with the RCGP and its consultants to revise the repeat prescribing protocols, including those relating to high risk medicines. The practice manager demonstrated how the practice ran weekly searches of patients prescribed high risk medicines to ensure their care was appropriately monitored. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice worked with the local pharmacist team and monitored guidance to ensure that prescribing was done safely and appropriately. A system of securely managing and monitoring blank prescription forms and pads had been introduced since our last comprehensive inspection. The practice used Patient Group Directions (PGDs) to allow the practice nurse 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. We reviewed the PGDs and found them to be in order.

We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Monitoring risks to patients

There were appropriate procedures for assessing, monitoring and managing risks to patient and staff safety. A named member of staff had been given responsibility for health and safety at the practice and they and the practice manager had received specialised training.

- There was a health and safety policy available and a general health and safety risk assessment had been completed in May 2017. We saw that a monthly check was also done to assess health and safety risks.

- A fire risk assessment for the premises had been completed in March 2017, which involved the checking of firefighting equipment and emergency lighting. We saw evidence of fire drills being carried out regularly. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises. All staff were up to date with annual fire awareness training.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and one relating to legionella, which had been carried out in February 2017. Legionella is a term for a particular bacterium which can contaminate water systems in buildings. Under the legionella management plan, water temperature was monitored and samples were regularly analysed.
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. We saw the practices' holiday cover policy and there was a rota system, prepared up to a month in advance to ensure enough staff were on duty to meet the needs of patients.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All but one new member of staff had received annual basic life support training. The new staff member was scheduled to complete the full safeguarding e-learning module shortly. The practice had obtained a defibrillator since the last comprehensive inspection and staff had been trained in its use. The practice had an emergency oxygen supply, with adult and children's masks. The equipment was monitored on a weekly basis and a log maintained.

Are services safe?

- 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. Supplies were monitored and logged. A first aid kit and an accident book were available.
- The practice had a business continuity plan for major incidents such as power failure or building damage. The

plan, which had been reviewed and revised since our last comprehensive inspection, included emergency contact numbers for staff contractors and utilities providers. There were arrangements in place with a nearby buddy practice for the service to relocate in the event the premises were unusable.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous comprehensive inspection on 8 November 2016, we rated the practice as inadequate for providing effective services. We had found: patients' care and treatment did not consistently reflect current evidence-based guidelines; limited clinical audit; limited record keeping; below average patient outcomes; and staff unable to make effective use of the practice's clinical system.

At this inspection, we found that the practice had taken steps to address the concerns relating to treatment being provided in accordance with evidence-based guidelines, carrying out clinical audits, recording of MDT meetings, and staff training. However, data showed that although improvements had been made, its clinical performance remained below local and national averages. The practice is now rated as requires improvement for providing effective services.

Effective needs assessment

We saw that a desktop icon had been set up in staff members' computers to access NICE guidelines. The provider told us of example guidelines relating to diabetes and asthma care which had recently been reviewed at a clinical meeting. However, the meeting had not been minuted. The provider showed us two completed cycle clinical audits, relating to diabetic foot checks and patients with hypertension, which had been carried out following of review of NICE guidelines.

Management, monitoring and improving outcomes for people

Further staff training in using the clinical computer system had been provided in accordance with the practice's action plan. The provider and practice manager demonstrated how they ran searches of patients with particular healthcare issues, for instance those prescribed high risk medicines, such as Lithium.

The practice manager also demonstrated how the clinical system was used to extract and monitor performance data, such as current Quality and Outcomes Framework (QOF) figures. QOF is a system intended to improve the quality of general practice and reward good practice. The practice used information collected for QOF and data relating to its performance in national screening programmes to monitor

outcomes for patients. The most recently published results for the practice were those relating to 2015/16, which we had reviewed at the last comprehensive inspection in November 2016, and showed it had achieved 68.4% of the total number of points available, being 19.5% below the CCG Average and 27% below the national average. The practice's clinical exception rate was 6.8%, being 3.1% below the CCG Average, and 3% below the national average. 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 data from 2015/16 showed the practice was performing below local and national averages for most clinical domains, for example –

- Performance for diabetes related indicators was 51.8%, compared with the CCG average of 79.7% and the national average of 89.9%. The exception reporting rate for the practice was 5.6% compared with CCG average of 11.3% and the national average of 11.6%.
- Performance for hypertension related indicators was 93%, being 0.4% above the CCG average and 4.3% below the national average. The exception reporting rate for the practice was 2.9% compared with CCG average of 4.2% and the national average of 3.9%.
- Performance for chronic obstructive pulmonary disease related indicators was 48.9%, compared with the CCG average 81.9% and the national average of 95.9%. The exception reporting rate for the practice was 11.7% compared with CCG average of 12.8% and the national average of 13%.
- Performance for mental health related indicators was 45.5%, compared with the CCG average 84.8% and the national average of 86.2%. The exception reporting rate for the practice was 4.8% compared with CCG average of 9.1% and the national average of 11.3%.
- Performance for dementia related indicators was 45.3%, being 42.7% compared with the CCG average of 88% and the national average of 96.6%. The exception reporting rate for the practice was 0% compared with CCG average of 14.9% and the national average of 12.7%.

At this inspection we were able to review more recent data with the practice. This was the unpublished results for the year 2016/17, which indicated that the practice had made

Are services effective?

(for example, treatment is effective)

significant overall improvement, achieving 82.6%, an increase of 14% from 2015/16, although it remained below published local and national averages for 2015/16. Specific examples of include -

- Performance for diabetes related indicators had improved from 51.8% to 60%
- Performance for hypertension related indicators had improved from 93% to 96%
- Performance for chronic obstructive pulmonary disease related indicators had improved from 48.9% to 74%
- Performance for mental health related indicators had improved from 45.5% to 80%
- Performance for dementia related indicators had improved from 45.3% to 96%

There was evidence of quality improvement including clinical audit. We were shown evidence of four completed two-cycle audits having been carried out in the past 12 months, with another three cycle audit in progress. These included audits of care provided to patients with diabetes and hypertension. The diabetes audit results showed that the number of patients who had received a foot examination had increased from 48% in July 2016 to 77% in May 2017. This was still below the target of 90% and the practice had recorded appropriate reflection on the results and produced action plans to improve performance.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, we saw evidence that the provider had undertaken recent training on adult malnutrition and the practice nurse had undertaken refresher training in cytology.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing training in the use of the practice's clinical system, which had been

a concern previously. Staff showed how they used the system to run searches and monitor performance data. All staff had received an appraisal within the last 12 months.

- Staff received training via e-learning modules that included safeguarding, fire safety awareness, basic life support and information governance. The e-learning system was used to monitor when refresher courses were due.

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.
- We reviewed a number of patients' healthcare records and found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Information was shared between services, with patients' consent, using a shared care record. We saw evidence of monthly meetings with district nurses and the local care co-ordinator at which care plans were routinely reviewed and updated for patients with complex needs. We also saw that the provider had regular telephone conferences with the local palliative care team. We noted that the standard of recording these meetings had improved since our last comprehensive inspection.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

We saw evidence that the practice followed up patients discharged from hospital. The provider contacted the patient by phone and recorded the call on the patient's record.

Consent to care and treatment

Are services effective?

(for example, treatment is effective)

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. Clinical staff had received relevant update training.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example, patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.

The available published data relating to 2015/16 showed the practice's uptake for the cervical screening programme had been 52.9%, compared with the CCG average of 72.9% and the national average of 81.4%. At the time, the practice did not have any female clinicians and patients not wishing to have their tests carried out there were referred to a nearby family planning and sexual health clinic as an alternative. However, the practice was subsequently able to appoint a nurse and later had a regular female locum GP, who could carry out the screening. It showed us unpublished data for the year 2016/17 which confirmed a

significant improvement in uptake to 83.4%. There were failsafe systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for breast and bowel cancer. For example, the practice's take up rate for female patients aged 50-70, who had been screened for breast cancer in last 36 months was 57%; the rate for patients aged 60-69, screened for bowel cancer in last 30 months was 40%. Both these results were the same as the CCG averages.

Childhood immunisations were carried out in line with the national childhood vaccination programme. The practice had comparatively few children on its register – 11 children aged under-2 years and 13 children under-5. Published data for 2015/16 showed the practice did not attain the target uptake rates for the vaccines given to children aged under-2. The target rate for uptake is 90%, but the practice's results ranged from 60% to 72% for all four sub-indicators. This represented an achievement of 6.5 out of 10, compared with the national average of 9.1 out of 10. For five year olds, the take up rate ranged from 54% to 72%, being below the CCG average of 62% to 70% and the national average of 87% to 93%.

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

Are services caring?

Our findings

At our previous comprehensive inspection on 8 November 2016, we rated the practice as requires improvement for providing caring services. We had found that evidence from the GP patient survey indicated a decline in patients' satisfaction from the previous year and in most cases showed the practice was performing below average.

At this inspection, data from the Friends and Family Test and feedback we received from patients was positive, indicating a general satisfaction with the service. We noted that there had been an improvement in GP patient survey results relating to nurse consultations. However, results for GP consultations had fallen and remained below CCG and national averages. These related particularly to GPs treating patients with care and concern and explaining tests and treatments. The practice is still rated as requires improvement for providing caring services.

Kindness, dignity, respect and compassion

During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 12 patient comment cards we received were very positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. One patient mentioned that they would like to have appointments available with a female GP. Following our previous comprehensive inspection and similar patient feedback in the past, the practice had appointed a female locum GP who working regular sessions at the time of our last inspection in May, but she had since left. We were told that locums were now only used to cover the provider's planned absences, which were few.

We spoke with six patients, including a member of the patient participation group. All told us they were very satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the 2017 national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice's satisfaction scores on GP consultations were below CCG and national averages, although those relating to nurse consultations were above average. Some scores for GP consultations had dropped since last year, whilst one had improved, remaining below the CCG and national averages. For example -

- 81% of patients said the GP was good at listening to them, compared with the CCG average of 85% and the national average of 89%. (Down from 83% in the 2016 results)
- 77% of patients said the GP gave them enough time, compared to the CCG average of 80% and the national average of 86%. (Down from 83%)
- 92% of patients said they had confidence and trust in the last GP they saw, compared to the CCG average of 93% and the national average of 95% (Up from 90%)
- 69% 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 86%. (Down from 72%)
- 87% of patients said the nurse was good at listening to them, compared with the CCG average of 86% and the national average of 91%.
- 90% of patients said the nurse gave them enough time, compared with the CCG average of 87% and the national average of 92%.
- 100% of patients said they had confidence and trust in the last nurse they saw, compared with the CCG average of 96% and the national average of 97%.
- 86% of patients said the last nurse they spoke to was good at treating them with care and concern, compared the CCG average of 85% and to the national average of 91%.
- 88% of patients said they found the receptionists at the practice helpful, compared to the CCG average of 84% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Are services caring?

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

Results from the national GP patient survey showed patients responded relatively positively to questions about their involvement in planning and making decisions about their care and treatment. Although some results had improved since last year, those in respect of GP consultations were below local and national averages, whilst for nurse consultations they were comparable. For example:

- 71% of patients said the last GP they saw was good at explaining tests and treatments, compared with the CCG average of 83% and the national average of 86%. (Up from 62%)
- 70% of patients said the last GP they saw was good at involving them in decisions about their care, compared to the CCG average of 78% and the national average of 82%. (Down from 72%)
- 84% of patients said the last nurse they saw was good at explaining tests and treatments, compared with the CCG average of 85% and the national average of 90%.
- 80% of patients said the last nurse they saw was good at involving them in decisions about their care, compared to the CCG average of 78% and the national average of 85%

We saw that 34 patients had responded to the Friends and Family Test in the six months prior to our inspection. Of those, 24 had stated they were likely to recommend the practice; 10 had expressed no preference and none had said they were unlikely to recommend it.

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

- Staff told us that interpreting services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. There was also a number of multi-lingual staff who might be able to support patients.
- The NHS e-Referral Service, formerly called Choose and Book, was used with patients as appropriate. This service gives patients a choice of place, date and time for their first outpatient appointment in a hospital.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 39 patients as carers (1.4% of the practice list). Written information was available inviting carers to discuss any concerns with the practice manager and to direct them to the various avenues of support available. Carers were offered timely and appropriate support, such as flu vaccinations at the beginning of winter.

Staff told us that if families had experienced bereavement, the provider contacted them or the practice sent them a sympathy card. A consultation at a flexible time and location was offered to provide advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous comprehensive inspection on 8 November 2016, we rated the practice as requires improvement for providing responsive services. There were delays obtaining routine appointments; a lack of clarity with the appointments system; and the needs of the patients were not fully taken into account in planning services.

We carried out this comprehensive inspection on 8 August 2017 following the period of special measures. We found that sufficient improvements had been made. The practice is now rated as good for providing responsive services.

Responding to and meeting people's needs

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

- Appointments with the provider were available until 6.30 pm on Monday, Tuesday, Thursday and Friday. This was extended on Wednesday until 8.00 pm for patients who could not attend during normal opening hours.
- Standard appointments were 10 minutes long, but double appointments could be booked if patients had more than one issue to discuss.
- A number of daily slots were kept free for emergency appointments.
- 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 meant it was difficult for them to attend the surgery.
- Patients who had previously registered for the service could book appointments and order repeat prescriptions online.
- The premises were suitable for patients with mobility issues, with ramp access for wheelchair users and patients with prams. There was a disabled toilet and baby-changing facilities were available.
- There was a hearing loop for patients with hearing impairment.

Access to the service

The practice's opening hours were -

Monday 8.00 am – 1.00 pm 2.00 pm – 6.30 pm

Tuesday 8.00 am – 1.00 pm 2.00 pm – 6.30 pm

Wednesday 8.00 am – 1.00 pm 5.00 pm – 8.00 pm

Thursday 8.00 am – 1.00 pm 2.00 pm – 6.30 pm

Friday 8.00 am – 1.00 pm 2.00 pm – 6.30 pm

Consultation times were –

Monday 9.00 am – 12.00 noon 3.00 pm – 6.30 pm

Tuesday 9.00 am – 12.00 noon 3.00 pm – 6.30 pm

Wednesday 9.00 am – 12.00 noon 5.30 pm – 8.00 pm

Thursday 9.00 am – 12.00 noon 5.30 pm – 6.30 pm

Friday 8.00 am – 12.00 noon 3.00 pm – 6.30 pm

Patients could also request telephone consultations with clinicians. Patients who had previously registered for the service could book appointments and request repeat prescriptions online. The CCG provided an extended hours service which operated at three locations across Westminster. Patients could book evening (up to 8.00 pm) and weekend appointments with the service by contacting the practice.

The practice closed at weekends. It had opted out of providing an out-of-hours service. Patients calling the practice when it is closed were connected with the local out-of-hours service provider. There was information given about the out-of-hours provider and the NHS 111 service on the practice website.

The practice occupies the ground floor of a residential block, with step-free access from the street. There were appropriate facilities for patients with disabilities, including a hearing loop and a room available for nursing mothers.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was generally above local and national averages and had in some instances improved from last year. Where the practice's scores had gone down, they remained above local and national averages. For example -

- 75% of patients were satisfied with the practice's opening hours, compared with the CCG average of 73% and the national average of 76%.
- 93% of patients said they could get through easily to the practice by phone, compared to the CCG average of 83% and the national average of 71%.

Are services responsive to people's needs?

(for example, to feedback?)

- 81% of patients were able to get an appointment to see or speak to someone the last time they tried, compared with the CCG average of 83% and the national average of 84%.
- 93% of patients said their last appointment was convenient, compared with the CCG average of 76% and the national average of 81%.
- 79% of patients described their experience of making an appointment as good, compared with the CCG average of 71% and the national average of 73%.
- 49% of patients said they don't normally have to wait too long to be seen, compared with the CCG average of 53% and the national average of 58%.

All the patients we spoke with, and most of those who completed comments cards, told us that they were able to get appointments when they needed them. Two of the cards mentioned a long waiting time for an appointment. Two patients told us that appointments occasionally ran late, but that they were kept informed by reception staff. Patients said that phones were answered quickly and politely. One card mentioned a preference for a female GP to be available. Following feedback from the PPG, the practice had previously employed a female GP for a number of weekly clinical sessions, but the GP had left since our last inspection in May 2017.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. For example posters were displayed in the reception area, together with leaflets and information was provided on the practice website.

We saw there had been two patient complaints received in the last 12 months. These were satisfactorily handled, dealt with in a timely way, with openness and transparency. We saw evidence that the complaints had been investigated and reviewed at full staff meetings, so that learning points could be shared. The patients were given full explanations of events and appropriate apologies. Patients we spoke with were aware of the practice's complaints procedure, but none had had reason to use it.

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 comprehensive inspection on 8 November 2016, we rated the practice as inadequate for providing well-led services. The delivery of high-quality care was not assured by the governance arrangements in place. The practice sent us a plan of the action it intended to meet the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We carried out this comprehensive inspection on 8 August 2017 following the period of special measures. We found that the practice had implemented the actions set out in its action plan and addressed the concerns we had highlighted previously. However, although some improvement in clinical performance was noted, care relating to patients with long term conditions remained below average. The improvement and changes made in respect of governance need to be embedded and sustained. GP patient survey results showed that satisfaction with GP consultations had fallen since the last survey and remained below local and national averages. The practice is now rated as good for providing well-led services.

Vision and strategy

The practice's statement of purpose which had been revised since our comprehensive inspection in November 2016. It set out the practice's vision to deliver quality care and promote good outcomes for patients. Staff we spoke with knew and understood the practice's values and it was clear that they had worked well together to address the concerns we had noted at our previous inspections.

Governance arrangements

The practice had put in place a governance framework which served to support its aims and objectives and to improve performance and quality of care.

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. Staff had lead roles in key areas such as safeguarding, infection prevention and control, and health and safety.
- Practice-specific policies had been reviewed and implemented and were available to all staff, centrally located on the computer's shared drive.

- We saw that following further training being provided, staff were able to make use of administrative tools and systems to maintain an understanding of the performance of the practice. Clinical meetings were held weekly and full staff meetings once a month.
- A programme of clinical and internal audit had been introduced and was used to monitor quality and to make improvements.

Leadership and culture

Staff told us the provider and practice manager were approachable and always took the time to listen to them. We saw evidence from meetings that all staff were involved in discussions regarding practice issues. Staff told us they had the opportunity to raise any issues at team meetings and felt confident in doing so. Staff said they felt respected, valued and supported and all spoke positively about working with colleagues and the culture at the practice. Following our last comprehensive inspection, the provider had arranged additional mentoring and support for staff, via the Local Medical Committee and GP Federation.

The practice was aware of and had systems to ensure compliance with the requirements of the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. The practice encouraged a culture of openness and honesty. We found that the practice had systems to ensure that when things went wrong with care and treatment:

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

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from patients via the patient participation group (PPG), and from complaints and suggestions it received. It monitored the results of the Friend and Family Test and invited suggestions on its website. There were also suggestions boxes in the waiting area.

We spoke with a member of the PPG, who was very positive regarding the practice's engagement with the group. The PPG was made up of 40 patients and met twice a year,

Are services well-led?

Good 

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

usually with around 12 - 15 patients attending. The provider and various staff members attended the meetings. We saw from minutes of PPG meetings that it had submitted proposals for improvements, which the practice had acted upon. For example, we saw there had been discussion regarding the recorded telephone answering message, which was thought to be overly-long. This had been replaced by the practice in accordance with the PPG's suggestion.

Staff members were able to provide feedback through staff meetings, appraisals and discussion. They said the provider and practice manager had an open door policy, to discuss any concerns or suggestions staff might have.

Continuous improvement

We found that the practice had responded well to address our past concerns. We spoke with staff members at all levels and they were committed to continuing the learning and improving the service.

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 Treatment of disease, disorder or injury	<p>Regulation 9 HSCA (RA) Regulations 2014 Person-centred care</p> <p>The care and treatment of service users must be appropriate, meet their needs, and reflect their preferences.</p> <p>How the regulation was not being met:</p> <p>Care and treatment was not being designed with a view to achieving service user preferences or ensuring their needs were met. In particular, outcomes for patients with long term conditions, such as diabetes and chronic obstructive pulmonary disease remained significantly below local and national averages.</p> <p>This was in breach of regulation 9 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>