

# Conway PMS

## 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?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Requires improvement	
Are services well-led?	Good	

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We previously carried out an announced comprehensive inspection of Conway PMS on 2 February 2016. The overall rating was inadequate and the practice was placed in special measures.

We then carried out a follow up announced comprehensive inspection on 13 December 2016. We found that insufficient improvements had been made and the overall rating for the practice remained as inadequate. The practice remained in special measures for a further period.

The full comprehensive reports for both these inspections can be found by selecting the 'all reports' link for Conway PMS on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was undertaken following the period of special measures and was an announced comprehensive follow up inspection carried out on 13 September 2017 to check that the provider had made all necessary improvements to meet the required regulations. The

benefits of the changes and additions made to the management and leadership team within the practice were evident from the significant improvements made. Overall the practice is now rated as good.

Our key findings were as follows:

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- The practice had systems in place to minimise risks to patient safety.
- The most recent data for the Quality and Outcomes Framework showed that most patient outcomes were comparable with local and national averages.
- Childhood immunisation rates were slightly below the national target rate.
- Staff were aware of and had access to current evidence based guidance.
- Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.

# Summary of findings

- Results from the national GP patient survey and feedback from people we spoke to showed that patients were treated with dignity and respect and felt they were involved in decisions about their care and treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients we spoke with said they sometimes found it difficult to make an appointment with a GP. Patient satisfaction rates from the latest GP patient survey were below average for indicators regarding access to GP appointments. However, urgent appointments were usually available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

There were areas of practice where the provider should make improvements:

- The provider should continue to monitor patient satisfaction with regards to access to appointments, and implement improvements as required.
- The provider should continue to monitor uptake rates for childhood immunisation and national screening programmes and implement strategies to improve uptake rates as required.

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.

- Staff understood their responsibilities to raise concerns and report incidents and near misses. There was an effective system for reporting and recording significant events. Lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong, patients were given truthful information and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- Staff understood their responsibilities in relation to reporting safeguarding concerns and had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.
- Safety alerts such as those received from MHRA were actioned by the lead GP and cascaded as appropriate.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were comparable to the local and national average.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of regular appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.

Good



### Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice comparable to others for all aspects of care and consultations with GPs and nurses and encounters with receptionists. Satisfaction rates had improved from the previous year.

Good



# Summary of findings

- Survey information also showed that patients felt they were involved in decisions about their care and treatment.
- Information for patients about the services offered was available.
- Staff treated patients with kindness and respect and maintained patient and information confidentiality.
- The provider had identified more than 2% of its patient list as carers.
- Patient identifiable information was securely stored.

## Are services responsive to people's needs?

The practice is rated as require improvement for providing responsive services.

- Data from the national GP patient survey published in July 2017 showed that ratings for access to appointments were below the local and national averages. Feedback from some patients at the inspection supported this.
- The practice had installed a new telephone system and introduced additional appointments and pre-bookable telephone consultations in an attempt to alleviate the problems regarding access to GP appointments.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders as necessary.

Requires improvement



## Are services well-led?

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

- The practice had a clear vision to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. Staff reported that the presence of the new GP partner and new practice manager had improved the leadership structure within the practice.
- The practice had policies and procedures to govern activity and held regular staff meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received annual performance reviews and attended staff meetings and training opportunities.

Good



# Summary of findings

- The provider was aware of the requirements of the duty of candour. In examples we reviewed we saw evidence that the practice complied with these requirements.
- The management encouraged a culture of openness and honesty. The practice had systems for reporting safety incidents and sharing information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.
- The provider recognised the issues regarding appointment access and was reviewing ways to address this.
- There was a focus on continuous learning and improvement at all levels. Staff training was a priority and was built into staff rotas.
- Appropriate action had been taken to address or improve areas where performance was below average.

# Summary of findings

## The six population groups and what we found

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

### Older people

The practice is rated as good for the care of older people.

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs.
- Older patients were reviewed following discharge from hospital and ensured that their care plans were updated to reflect any extra needs.
- The practice identified, at an early stage, older patients who needed palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- Older patients were provided with health promotion advice and support to help them to maintain their health and independence for as long as possible.
- The practice engaged with the Greenwich Coordinated Care Team which provided a multidisciplinary approach to patients with complicated or enhanced need.

Good



### People with long term conditions

The practice is rated as good for the care of people with long-term conditions.

- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority. Respiratory clinics and Diabetic clinics (including the initiation of insulin) were held weekly by the specialist practice nurse.
- The Quality and Outcomes Framework performance rates for indicators related to long-term conditions were comparable with local and national averages.
- The practice followed up patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There was a system to recall patients for a structured annual review to check their health and medicines needs were being met.

Good



# Summary of findings

- For those patients with the most complex needs, the practice staff worked with relevant health and care professionals to deliver a multidisciplinary package of care.

## Families, children and young people

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

- There were systems in place to identify and follow up children who were at risk, for example, children and young people who had a high number of accident and emergency attendances.
- Immunisation rates were slightly below the national target for standard childhood immunisations.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives and health visitors to support this population group. For example, in the provision of ante-natal and post-natal care and child health surveillance clinics.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.

Good



## Working age people (including those recently retired and students)

The practice is rated as good for the care of working age people (including those recently retired and students).

- The needs of this population group had been identified and the practice offered extended opening hours in the morning and evening on several days a week to offer more convenient appointments for working patients.
- The practice was proactive in offering online services such as booking appointments and ordering repeat prescriptions.
- A full range of health promotion and screening was available.
- The practice offered pre-bookable telephone consultations which were helpful to working people.

Good



## People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.

Good





# Summary of findings

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable. The Practice Nurse was attending the Macmillan cancer care course in order to enhance the end of life care provided by the practice.
- Longer appointments were available for patients as required.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- Patients were given information about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

## People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- The practice carried out advance care planning for patients living with dementia.
- Patients at risk of dementia were identified and offered an annual assessment: 83% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months. This was comparable to the local and national average.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Information was available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- A system was in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia. All administrative staff had undergone dementia awareness training.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results published in July 2017 reported the response rates to surveys sent to patients in January 2017.

The results showed that the practice performance was comparable to others for consultations with GPs and nurses. However, the satisfaction rates were below the local clinical commissioning group (CCG) and national averages for access to GP appointments. 384 survey forms were distributed and 99 were returned. This represented a response rate of 26% (2.3% of the practice's patient list).

- 74% of patients described the overall experience of this GP practice as good compared with the CCG average of 81% and the national average of 85%.
- 51% of patients described their experience of making an appointment as good compared with the CCG average of 69% and the national average of 73%.
- 66% 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 the national average of 77%.

We spoke with patients at both the main and branch sites during the inspection. All 15 patients we spoke to said they were satisfied with the care they received and thought staff were approachable, committed and caring. The only negative issues raised regarded difficulty accessing appointments.

Results of the monthly Friends and Family survey were reviewed regularly by the provider. Recent survey results showed that the majority of patients would recommend the practice to friends and family:

- July 2017 (333 patients surveyed – 48 responses) – 83% of patients were likely to recommend the practice.
- August 2017 (421 patients surveyed – 140 responses) – 76% of patients were likely to recommend the practice.
- September 2017 (391 patients surveyed – 84 responses) – 82% of patients were likely to recommend the practice.

## Areas for improvement

### Action the service SHOULD take to improve

- The provider should continue to monitor patient satisfaction with regards to access to appointments and implement improvements as required.
- The provider should continue to monitor uptake rates for childhood immunisation and national screening programmes and implement strategies to improve uptake rates as required.

# Conway PMS

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

a Care Quality Commission (CQC) lead Inspector. The team included a second CQC Inspector, a GP Specialist Advisor, a Practice Manager Specialist Advisor and an Expert by Experience.

### Background to Conway PMS

Conway PMS is based at 44 Conway Road, Plumstead, SE18 1AH. They also provide services from a smaller branch surgery at 142-146 Bellegrove Road, Welling, DA16 3QR, (two miles from the main surgery). Greenwich Clinical Commissioning Group (CCG) are responsible for commissioning services for patients of this practice.

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

Conway PMS operates under a Personal Medical Services (PMS) contract providing services to 4,430 registered patients. (PMS contracts are local agreements between NHS England and a GP practice. They offer local flexibility compared to the nationally negotiated General Medical Services (GMS) contracts by offering variation in the range of services which may be provided by the practice). The practice provides a number of enhanced services. (Enhanced services require an enhanced level of service provision above what is normally required under a core GP contract).

The surgery is based in an area with a deprivation score of 6 out of 10 (with 1 being the most deprived and 10 being the least deprived). The practice age distribution has a much higher than average number of patients in the 0 to 4 year age group and the 25 to 35 year age group.

The provider is currently registered with the CQC as a partnership of two partners. One partner is a pharmacist and the other a GP. Neither partner provides clinical services to patients at the practice. At the time of the inspection the provider had appointed a third partner to the practice and they were awaiting the decision from the CCG to confirm that their application to add the partner had been successful. We were informed shortly after the inspection that the partnership application had been agreed. The provider was in the process of submitting the appropriate application to the CQC to amend their registration accordingly.

GP sessions are provided by the new GP Partner (10.5 hours a week) and four locum GPs (three male and one female) providing a total of 36.5 hours a week.

Clinical services were also provided by a locum Nurse Practitioner (28 hours a week); a salaried Practice Nurse (22 hours a week) and a locum specialist diabetes and respiratory nurse (8 hours a week).

Administrative services were provided by a full time Practice Manager and six reception/administrative staff (143.5 hours a week).

The main site operates over two floors of a converted house providing ground floor waiting area, reception office, two consulting/treatment rooms and a patient toilet. A third consulting/treatment room and staff rooms are on the top floor. There is wheelchair access throughout the ground floor and baby changing facilities available.

The branch site operates from a one storey property that is shared with two private medical practices. At the branch

# Detailed findings

surgery there are two consulting/treatment rooms and a small reception office and waiting area. A wheelchair accessible patient toilet with baby changing facilities is shared with the two private practices on the same premises.

At the main surgery in Plumstead, reception is open from 8am to 7.30pm Monday, Tuesday, Wednesday and Friday and from 8am to 2pm on Thursday. At the branch surgery in Welling, reception is open from 9am to 2pm and 3.30pm to 7.30pm Monday, Tuesday and Friday; from 9am to 2pm on Wednesday and from 9am to 7.30pm on Thursday. Telephone lines are open from 8am to 6.30pm Monday to Friday.

Appointments with a GP are available at the main site from 7am to 5pm on Monday; from 3.30pm to 7pm on Tuesday; from 9.30am to 1.30pm on Wednesday and from 3.30pm to 7pm on Friday. Appointments at the branch site are available from 9.30am to 1.30pm on Tuesday; from 9.30am to 1.30pm and 3.30pm to 7pm on Thursday and from 9.30am to 1.30pm on Friday.

Appointments are available with a Nurse Practitioner at the main site from 8am to midday on Tuesday and Thursday and from 2.30pm to 6.30pm on Wednesday and at the branch site from 9.30am to 1.30pm and 2.30pm to 6.30pm on Monday; from 2.30pm to 6.30pm on Tuesday and from 9.30am to 1.30pm on Wednesday.

Urgent appointments and telephone consultations with a GP were available during these times.

Practice Nurse appointments are available at the main site from 8am to 1pm and 4pm to 7pm on Monday; from 8am to 11.30am on Tuesday and from 8am to 4pm on Friday and at the branch site from 9am to 1.30pm on Monday and from 9am to 12.30pm on Tuesday.

Patients also have access to GP services out of hours at the two GP Access Hubs which are open on Saturday from 9am to 5pm; Sunday from 9am to 1pm and Monday to Friday from 4.30pm to 8pm (by appointment only). Appointments are booked via the surgery or through NHS 111. GPs are able to book advance appointments for their patients on Saturday and Sunday on the same day for weekday evening appointments. Patients are seen by a Greenwich GP with access to their GP medical records. Details of patient consultations are recorded directly onto the patient's registered GP's records. Both Access Hub sites were four miles from the surgery.

When the surgery is closed urgent GP services are available via NHS 111.

## Why we carried out this inspection

As part of our regulatory functions we undertook this announced comprehensive inspection of Conway PMS on 13 September 2017 under Section 60 of the Health and Social Care Act 2008. This was a follow-up to the two previous inspections carried out on 2 February 2016 and 13 December 2016.

We initially carried out an announced comprehensive inspection on 2 February 2016. The overall rating for the inspection was inadequate and the practice was placed in special measures in September 2016. The rating for the safe, responsive and well-led key questions was inadequate and the rating for the effective and caring key questions was requires improvement.

We then carried out an announced follow-up comprehensive inspection on 13 December 2016. As insufficient improvements had been made, the overall rating of inadequate remained and the rating for all key questions was inadequate. The practice remained in special measures.

We undertook this further announced follow-up comprehensive inspection of Conway PMS on 13 September 2017. This inspection was carried out following the period of special measures to ensure improvements had been made and to assess whether the practice could come out of special measures.

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 13 September 2017. During our visit we:

- Spoke with a range of staff including the new lead GP partner, the new Practice Manager, the Nurse Practitioner and reception/administrative staff.
- Observed how patients were treated in the reception area and talked with patients who used the service.

# Detailed findings

- Reviewed a sample of the patient records.
- Visited both practice locations.
- 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 13 December 2016, we rated the practice as inadequate for providing safe services as the arrangements in respect of significant events, patient safety alerts and staffing levels were not adequate.

These arrangements had significantly improved when we undertook this follow up inspection on 13 September 2017. The practice is now rated as good for providing safe services.

### Safe track record and learning

At the previous inspection on 13 December 2016 we found that some processes needed to be improved:

- The process for reporting and recording significant events was not formalised or used effectively as not all significant events had been recorded and discussed.
- We were told that patient safety alerts had been cascaded to staff but no records had been kept to demonstrate they had been actioned.

At this inspection on 13 September 2017 we found that improvements had been made:

- There was an appropriate system for reporting and recording significant events. Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice 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). Learning from incidents was discussed with staff and appropriate records were maintained.
- The provider had recorded 16 incidents in the previous 12 months. From the incidents we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and the patient and staff 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 a

thorough analysis of the significant events. An appropriate process was in place following the receipt of patient safety alerts and records were kept of actions taken.

- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, during an emergency incident at the surgery there was a delay in locating the key to the cupboard containing the anaphylaxis kit. As a result of this, a more convenient location was found for the key which made it easily accessible to staff and stored safely.
- The practice also monitored trends in significant events and evaluated any action taken.

### Overview of safety systems and process

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

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The newly appointed GP partner was the lead member of staff for safeguarding. We were told that GPs attended safeguarding meetings and provided reports where necessary for other agencies.
- Staff demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child safeguarding level three and administrative staff were trained to child safeguarding level 1 or 2.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). An appropriate chaperone policy was available to staff.

The practice maintained appropriate standards of cleanliness and hygiene.

## Are services safe?

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- The lead GP was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

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

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being given to patients and there was a reliable process to ensure this occurred.
- The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Blank prescription forms and pads were securely stored and there were systems to monitor their use.
- One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for clinical conditions within their expertise. She received mentorship and support from the lead GP for this extended role.
- Patient Group Directions 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.) These were in date and signed by appropriate personnel.

We reviewed personnel files and found appropriate recruitment checks had been undertaken prior to employment, including 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 Disclosure and Barring Service (DBS).

### Monitoring risks to patients

At the previous inspection there were concerns over staffing levels as the GP partner no longer provided clinical sessions at the practice and the total number of clinical sessions available to patients had not increased. At the inspection on 13 September 2017 we were informed that a new GP partner had been appointed who would attend the surgery three days a week.

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available and a poster displayed.
- The practice had an up to date fire risk assessment and carried out regular fire drills. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on all computers and a manual panic button in all consultation/treatment rooms and in reception. These could be used to alert staff of an emergency.
- All staff received annual basic life support training.
- There was a defibrillator available in both premises and oxygen with adult and children's masks.



## Are services safe?

- At both sites 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.
- A first aid kit and accident book were available at both sites.

The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.



# Are services effective?

(for example, treatment is effective)

## Our findings

At the previous announced comprehensive inspection carried out on 13 December 2016 we rated the practice as inadequate for providing effective services in respect of deficiencies in health outcomes for patients and effective staffing.

At this announced follow up comprehensive inspection carried out on 13 September 2017 we found improvements had been made. The practice is now rated as good for providing effective services.

### Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments and audits.

### 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).

At the previous inspection on 13 December 2016 the most recently published QOF data covered the period from April 2015 to March 2016. At the time of this inspection on 13 September 2017 the most recent QOF data (for the period April 2016 to March 2017) had not yet been published. The 2016/17 results below are therefore based on the results submitted by the practice but not yet published. We do not have current local clinical commissioning group (CCG) and national averages available for this period.

During our previous inspection on 13 December 2016 QOF data for 2015/16 showed that the practice were outliers for several indicators. Practice data for 2016/17 shows an improvement in these areas:

- QOF data for 2015/16 showed that only 46% of patients with cancer, diagnosed within the preceding 15 months, had a patient review recorded as occurring within 6 months of the date of diagnosis. This was below the CCG average of 92% and national average of 98%. QOF performance data for 2016/17 showed this had risen to 100% with an exception reporting rate of 0%.
- QOF data for 2015/16 showed that 0% of patients aged 18 or over with a new diagnosis of depression in the preceding 12 months had been reviewed, not earlier than 10 days after and not later than 56 days after the date of diagnosis. This was below the CCG average of 82% and national average of 92%. QOF performance data for 2016/17 showed this had risen to 100% with an exception reporting rate of 0%.
- QOF data for 2015/16 showed that the performance rate for indicators related to heart failure was 58%. This was below the CCG average of 95% and national average of 98%. QOF performance data for 2016/17 showed this had risen to 100%. The exception reporting rate of 4% was comparable with the local and national average.
- QOF data for 2015/16 showed that 64% of patients with rheumatoid arthritis had a face-to-face annual review in the preceding 12 months. This was below the CCG average of 90% and national average of 96%. QOF performance data for 2016/17 showed this had risen to 90%. The exception reporting rate of 6% was comparable with the local and national average
- QOF data for 2015/16 showed 0% achievement for osteoporosis indicators and this had not improved in the more recent 2016/17 figures. The reasons for this were still under investigation. However, the practice had carried out a case review of relevant patients and had discussed management of patients with osteoporosis at a clinical meeting. They confirmed that all eligible patients were being prescribed medication for bone protection.

There was evidence of quality improvement including clinical audit. The practice participated in local audits and national benchmarking. There had been several clinical audits conducted in the previous two years. Five of these were completed two cycle audits where the improvements made were implemented and monitored. One of these was aimed at ensuring treatment of diabetic patients with

# Are services effective?

## (for example, treatment is effective)

symptoms of kidney disease was in line with current guidelines. This had been identified as an area of concern due to the high 2015/16 QOF exception rate of 31% for this indicator.

- The audit identified 17 patients in this cohort of which 4 had been exempted. A review of patient medical records was carried out which confirmed the exemption was appropriate as the medicines recommended were contraindicated on clinical grounds.
- A second audit was carried out six months later which identified 16 patients in this cohort of whom 3 had been appropriately exempted.
- The practice concluded that the high exemption rate was due to the low sample size and that the appropriate guidelines were being followed.

### Effective staffing

At our previous inspection on 13 December 2016 we identified areas of concern:

- The availability of GPs was limited across the main and branch site; there was no GP available on several mornings and afternoons of the week and none available throughout the day on Wednesdays. The provider relied solely on locum GPs to cover all GP sessions.
- Annual appraisals had not been carried out for all staff.

At this inspection on 13 September 2017 we found that improvements had been made:

- A new GP partner had been appointed who attended the practice three days per week.
- There was now a GP on duty five days a week.
- Annual appraisals had been carried out for all staff which included a six-month interim review.

Evidence we 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 ensured role-specific training and updating was carried out by relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of

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

- The learning needs of staff were identified through the 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. Ongoing support, one-to-one meetings, coaching and mentoring was also available to staff. Clinical supervision and facilitation and support for revalidating GPs and nurses was supported.
- Staff received training that included: safeguarding, fire safety awareness, and basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice 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. 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.

### Consent to care and treatment

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

# Are services effective?

(for example, treatment is effective)

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

## Supporting patients to live healthier lives

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

A health trainer, employed by Public Health England, attended the practice every Thursday to provide advice on diet and exercise to patients that needed it. The practice had opted-in to hosting the health trainer as part of a local scheme to improve outcomes for patients introduced in 2011.

The practice's uptake for the cervical screening programme was 79%, which was comparable with the CCG average of 80% and the national average of 81%. There were 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. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test.

The practice encouraged its patients to attend national screening programmes for bowel and breast cancer. However, the number of patients attending for breast and bowel cancer screening was below the local and national averages. The practice were aware of this and were considering strategies to improve uptake.

Childhood immunisations were carried out in line with the national childhood vaccination programme. The 2015/16 uptake rates for the vaccines given were comparable to CCG and national averages. For example, rates for the vaccines given to under two year olds ranged from 81% to 85% and five year olds from 81% to 88%.

Patients had access to appropriate health assessments and checks. 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 the previous announced comprehensive inspection on 13 December 2016 we rated the practice as inadequate for providing caring services as there were deficiencies in arrangements for storing patient identifiable information and results from the national GP patient survey (published in July 2016) showed the practice was significantly below local and national averages for patient satisfaction scores regarding consultations with GPs and nurses and encounters with receptionists.

At this announced follow up comprehensive inspection carried out on 13 September 2017 we found improvements had been made. The practice is now rated as good for providing caring services.

### Kindness, dignity, respect and compassion

At the previous inspection it was noted that patient identifiable information awaiting shredding was left unsecured in one of the first floor administration offices which was easily accessible to patients attending consultations on the first floor. The provider did, however, have secure units on the premises for the storage of confidential waste awaiting shredding. Shortly after the previous inspection the practice manager confirmed the documents had been moved to the secure storage and had ensured all practice staff were aware that confidential waste must be stored securely.

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

- Curtains were provided where necessary 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.
- There were both male and female GPs employed by the provider.

We spoke with 15 patients including a member of the patient participation group (PPG). They told us they were

satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

At the previous inspection results from the national GP patient survey published in July 2016 showed the practice was significantly below local clinical commissioning group (CCG) and national averages for satisfaction scores regarding consultations with GPs and nurses and encounters with receptionists. However, survey results published in July 2017 showed that patient satisfaction scores were now comparable with local and national averages.

- 90% of patients said the GP was good at listening to them compared with the CCG average of 86% and national average of 89%. (At the previous inspection these figures were 78%, 86% and 89% respectively).
- 87% of patients said the GP gave them enough time compared to the CCG average of 82% and national average of 86%. (At the previous inspection these figures were 74%, 82% and 87% respectively).
- 94% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and national average of 95%. (At the previous inspection these figures were 83%, 88% and 92% respectively).
- 82% 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 national average of 86%. (At the previous inspection these figures were 71%, 81% and 85% respectively).
- 87% of patients said the nurse was good at listening to them compared with the CCG average of 86% and national average of 91%. (At the previous inspection these figures were 85%, 86% and 91% respectively).
- 85% of patients said the nurse gave them enough time compared with the CCG average of 87% and national average of 92%. (At the previous inspection these figures were 80%, 87% and 92% respectively).
- 93% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 95% and national average of 97%. (At the previous inspection these figures were 87%, 95% and 97% respectively).

## Are services caring?

- 85% of patients said the last nurse they spoke to was good at treating them with care and concern compared with the CCG average of 86% and national average of 91%. (At the previous inspection these figures were 81%, 85% and 91% respectively).
- 83% of patients said they found the receptionists at the practice helpful compared with the CCG average of 88% and national average of 87%. (At the previous inspection these figures were 75%, 87% and 87% respectively).

### Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment and felt listened to and supported by staff. Patients told us they had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results published in July 2017 were in line with local and national averages.

- 89% 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%. (At the previous inspection these figures were 72%, 83% and 86% respectively).
- 80% of patients said the last GP they saw was good at involving them in decisions about their care compared with the CCG average of 78% and national average of 82%. (At the previous inspection these figures were 65%, 77% and 82% respectively).
- 86% 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%. (At the previous inspection these figures were 79%, 86% and 90% respectively).

- 79% of patients said the last nurse they saw was good at involving them in decisions about their care compared with the CCG average of 80% and national average of 85%. (At the previous inspection these figures were 69%, 81% and 85% respectively).

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

- 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. These notices were in several languages. Patients were also told about multi-lingual staff that might be able to support them.
- Information leaflets on a number of health related subjects were available in the waiting area.

### Patient and carer support to cope emotionally with care and treatment

Patient information leaflets providing details on how to access a number of support groups and organisations and notices were available in the patient waiting area.

The practice used alerts on the electronic patient record system to inform clinicians that a patient was also a carer. At the previous inspection the practice had identified only 34 patients as carers (less than 1% of the practice list). However following the previous inspection signs were placed in the waiting areas asking patients with caring responsibilities to identify themselves to staff so that they could be offered support. At this inspection the number of patients identified as carers was 99 (2.3% of the practice list).

Staff told us that if families had experienced bereavement they were offered rapid access to a GP consultation, where they would be offered advice on how to find a support service.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

At the previous announced comprehensive inspection carried out on 13 December 2016 we rated the practice as inadequate for providing responsive services as there were deficiencies in the provider's processes for responding to feedback from patients regarding difficulty accessing care.

At this announced follow up comprehensive inspection carried out on 13 September 2017 we found some improvements had been made. However, patient satisfaction rates regarding access to appointments were still below the local and national average. The practice is therefore rated as requires improvement for providing responsive services.

### Responding to and meeting people's needs

At our initial inspection on 2 February 2016 concerns were raised regarding the number of GP appointments available to patients. This concern was supported by the responses to the national GP patient survey published in July 2016 which showed that patients found it difficult to get appointments when they needed one. At the follow up inspection on 13 December 2016 the provider informed us that they had introduced a GP session at the branch surgery on Wednesday morning and at the main surgery on Friday morning for clinical administration tasks. However, as they were not scheduled to provide appointments to patients at these times the number of clinical sessions available to patients had not increased. This arrangement had therefore not changed since the previous inspection on 2 February 2016.

At this inspection, carried out on 13 September 2017 we found there had been some improvement in these areas. For example:

- There were now GP appointments available on each day of the week and a GP on duty each day.
- A new telephone system had been installed.
- There had been an increase in the number of pre-bookable GP appointments available to patients.
- Pre-bookable telephone consultations 24 hours in advance had been introduced and were proving popular with patients.
- GP patient survey results showed some improvement regarding access to appointments but rates remained below the local and national average. The surveys were

however carried out prior to these changes being implemented. The practice were aware of the continued need to monitor, identify and implement improvements in this area.

Although there were still improvements to be made the practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice offered extended hours appointments on a Monday morning from 7am and on Tuesday, Thursday and Friday evening until 7pm, 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 required a same day consultation.
- The practice sent text message reminders of appointments.
- Patients were able to receive travel vaccines available on the NHS and were signposted to other clinics for vaccines only available privately.
- There were accessible facilities, which included a hearing loop, and interpreting services available.

### Access to the service

Main surgery (Plumstead )

Reception was open from 8am to 7.30pm Monday, Tuesday, Wednesday and Friday and from 8am to 2pm Thursday.

Telephone lines were open from 8am to 6.30pm Monday to Friday.

Appointments were available with a GP from 7am to 5pm on Monday; from 3.30pm to 7pm on Tuesday; from 9.30am to 1.30pm on Wednesday and from 3.30pm to 7pm on Friday.

Appointments were available with a nurse practitioner from 8am to midday on Tuesday and Thursday and from 2.30pm to 6.30pm on Wednesday

Urgent appointments and telephone consultations were available during these times.

# Are services responsive to people's needs?

(for example, to feedback?)

Appointments were available with the Practice Nurse from 8am to 1pm and 4pm to 7pm on Monday; from 8am to 11.30am on Tuesday and from 8am to 4pm on Friday.

Branch surgery (Welling)

Reception was open from 9am to 2pm and 3.30pm to 7.30pm Monday, Tuesday and Friday; from 9am to 2pm on Wednesday and from 9am to 7.30pm on Thursday.

Telephone lines were open from 8am to 6.30pm Monday to Friday.

Appointments were available with a GP from 9.30am to 1.30pm on Tuesday; from 9.30am to 1.30pm and 3.30pm to 7pm on Thursday and from 9.30am to 1.30pm on Friday.

Appointments were available with a nurse practitioner from 9.30am to 1.30pm and 2.30pm to 6.30pm on Monday; from 2.30pm to 6.30pm on Tuesday and from 9.30am to 1.30pm on Wednesday.

Appointments were available with the Practice Nurse from 9am to 1.30pm on Monday and from 9am to 12.30pm on Tuesday.

A comparison of results from the national GP Patient Survey published in July 2016 with those published in July 2017 showed that although patients' satisfaction with how they could access care and treatment had improved, results remained below the local clinical commissioning group (CCG) and national averages for most indicators.

The most recent GP Patient Survey results available to us (published July 2017) were based on responses to surveys sent to patients in January 2017. Of the 384 survey forms distributed, 99 were returned. This represented a response rate of 26% (2.3% of the practice's patient list).

- 64% of patients said they found it easy to get through to this surgery by phone compared to the CCG average of 70% and national average of 71%. (At the previous inspection these figures were 58%, 74% and 73% respectively).
- 69% of patients were able to get an appointment the last time they tried compared to the CCG average of 81% and national average of 84%. (At the previous inspection these figures were 46%, 69% and 76% respectively).

- 51% of patients described the experience of making an appointment as good compared to the CCG average of 69% and national average of 73%. (At the previous inspection these figures were 50%, 70% and 73% respectively).
- 52% of patients said they do not normally have to wait too long to be seen compared to the CCG average of 51% and national average of 58%. (At the previous inspection these figures were 47%, 51% and 58% respectively).
- 57% of patients were satisfied with the surgery's opening hours compared to the CCG average of 75% and national average of 76%. (At the previous inspection these figures were 64%, 72% and 76% respectively).

Patients told us on the day of the inspection that they sometimes found it difficult to get appointments but were able to arrange a telephone consultation when required.

Results from the July 2017 GP patient survey showed that 48% of patients were usually able to see or speak to their preferred GP compared to the CCG average of 52% and national average of 56%.

Staff were aware of their responsibilities when managing requests for home visits. The practice had a system for a clinician to assess whether a home visit was clinically necessary and the urgency of the need for medical attention. GPs contacted the patient or carer in advance to gather information and prioritise need.

## Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

- The complaints policy and procedure 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.

We looked at four complaints received in the last 12 months and found these were satisfactorily handled in a timely way with openness and transparency. Lessons were learned from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. For example, complaints had been received regarding problems with getting through to

## Are services responsive to people's needs? (for example, to feedback?)

the practice by telephone and also in obtaining appointments. As a result, the provider had installed a new telephone system and the current appointment system was under review.



# Are services well-led?

Good 

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

## Our findings

At the previous announced comprehensive inspection carried out on 13 December 2016 we rated the practice as inadequate for providing well-led services as there were deficiencies in the provider's processes for assessing and managing risks, taking action to improve areas of low performance, ensuring that policies were practice-specific and ensuring that staff were aware of their roles.

At this announced follow up comprehensive inspection carried out on 13 September 2017 we found significant improvements had been made. The practice is now rated as good for providing well-led services.

### Vision and strategy

At our previous inspection we found the following issues required improvement:

- Although the provider had displayed their mission statement in the waiting areas, staff we spoke with were not clear on the practice values. (However the provider had addressed this shortly after the inspection)
- The provider did not provide evidence of a strategy or supporting business plans to ensure that the vision and values were regularly monitored.

At this inspection we found that the practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a clear strategy and supporting business plans which reflected the vision and values and had plans to regularly monitor these.

### Governance arrangements

At our previous inspection we found that the governance framework did not support the delivery of the strategy and good quality care. We found that the following issues required improvement:

- The chaperone policy and the policy for training, experience and qualification of staff were still not fit for purpose. These policies were updated shortly after the previous inspection.

- Systems in place to protect patient confidentiality were still not effective. For example, large amounts of patient-identifiable documents had been left unsecured.
- Results from the national GP patient survey published in July 2016 showed that some responses for consultations with GPs and nurses were below average.
- Appraisals had not been carried out for two nurses.
- There was a lack of comprehensive understanding of the performance of the practice in relation to the Quality and Outcomes Framework (QOF) and other clinical indicators. No action plans were in place to make improvements.
- There was no evidence of a clinical audit plan in place to review and improve clinical performance.
- Arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not always effective.

At this inspection we found that the practice now had an overarching governance framework in place which supported the delivery of the strategy and good quality care.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities and those of others. GPs and nurses had lead roles in key areas.
- Practice specific policies were implemented and were available to all staff. These were up to date and relevant to the practice.
- A comprehensive understanding of the performance of the practice was in place including action plans for the improvement of QOF performance. Since the previous inspection the provider had allocated regular GP sessions in an attempt to improve QOF outcomes for patients.
- Practice meetings were held regularly which provided an opportunity for staff to learn about the performance of the practice.
- A programme of continuous clinical audit had been introduced to monitor quality and to make improvements.
- There were systems in place to protect patient confidentiality including the storage of patient-identifiable information.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

# Are services well-led?

Good 

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

## Leadership and culture

At our previous inspection we found deficiencies in the practice's leadership.

- The partners were still largely absent. The GP Partner was no longer working at the practice and the pharmacist partner provided financial oversight only. The role of clinical lead for various aspects of the service had been assigned to the locum GP.

At this inspection we found that the provider had made significant improvements to the leadership structure of the practice:

- To assist in the implementation of the improvements required within the practice the registered partners had appointed a new partner to ensure there was regular leadership presence. The benefits of this arrangement were evident from the significant improvements made by the provider.
- One of the locum GPs had been appointed as a GP partner in the practice. The new partner had an active role in the day to day operational management of the practice and was to take on the role of Registered Manager.
- On the day of inspection the newly appointed GP partner in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They demonstrated that they prioritised safe, high quality and compassionate care. Staff told us that the new partner was approachable and eager to improve the performance of the practice.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- From the examples we reviewed we found that the practice had systems to ensure that when things went wrong with care and treatment patients were given truthful information and a verbal and written apology. The practice kept written records of verbal interactions as well as written correspondence.
- The practice held and minuted a range of multi-disciplinary and staff meetings.

- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.

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

During our previous inspection we found that responses to the national GP Patient Survey, published in July 2016, were below average for several responses and had either declined or had not improved since the original inspection.

At this inspection, the results of the latest GP Patient survey, published in July 2017, showed an improvement in patient satisfaction rates. Satisfaction rates for access to appointments remained below the local and national average. However, the provider was aware that improvements needed to continue and had implemented plans to address this.

We found that the practice encouraged and valued feedback from patients and staff.

- It proactively sought feedback from patients through the patient participation group (PPG) and through surveys and complaints received.
- The PPG met regularly. The representative we spoke to confirmed that they felt valued by the provider and felt able to submit proposals for improvements to the practice.
- The practice also sought feedback via the NHS Friends and Family test and from patient suggestions.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues, management and the partners.

## Continuous improvement

At our previous inspection on 13 December 2016 we found that there was minimal focus on continuous learning and improvement within the practice. The provider was not addressing core issues which could improve the quality and safety of the service, particularly in relation to staffing levels, governance arrangements, risk monitoring and management, respecting the privacy of service users and improving patient outcomes.

At this inspection on 13 September 2017 we found that the provider had made significant improvements in developing and implementing a continuous improvement plan for the practice. This included the appointment of a new GP

# Are services well-led?

Good 

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

partner, who was present at the practice three days a week, and the promotion of the Assistant Practice Manager to the

role of full-time Practice Manager. This had led to a significant improvement in the practice governance arrangements, risk monitoring and operational management.