Central Healthcare Centre

Quality Report

Sussex Rd,
Gorleston-on-Sea,
Great Yarmouth,
NR31 6QB
Tel: 01493 414141
Website: http://centralhealthcarecentre.co.uk/

Date of inspection visit: 31 May 2017
Date of publication: 10/08/2017

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at the Central Healthcare Centre on 31 May 2017. Central Healthcare Centre merged with a local practice, which was rated as requires improvement, in June 2016 and took on an extra 5,000 patients from a deprived area. Overall the practice is rated as inadequate.

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

- There was a system in place for reporting and recording significant events; however, the practice did not monitor trends in significant events.
- The governance framework was not always effective and did not assure us that risks to patients were always mitigated. For example, the immunisation of some clinical staff was unknown. The practice had a gym for patients use, but the risk assessment in place was not effective. There was no health and safety risk assessment in place and regular fire drills had not been undertaken.
- The system in place to deal with patient safety alerts needed to be improved. The alerts were sent to all GPs, but there was no system in place to monitor the actions taken in response to the alert.
- The practice had a medicine review system in place to support patients who take medicines that require monitoring. However, data demonstrated this system was not always effective.
- We found a significant number of clinical letters had not been coded. The practice reported that all letters had been reviewed by a clinician when they were received. The practice had recognised this and had put some systems in place to address it.
- Data from the Quality and Outcomes Framework showed patient outcomes in many areas were below national averages.
- Advanced nurse practitioners had limited clinical supervision with GPs and did not have one to one peer reviews, but did have group training for one hour per fortnight with a GP.

Summary of findings

- Results from the national GP patient survey, published in July 2017, showed the practice was in line with or below local and national averages for many aspects of care. The practice was unaware of these results.
- Less than 1% of the practice list had been identified as carers.
- Information about services and how to complain was not readily available. Not all staff were informed of the outcome of complaints and there was no trend analysis of complaints.
- Patients we spoke with said they did not find it easy to make an appointment with a named GP and urgent appointments were difficult to book.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The governance arrangement for the oversight of the clinical teams was not effective and did not ensure cohesive working.

The areas where the provider must make improvements are:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure care and treatment is provided in a safe way to patients.

The areas where the practice should make improvements are:

- Continue to identify carers and consider the need for health checks and additional support for this patient group.
- Continue to embed systems for the coding of all clinical letters to ensure that an accurate, complete, and contemporaneous record is maintained for every patient.
- Conduct a trend analysis for significant events and complaints.
- Increase awareness of the GP patient survey and respond to the results as appropriate.
- Continue to embed systems to improve quality outcomes for patients.
- Consider the need to formalise the clinical supervision of the nursing staff from the GPs in order to enhance the support in place.
- Ensure the process for dealing with complaints is effective and learning outcomes are cascaded to all members of staff.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we may take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This could lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. We have acknowledged in the report that the Practice has taken on another patient list in 2016, which had been rated as 'Requires Improvement', the provider is encouraged to make the necessary improvements and will be re-inspected within 6 months.

The service will be kept under review and if needed could be escalated to urgent enforcement action.

Special measures will give people who use the service the reassurance that the care they get should improve.

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?

Inadequate

The practice is rated as inadequate for providing safe services.

- From the sample of documented examples we reviewed, we found there was a system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, received reasonable support detailed information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again. The practice did not monitor trends in significant events.
- The practice did not have defined and embedded systems, processes and practices to minimise risks to patient safety. For example, there was no health and safety risk assessment in place and no evidence of regular fire drills. The practice had a gym, which could be used by patients and staff; the risk assessment in place for the gym was not effective and there was no action plan in place. We found evidence that some aspects of the risk assessment were not adhered to. There was no policy in place for the use of the gym.
- The practice had a medicine review system in place to support patients who take medicines that require monitoring. However, data demonstrated this system was not always effective. For example, 199 patients on Thyroid medication had not been monitored in the last 13 months.
- The immunisation status for hepatitis B was not known for all clinical staff, and risk assessments had not been completed where the status was unknown.
- There was not an effective system in place to deal with patient safety alerts. The alerts were sent to all GPs, but there was no system in place to monitor the actions taken in response to the alert.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- On the day of inspection, we were not shown evidence of a system in place for monitoring clinicians' registration status to the relevant professional bodies. After the inspection, the practice provided evidence of a system to monitor registration status.

Summary of findings

- We found a significant number of clinical letters had not been coded. The practice reported that all letters had been reviewed by a clinician when they were received. The practice had recognised this issue and had put some systems in place to address it.

Are services effective?

Requires improvement

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

- Data from the Quality and Outcomes Framework showed patient outcomes were below average compared to the national average.
- Staff were aware of current evidence based guidance.
- There was one full cycle audit that demonstrated quality improvement and five single cycle audits.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff. However, there was scope to formalise the clinical supervision given to nurses. 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. The practice had recently employed a palliative nurse specialist to further improve the service.

Are services caring?

Requires improvement

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

- Data from the national GP patient survey, published in July 2017, showed patients rated the practice below or in line with national and local averages for several aspects of care.
- The national GP patient survey information we reviewed showed that patients did not always report that they were treated with compassion, dignity and respect or that they were involved in decisions about their care and treatment.
- The practice were unaware of this survey data so had not taken any action in response to the findings.
- The practice had identified less than 1% of the patient list as carers and did not offer carer health checks. Information for support groups was available in the waiting room.
- Information for patients about the services available was accessible. Translation services and a hearing loop were available for patients who needed them.

Summary of findings

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Inadequate

The practice is rated as inadequate for providing responsive services.

- The practice understood its population profile and had used this to meet the needs of its population. For example, they had employed a clinical pharmacist and diabetes specialist nurse.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with said they did not find it easy to make an appointment with a named GP and there was a lack of continuity of care, and that urgent appointments were difficult to access.
- The practice had lower than average national GP patient survey results and were unaware of this data.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice had a 'direct access line' for care/nursing homes, ambulance control, accident and emergency departments, community teams, mental health teams and social care teams to use. However, feedback from local services reported that this system was ineffective as the line went through to the reception team and was not quicker.
- The practice employed an in-house counsellor for patients that was on site once per week. They also saw patients on the 'special allocation scheme' in a separate part of the building. These were patients that were considered aggressive or abusive.
- Information about how to complain was available from reception. However, there were no signs in the waiting room informing people of how to complain. Evidence from five examples reviewed showed the practice responded to issues raised, but this was not always in writing. Learning from complaints was sometimes shared with staff and other stakeholders. However, not all clinical staff attended clinical meetings and they were not always informed of the learning from complaints. There was no trend analysis of complaints available.

Are services well-led?

Inadequate

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

Summary of findings

- The practice had a vision to deliver care and promote good outcomes for patients. However, there was limited oversight of the performance of the practice which meant the practice had not achieved this.
- The governance arrangement for the oversight of the clinical teams was not effective and did not ensure cohesive working.
- The governance framework was not always effective and did not assure us that risks to patients were always mitigated.
- Arrangements to monitor and improve quality and identify risk were ineffective and did not assure the safety of patients and staff.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities. However, there was limited clinical supervision of the clinical team by the GPs.
- The provider was aware of the requirements of the duty of candour and the partners encouraged a culture of openness and honesty. However, complaints were not always responded to in writing.
- The practice sought feedback from staff. However, feedback from patients was not always acted upon. For example, the practice was unaware of the national GP patient survey.

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

Inadequate

The practice is rated as inadequate for the care of older people. The provider was rated as inadequate for providing safe and well-led services and requires improvement for providing effective, caring and responsive services. The issues identified as inadequate overall affected all patients including this population group. However there were examples of good practice:

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered 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 for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care. The practice had adopted the 'yellow folder' system which was a CCG initiative.
- The practice had recently employed a palliative care specialist nurse to further improve palliative care.
- The practice supported local care homes and held weekly visits at four homes. The visits were completed by an advanced nurse practitioner, who would liaise with a GP if required.
- The practice held multidisciplinary meetings and invited outside agencies such as social services, the community nursing team and an oncology specialist.
- Where older patients had complex needs, the practice shared summary care records with local care services. For example, the practice worked closely with an assistant practitioner from social services to get advice and support from them.
- The practice had a 'direct access line' for care/nursing homes, ambulance control, accident and emergency departments, community teams, mental health teams and social care teams to use. However, feedback from local services reported that this system was ineffective as the line went through to the reception team and was not quicker.

People with long term conditions

Inadequate

The practice is rated as inadequate for the care of people with long term conditions. The provider was rated as inadequate for providing

Summary of findings

safe and well-led services and requires improvement for providing effective, caring and responsive services. The issues identified as inadequate overall affected all patients including this population group. However there were examples of good practice:

- Nursing staff had lead roles in long-term disease management. The practice utilised healthcare assistants to complete monitoring such as blood pressure, waist measurements and weight recording to assist the nurses in the management of long term conditions.
- Performance for diabetes related indicators was 82% this was 8% below the Clinical Commissioning Group (CCG) average and England average. The exception reporting rate was 14%, which was comparable to the CCG average of 17% and the England average of 12%. The prevalence of diabetes was 8% which was equal to the CCG average and comparable to the national average of 6%.
- The practice had recently employed a diabetic nurse specialist. The nurse had completed an audit into diabetic care and had a plan to implement improvements in care.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- The practice signposted patients to relevant support groups such as the Alzheimer's society, Norfolk Carers and Age UK.
- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Inadequate

The practice is rated as inadequate for the care of families, children and young people. The provider was rated as inadequate for providing safe and well-led services and requires improvement for providing effective, caring and responsive services. The issues identified as inadequate overall affected all patients including this population group. However there were examples of good practice:

- From the sample of documented examples we reviewed we found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- Immunisation rates were relatively high for most standard childhood immunisations.

Summary of findings

- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives and health visitors to support this population group. The midwives were at the practice two days a week.
- A paediatrician visited the practice every two weeks; this was a CCG initiative which meant children could be seen at the practice, rather than the hospital.
- The practice had offered contraception advice and school readiness checks.
- The practice held asthma clinics for children during the school holidays.

Working age people (including those recently retired and students)

Inadequate

The practice is rated as inadequate for the care of working age people (including those recently retired and students). The provider was rated as inadequate for providing safe and well-led services and requires improvement for providing effective, caring and responsive services. The issues identified as inadequate overall affected all patients including this population group. However there were examples of good practice:

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, the practice offered telephone consultations for those that could not attend the practice due to work commitments.
- The practice was proactive in offering online services as well as a range of health promotion and screening that reflects the needs for this age group, such as health checks for patients aged 40-75, weight management advice and smoking cessation.

People whose circumstances may make them vulnerable

Inadequate

The practice is rated as inadequate for the care of people whose circumstances may make them vulnerable. The provider was rated as inadequate for providing safe and well-led services and requires improvement for providing effective, caring and responsive services. The issues identified as inadequate overall affected all patients including this population group. However there were examples of good practice:

Summary of findings

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability, if this was requested.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff we spoke with 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.
- The practice saw patients on the 'special allocation scheme' which included patients who may be aggressive or abusive. These patients were seen in a secure part of the practice with a security guard present.
- The practice also offered support to the local women's refuge and would complete home visits where requested.

People experiencing poor mental health (including people with dementia)

Inadequate

The practice is rated as inadequate for the care of people experiencing poor mental health (including people with dementia). The provider was rated as inadequate for providing safe and well-led services and requires improvement for providing effective, caring and responsive services. The issues identified as inadequate overall affected all patients including this population group. However there were examples of good practice:

- 72% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was lower than the national average of 84%.
- 87% of patients with a mental health condition had a documented care plan in the last 12 months compared to the national average of 98%.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.

Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia and had access to the local crisis team.
- The practice specifically considered the physical health needs of patients with poor mental health and dementia. The practice regularly referred patients with dementia high level needs to the local Dementia Intensive Support Team.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice employed a private in house counsellor, who saw patients referred from the GPs. The counsellor saw patients in a weekly clinic on the premises.
- The practice had a lead GP for mental health.
- Staff we spoke with had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2017. The results showed the practice was performing below the local and national averages. 225 survey forms were distributed and 115 were returned. This represented a 51% response rate.

- 65% of patients described the overall experience of this GP practice as good which is below the CCG average of 87% and the national average of 85%.
- 45% of patients described their experience of making an appointment as good which is below the CCG average of 75% and the national average of 73%.
- 43% of patients said they would recommend this GP practice to someone who has just moved to the local area which is below the CCG average of 82% and the national average of 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 50 comment cards, most of which were positive about the standard of care received. However, there were 21 negative comments regarding long waiting times and accessing appointments.

We spoke with six patients during the inspection. Comments received were positive about the caring nature of staff. However, there were negative comments relating to access to the service and appointments running late.

Areas for improvement

Action the service MUST take to improve

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure care and treatment is provided in a safe way to patients.

Action the service SHOULD take to improve

- Continue to identify carers and consider the need for health checks and additional support for this patient group.
- Continue to embed systems for the coding of all clinical letters to ensure that an accurate, complete, and contemporaneous record is maintained for every patient.
- Conduct a trend analysis for significant events and complaints.
- Increase awareness of the GP patient survey and respond to the results as appropriate.
- Continue to embed systems to improve quality outcomes for patients.
- Consider the need to formalise the clinical supervision of the nursing staff from the GPs in order to enhance the support in place.
- Ensure the process for dealing with complaints is effective and learning outcomes are cascaded to all members of staff.

Central Healthcare Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector**.** The team included an inspection manager, GP specialist adviser, a practice nurse specialist adviser and a practice manager specialist adviser.

Background to Central Healthcare Centre

Central Healthcare Centre provides services to approximately 17,000 patients in residential area in Great Yarmouth. The practice has three GPs; one female and two males. There are also four female locum GPs at the practice. There is a practice manager and a finance manager on site. The practice employs six advanced nurse practitioners, one nurse practitioner, three practice nurses, one trainee practice nurse and a nurse manager. The practice also employs five health care assistants and two healthcare specialists. Other staff include a clinical pharmacist, 14 receptionists and an apprentice receptionist, six secretaries and six admin assistants. The practice holds a GMS contract with NHS England.

In June 2016 the Family Healthcare Centre, East Anglian Way, Gorleston relocated into the Central Surgery and renamed the two practices Central Healthcare Centre. The Central Healthcare Centre formally merged on 2 November 2016. This involved the practice taking on an extra 5,000 patients from a deprived area and a merger of both clinical and non-clinical staff.

The practice is open between 8am and 6.30pm Monday to Friday. The practice is closed between 12.30pm and 1.30pm on Tuesdays. Appointments can be booked up to three to four weeks in advance with GPs and nurses. Urgent appointments are available for people that need them, as well as telephone appointments. Online appointments are available to book up to one month in advance.

When the practice is closed patients are automatically diverted to the GP out of hour's service provided by Integrated Care 24. Patients can also access advice via the NHS 111 service.

We reviewed the most recent data available to us from Public Health England which showed the practice has a smaller number of patients aged 25 to 44 years old compared with the national average. It has a larger number of patients aged 60 to 84 compared to the national average. Income deprivation affecting children is 21%, which is lower than the CCG average of 25% and comparable to the national average of 20%. Income deprivation affecting older people is 19%, which is comparable to the CCG average of 17% and national average of 16%. The practice is rated in the fourth more deprived decile and 1.8% of the practice population is Asian, while 1.7% of patients are other non-white ethnic groups. Life expectancy for patients at the practice is 79 years for males and 83 years for females; this is comparable to the CCG and England expectancy which is 79 years and 83 years.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Detailed findings

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 the Clinical Commissioning Group (CCG) and local care homes to share what they knew. We carried out an announced visit on 31 May 2017. During our visit we:

- Spoke with a range of staff including GPs, nurses, admin staff and receptionists and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area and talked with carers.
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.

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

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

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

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

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

Inadequate

Are services safe?

Our findings

Safe track record and learning

There was a system for reporting and recording significant events, however, improvement was required to ensure patients were safe:

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The practice had recorded 27 significant events in the last 12 months.
- From the sample of three 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, detailed information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, all staff received emails regarding the outcomes of significant events and minutes were available where significant events had been discussed. We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed.

The practice did not monitor annual trends in significant events or evaluate any action taken. There was not an effective system in place to deal with patient safety alerts. The alerts were sent to all GPs, but there was no system in place to monitor the actions taken in response to the alert. We looked at a three safety alerts and reviewed patient records affected by these. Appropriate actions had been taken for some patients, such as medication changes and discussions about medications. However some patients had not had documented action taken relating to the alert. After the inspection, the practice informed us that they had a new system in place. They had appointed a designated person responsible for disseminating alerts and ensuring actions were taken in response to the alerts.

Overview of safety systems and processes

The practice had some 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. There was a lead GP for safeguarding, and staff spoken to could identify who this was. The GP attended two external safeguarding meetings per year specifically for safeguarding leads. The practice also attended three CCG safeguarding meetings per year. Safeguarding was discussed in monthly multidisciplinary meetings which midwives and health visitors were invited to.
- Staff we spoke with demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child safeguarding level three. There were signs in all clinical rooms detailing how to deal with a safeguarding concern.
- 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).

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with, and attended the local infection prevention team meetings to keep up to date with best practice. There were good, open lines of communication between the IPC lead and the cleaning company. There was an IPC protocol and staff had received up to date training. External audits were

undertaken every two years and the IPC lead undertook audits annually. There was a clear action plan from audits 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 needed improving to reduce 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 dispensed to patients and there was a reliable process to ensure this occurred. The practice utilised an 'Eclipse' computer system which gave alerts to GPs for patients that required monitoring. Patient records reviewed showed effective monitoring had taken place for high risk medicines. The practice had a medicine review system in place to support patients who take medicines that require monitoring. However, data demonstrated this system was not always effective. The practice carried out regular medicines audits, with the support of the local clinical commissioning group (CCG) medicines management teams, to ensure prescribing was in line with evidence based guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems to monitor their use. Ten of the nurses had qualified as Independent Prescribers and could therefore prescribe medicines for clinical conditions within their expertise. They had a group meeting every two weeks with a GP for support for this this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines and patient specific prescriptions (PSD) or directions from a prescriber were produced.

We reviewed seven personnel files and found some 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 and the appropriate checks through the DBS. However, evidence was not provided on the day of inspection of a system in place for monitoring clinicians' registration status to the relevant professional bodies. After the inspection, the practice provided evidence of a system to monitor registration status. We also found the immunisation status for hepatitis B was not known for all clinical staff, and risk assessments for this had not been completed where the status was unknown.

Monitoring risks to patients

There were limited procedures for assessing, monitoring and managing risks to patient and staff safety. We found that opportunities to mitigate risk had been missed.

- There was no health and safety risk assessment completed to ensure that patients and staff were kept safe. The practice reported this was completed after the inspection.
- The practice had a fire risk assessment completed in 2013, which was reviewed in 2014. The risk assessment had two recommendations which had been completed. The practice had booked a fire risk assessment for June 2017. The practice carried out one fire drill in May 2017. The practice provided evidence after the inspection of a plan to implement 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 some 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).
- The practice had a gym on site, which was for patient and staff use. The risk assessment in place for the gym did not ensure the safe use of the gym and did not have an action plan in place. We found evidence that some aspects of the risk assessment were not being adhered to. For example, the risk assessment stated a fire drill should take place once every six months and we found evidence of one drill in the past two years. There was no policy in place for the use of the gym. There was no evidence of qualifications for the staff that carried out assessments and exercises in the gym and the sport insurance for a member of staff had expired 11 days

prior to the inspection. After the inspection, the practice provided certificates of the staff members' gym instruction qualifications and updated insurance and the practice reported they had closed the gym.

- 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.
- On the day of our inspection, the practice told us that approximately 10,000 clinical letters had not been coded. The practice reported that all letters had been reviewed by a clinician when they were received. We performed a random sample check of eight of these letters and checked patient's records. We found that most of the patients had appropriate intervention. The practice had recognised this backlog and had employed extra admin staff and offered overtime to staff to code the letters. Some staff had also undertaken workflow optimisation training in order to complete the task quickly and more effectively. The practice were unsure when this work would be complete.

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, as well as panic buttons under the reception desks.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had two defibrillators available on the premises and oxygen with adult and children's masks.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

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 on the computers and used this information to deliver care and treatment that met patients' needs. For example, nursing staff were up to date with recent changes in spirometry interpretation and could demonstrate best practice in this area.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against National screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results from 2015/2016 showed the practice achieved 89% of the total number of points available.

The overall exception reporting rate was 13% which was 1% below the CCG average and 3% above 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).

Data from 2015/16 showed:

- Performance for diabetes related indicators was 82% this was 8% below the Clinical Commissioning Group (CCG) average and England average. The exception reporting rate was 14%, which was comparable to the CCG average of 17% and the England average of 12%. The prevalence of diabetes was 8% which was equal to the CCG average and comparable to the national average of 6%.
- Performance for mental health related indicators was 86%. This was 4% below the CCG average and 7% below the England average. The exception reporting rate was 9% which was lower than the CCG average of 19% and England average of 11%. The prevalence of mental health was 1%, which is equal to the CCG and national averages.
- Performance for dementia related indicators was 92% which was 4% below the CCG average and 5% below the England average. The exception reporting rate was 11% which was below the CCG average of 14% and England average of 13%. The prevalence of dementia was 1% which was equal to the CCG and national averages.
- Performance for rheumatoid arthritis was 17% which was 75% below the CCG average and 79% below the national average. Exception reporting was 2% which was below the CCG average of 10% and national average of 8%. The prevalence of rheumatoid arthritis was 1% which was equal to the CCG and national average.
- The performance for depression was 100%. This was 5% above the CCG average and 8% above the England average. The exception reporting rate was 24% which was comparable to the CCG average of 26% and England average of 22%. The prevalence of depression was 7% which was lower than the CCG prevalence of 9% and England prevalence of 8%.

The practice provided us with the unverified QOF data submitted for the 2016/17 year. The overall QOF score was similar; the practice scored 86% of the total points available. The practice told us they had taken on an extra 5,000 patients in June and had only employed extra nursing staff from January 2017 onwards. The practice had recognised the QOF score was low and had employed extra admin staff to assist with recall. The newly appointed diabetes nurse specialist had completed an audit regarding diabetic care before joining the practice and intended to implement changes at the practice. In addition, the practice had implemented QOF meetings to discuss this and implement change.

There was evidence of some quality improvement including clinical audit:

There had been six clinical audits commenced in the last two years, one of these was a two cycle completed audit where the improvements made were implemented and monitored. Findings were used by the practice to improve the service.

Requires improvement

Are services effective?

(for example, treatment is effective)

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, some nurses had attended cytology and phlebotomy training and a healthcare assistant had completed training in nutrition and health and smoking cessation.
- 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 and during meetings with the GP which were held once a fortnight for one hour.
- 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 the nursing team having an hour a fortnight of in house training with a GP. However, there was no one to one formal clinical supervision of the advanced nurse practitioners by the GPs to enhance the support in place. All staff had received an appraisal within the last 12 months. The nursing team were well supported by the nurse manager and had regular monthly team meetings.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules, external training 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.
- From the sample of 18 documented examples we reviewed we found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services. However, one comment card received commented negatively on the waiting time for a referral to be made by a GP.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health care professionals, such as midwives, a paediatric consultant, an oncology consultant and community nurses on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances. The practice had recently employed a palliative care specialist nurse to further enhance this aspect of care.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

Requires improvement

Are services effective?

(for example, treatment is effective)

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.
- A counsellor was employed one day per week on the premises, the GPs could refer directly to this service.

The practice's uptake for the cervical screening programme was 83% which was comparable to the CCG average of 83% and the England average of 82%. Patients who did not attend for their cervical screening test were followed up to encourage attendance. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

- 58% of patients aged 60 to 69 had been screened for bowel cancer in the last 30 months compared to the CCG average of 60% and the England average of 58%.
- 75% of females aged 50 to 70 had been screened for breast cancer in the last 36 months compared to the CCG average of 72% and an England average of 73%.

Childhood immunisation rates were above CCG and England averages in three domains. Flexible appointments were available for patients receiving childhood immunisations and the practice also held immunisation clinics.

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.

Requires improvement

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

We received 50 patient Care Quality Commission comment cards. 29 of the cards were positive and commented about the friendly nature of the staff. 21 of the cards had negative comments relating to accessing the service by telephone and access to GPs.

We spoke with six patients including three members of the patient participation group (PPG). They told us they were satisfied with the caring nature of clinical staff provided by the practice and said their dignity and privacy was respected; however we received additional negative comments relating to getting through to the surgery by telephone and appointments not running to time.

However, results from the national GP patient survey, published in July 2017, showed patients did not feel they were treated with compassion, dignity and respect. The practice was either below or comparable with the average for its satisfaction scores on consultations with GPs and nurses. For example:

- 80% of patients said the GP was good at listening to them which is lower than the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 68% of patients said the GP gave them enough time which was lower than the CCG average of 88% and the national average of 86%.
- 91% of patients said they had confidence and trust in the last GP they saw which was lower than the CCG average of 96% and the national average of 95%.
- 69% of patients said the last GP they spoke to was good at treating them with care and concern which was lower than the CCG average of 87% and the national average of 86%.
- 91% of patients said the nurse was good at listening to them compared which was comparable to the CCG average of 93% and comparable to the national average of 91%.
- 91% of patients said the nurse gave them enough time which was comparable to the CCG average of 94% and comparable to the national average of 92%.
- 99% of patients said they had confidence and trust in the last nurse they saw which was comparable to the CCG average of 98% and the national average of 97%.
- 92% of patients said the last nurse they spoke to was good at treating them with care and concern which was comparable to the CCG average of 92% and the national average of 91%.
- 80% of patients said they found the receptionists at the practice helpful which was lower than the CCG average of 88% and comparable to the national average of 87%.

The practice were unaware of the GP patient survey and therefore had not formulated an action plan in response to the findings. The practice had friends and family test results from September 2016. Results from this showed dissatisfaction with appointment availability. The practice had responded to the findings by increasing the number of appointments with GPs. The practice did have a comments box in reception for patients to provide feedback.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was

also positive regarding the care received and aligned with these views. We 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, published in July 2017, showed patients responded negatively to questions about their involvement in planning and making decisions about their care and treatment. Results were below local and national averages. For example:

- 77% of patients said the last GP they saw was good at explaining tests and treatments which was lower than the CCG average of 89% and the national average of 86%.
- 70% of patients said the last GP they saw was good at involving them in decisions about their care which was lower than the CCG average of 85% and national average of 82%.
- 86% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 92% 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 which was lower than the CCG average of 88% and the national average of 85%.

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

- Staff told us that interpretation services were available for patients who did not have English as a first language, as well as sign language services for patients that were deaf. We saw notices in the reception areas informing patients this service was available. Longer appointments were booked for these patients. The sign in screen was available in different languages.
- There was a hearing loop available.
- A chaperone service was offered to patients. There were signs in the waiting rooms and all clinical rooms advising patients of this.

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. These included information on cancer, sepsis, victim support, flu and meningitis. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 129 patients as carers (less than 1% of the practice list). The practice did not actively monitor the list and did not offer this patient group health checks. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had experienced bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time to meet the family's needs and by giving them advice on how to find a support service.

Inadequate

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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 in some instances:

- The practice did not offer extended hours appointments for patients who could not attend during normal opening hours.
- Longer appointments were available for patients with a learning disability on request.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions.
- Same day appointments were available for children and those patients with medical problems that require same day consultation after being triaged by a GP; however patients reported these were difficult to access.
- The practice sent text message reminders of appointments and test results.
- Patients were able to receive travel vaccines available on the NHS.
- There were accessible facilities, which included a hearing loop, and interpretation services available.
- The practice saw patients who were under the special allocation scheme. These were seen in a secure part of the service with a security guard present. These patients had to pre-book appointments and were seen by GPs only.
- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services. For example, the practice employed a counsellor for one day a week which the patients could access via a referral from the GP.
- The practice had employed a clinical pharmacist to help with the demand of prescription requests and nurses with specialisms in diabetes and palliative care.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8.15am to 11.30am and 13.30pm to 5pm. Between these times, a duty doctor was available to see any patients that needed to be seen and was available until 6.30pm. The practice did not offer extended hours appointments. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for patients that needed them; however patients told us these were difficult to access.

Results from the national GP patient survey, published in July 2017, showed that patient's satisfaction with how they could access care and treatment was lower than the local and national averages.

- 73% of patients were satisfied with the practice's opening hours which was lower than the CCG average of 80% and the national average of 76%.
- 39% of patients said they could get through easily to the practice by phone which was significantly lower than the CCG average of 77% and the national average of 71%.
- 71% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment which was lower than the CCG average of 88% and the national average of 84%.
- 65% of patients said their last appointment was convenient which was lower than the CCG average of 84% and the national average of 81%.
- 45% of patients described their experience of making an appointment as good which was lower than the CCG average of 75% and the national average of 73%.
- 38% of patients said they don't normally have to wait too long to be seen which was lower than the CCG and national averages of 58%.

The practice was unaware of this data and had therefore not formulated an action plan in response to this. However, the friends and family test received responses relating to access and as a result the practice had employed more nurses and a clinical pharmacist to attempt to meet demand.

Patients told us on the day of the inspection that they were unable able to get appointments when they needed them. The practice had a system to assess:

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

This system involved assigning all home visit requests to the advanced nurse practitioner (ANP) list. The ANP would

Inadequate

Are services responsive to people's needs?

(for example, to feedback?)

triage these and arrange a home visit where appropriate. If the needs of the patient were out of the ANPs scope of practice, it was passed onto a GP. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns. The practice had received 45 complaints in the last 12 months.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- Patients had to ask reception staff for a complaints form if they wished to make a complaint. A complaints leaflet was not available in the waiting room; however there was a Patient Advice and Liaison Service poster; an external agency that can deal with patient complaints.

We reviewed five of the complaints received in the last 12 months and found that the practice did not always respond in writing to the patient. For example, one complaint reviewed did not include a written response to the patient, but the practice told us they had spoken to the patient to resolve the issue. Some lessons were learned from individual concerns and complaints. However, not all clinical staff attended clinical meetings to ensure staff were aware of learning from complaints. The practice circulated the minutes of meetings where complaints were discussed via email, however there was no system to monitor if the minutes were read. There was no trend analysis of complaints available.

Are services well-led?

Inadequate

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

Our findings

Vision and strategy

The practice had a vision to deliver care and promote good outcomes for patients. However, the practice reported they had struggled to achieve this vision due to limited staffing numbers. On the day of inspection, we found other issues that prevented the practice from achieving the vision, including a lack of clinical and managerial oversight of the teams. The practice had recently employed more nursing staff and were trying to recruit more GPs. There was a lack of contingency planning in case of additional clinical staff leaving.

- The practice had a mission statement which staff knew and understood. The statement was 'to provide high quality general medical services to our local population in a safe, caring, friendly manner and environment'. However, there was a limited understanding of the performance of the practice from management.
- The practice had a strategy and business plan which reflected the vision and values and were regularly monitored. However, the practice had difficulties recruiting GPs to the practice.
- Many of the practice staff we spoke with were clearly committed to aiming to provide a good quality service. However, there had not been sufficient clinical leadership in place to adequately encourage and embed ongoing improvements.
- The practice had received assistance from outside organisations in order to deliver care to the patient population. There was some evidence of data from external organisations not being utilised effectively. For example, we were told letters were read by a GP, but there was limited evidence of this and letters were not coded in a sufficient time frame.

Governance arrangements

We found that there was a lack of clinical and managerial governance which did not support the delivery of the strategy and good quality care. On the day of inspection, we found significant issues that threatened the delivery of safe and effective care, and these had not been identified or adequately managed, for example**:**

- There was a staffing structure and staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas such as safeguarding and diabetic care. However, there was limited oversight of the nursing team and clinical pharmacist from the GPs in areas such as clinical supervision.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- There was limited understanding of the performance of the practice. Practice meetings were held quarterly. This meant that staff teams did not have a clear understanding of each other's roles and challenges to enable the wider team to support one another more effectively. The practice was aware of low quality outcome framework (QOF) figures and had a plan in place to address this. The practice were unaware of the GP patient survey and had therefore not produced an action plan to address the results.
- We saw the meeting agenda allowed for lessons to be learned and shared following significant events, however the outcome of complaints were not always shared with the team.

The system for identifying, capturing and managing risks was not effective. On the day of our inspection, identified issues that affected the delivery of safe and effective care. For example:

- There was no health and safety risk assessment in place.
- There was an ineffective system for dealing with patient safety alerts.
- There was no system in place for monitoring whether clinical staff remained on the relevant professional bodies lists.
- The risk assessment for the gym was not effective and did not ensure the safety of patients and staff. There was no action plan from the risk assessment and the assessment was not always adhered to.
- There was no an effective system in place for monitoring clinical staff's immunisation status and no risk assessments had been completed where gaps were identified.

Leadership and culture

Are services well-led?

Inadequate

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

On the day of inspection staff told us the partners were approachable and always took the time to listen to all members of staff. However, due to the lack of oversight from the management team, there was limited evidence of cohesive working of the teams in the practice and therefore a limited understanding of 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).This included support training for all staff on communicating with patients about notifiable safety incidents. From the sample of five documented examples we reviewed we found that the practice had some systems to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, and detailed information but did not always give a written reply.
- The practice kept written records of verbal interactions as well as written correspondence.

There was a staff structure and staff felt supported by management.

- The practice held and minuted a range of multi-disciplinary meetings including meetings with community nurses, midwives and social workers to monitor vulnerable patients.
- Staff told us the practice held quarterly team meetings. Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted the team went for meals and held charity events.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. The nursing team spoke positively regarding the nurse manager. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- The staff reported there had been some difficult periods within the practice with recruitment and when the practice merged. However, the staff reported the management team were supportive and kept the staff up to date with details of the merge. The practice had a skill mix of clinicians to meet patient needs, however, did not yet have strong clinical governance to support this model of care. Due to the GP to patient ratio, the GP partners were busy but all staff spoken to report feeling supported by them and the management team in place and reported there was an informal open door policy with all GPs. On the day of inspection, we found that groups of staff worked independently from each other, with limited oversight from the GPs. For example, there was limited clinical oversight of the nursing staff from the GPs. There was also limited oversight of the safety arrangements by management in the practice for areas including patient safety alerts and risk assessments.

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

The practice gained feedback from staff. However, there was limited engagement with patients who use the service. The practice did not always respond to what service users said regarding the care delivered. For example:

- Patients through the patient participation group (PPG). However, there was scope for improvement for the management of complaints and surveys. For example, not all complaints were responded to in writing. Furthermore, the practice did not use readily available national patient survey feedback to monitor and improve quality of patient care. The PPG met every six weeks and submitted proposals for improvements to the practice management team. For example, the practice implemented water coolers and children's toys on request of the PPG and the PPG had carried out a waiting room survey.
- The NHS Friends and Family test, complaints and compliments received. However, the practice did not respond to all of the comments on NHS choices. The practice were unaware of the GP patient survey which was below average for many aspects of care. The practice had therefore not formulated a response to this.
- Staff through staff meetings, heads of departments and team building events such as meals and charity days. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, admin staff are allocated to

Are services well-led?

Inadequate

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

a GP after it was raised in a team meeting that continuity of communication with GPs needed to be improved. Staff told us they felt involved and engaged to improve how the practice was run.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **Regulation 12 HSCA (RA) Regulations 2014** **Safe Care and Treatment** **The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:** • **There was no health and safety risk assessment in place.** • **There was not an effective risk assessment in place for the gym.** • The immunisation status for some clinical staff was not known, and there was no risk assessment in place for this.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **Regulation 17 HSCA (RA) Regulations 2014** **Good governance** • **There was not an effective process in place for the management and actioning of patient safety alerts.** • **There was not an effective system in place for the coding of clinical letters.** • **There was not an effective system in place to support patients who take medicines that require monitoring.** • There was not an effective overarching clinical or non-clinical governance or leadership system in place.