

Cramlington Medical Group

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

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	8
What people who use the service say	12
Areas for improvement	13

Detailed findings from this inspection

Our inspection team	14
Background to Cramlington Medical Group	14
Why we carried out this inspection	14
How we carried out this inspection	14
Detailed findings	16
Action we have told the provider to take	29

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Cramlington Medical Group, on 1 February 2016. Overall, the practice is rated as requires improvement.

Following our previous inspection in May 2015, we rated the practice as inadequate. However, the CQC made a decision not to place the practice into Special Measures, as the previous provider was no longer carrying on the Regulated Activities, and a new provider was in the process of applying for the location to be added to their existing registration.

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

- The new provider had made good progress in addressing the concerns and breaches of regulation we identified during our previous inspection, in May 2015.

- There was an open and transparent approach to safety and a good system for reporting and recording significant events
- The new provider had introduced systems, processes and protocols, which were helping to make sure patients' needs, were assessed and care was planned and delivered, in line with current evidence based guidance.
- The new provider had made good progress in making sure services were tailored to meet the needs of individual patients. All staff were actively engaged in monitoring and improving quality and patient outcomes, and were committed to supporting patients to live healthier lives through a targeted and proactive approach to health promotion.
- Nationally reported Quality and Outcomes Framework data, for 2014/15, showed that the previous provider's performance, regarding the

Summary of findings

provision of recommended care and treatment to patients, was variable. The new provider was taking active steps to address the underlying causes of this and improve the practice's performance.

- The new provider had made good progress improving the practice's systems and processes and arrangements had been put in place to identify risks to patients and staff. However, although staff had made improvements to the practice's patient call and recall systems, potentially inaccurate disease registers kept by the previous provider, posed a continuing risk to some groups of patients.
- The new provider's staff team worked closely with other organisations, and healthcare professionals, when planning how to provide services which met patients' needs.
- Patients' emotional and social needs were seen as being as important as their physical needs, and it was evident there was a strong, person-centred culture. Patients said they were treated with compassion, dignity and respect and that they were involved in decisions about their treatment.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

- The new provider had taken active steps to assure the delivery of high-quality, person-centred care. They supported learning and innovation, and promoted an open and fair culture. Good governance arrangements had been put in place.

However, there are areas where the new provider must make improvements. The provider must:

- Ensure staff complete all of the training they need to effectively and safely carry out their roles and responsibilities.

There are areas where the new provider should make improvements. The provider should:

- Make sure blank prescriptions are stored in line with national guidance and keep them secure at all times.
- Continue to take action to improve the practice's QOF performance.
- Ensure all patients over 75 years of age have a named GP.
- Continue to demonstrate quality improvement and effective care through the completion of two-cycle clinical audits.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

The new provider had made good progress in addressing the concerns we identified during our previous inspection. There was an effective system for reporting and recording significant events. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned when things went wrong and shared with staff to support improvement. There was an effective system for dealing with safety alerts and sharing these with staff. The provider had made good progress improving the practice's systems and processes and arrangements had been put in place to identify risks to patients and staff. However, although staff had made improvements to the practice's patient call and recall systems, potentially inaccurate disease registers kept by the previous provider, posed a continuing risk to some groups of patients. Evidence from the inspection demonstrated that this was being actively addressed by the new provider. Good medicines management systems and processes were in place. There were safe arrangements for recruiting staff and the provider had addressed the breach of regulation we identified in our previous inspection. The premises were clean and hygienic and, overall, there were good infection control arrangements. The provider had made good arrangements for making sure staff could access relevant training, and they had made good progress in achieving their own internal training quality standard for the year, with eight weeks remaining before the time period ended. However, some staff had still not completed all of the training they needed to promote patient safety.

Requires improvement



Are services effective?

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

The new provider had introduced systems and processes to make sure patients' needs were assessed, and care was planned and delivered, in line with current evidence based guidance. Nationally reported QOF data, for 2014/15, showed that the previous provider's performance, regarding the provision of recommended care and treatment to patients, was variable. For example, they had obtained 100% of the total points available to them, for providing recommended clinical care to patients who had cancer. This was 0.2% above the local CCG average and 2.1% above the England average. However, the practice had only obtained 54.9% of the overall points available to them, for providing recommended care

Requires improvement



Summary of findings

and treatment to patients with heart failure. This was 44% below the local CCG average and 43% below the England average. The new provider had only been responsible for the practice since July 2015, and was not therefore accountable for the delivery of the 2014/15 QOF outcomes. The provider was actively addressing the practice's variable QOF performance. For example, they were making sure patient disease registers were accurate, and effective patient call and recall processes were in place.

Staff were committed to supporting patients to live healthier lives through a targeted and proactive approach to health promotion. They were actively identifying those patients with the most complex needs, to make sure their needs were addressed. Staff worked effectively with other health and social care professionals to help ensure the range and complexity of patients' needs were met. Multi-disciplinary meetings had been introduced, and systems put in place, to support patients with end of life needs. The provider had recently carried out a range of one-cycle clinical and quality improvement audits, to help improve patient outcomes. There was evidence of a structured and planned approach to the carrying out of these audits. Although no complete two cycle audits had yet been completed, the new provider had spent a significant amount of time setting up rigorous systems and processes to support the carrying out of such audits.

Are services caring?

The practice is rated as good for providing caring services.

Feedback from patients about their care and treatment was positive. We observed a strong patient-centred culture and staff were motivated and inspired to offer kind and compassionate care. Data from the NHS National GP Patient Survey of the practice, published in January 2016, showed patient satisfaction with the quality of nurse consultations was above the local CCG and national averages. However, patient feedback about GP consultations was varied, and most were below local CCG and national averages. For example, of the patients who responded to the survey, 97% said the last nurse they saw or spoke to was good at explaining tests and treatments, compared to the local CCG average of 92% and the national average of 90%. However, only 80% said the last GP they saw was good at listening to them, compared to the local CCG average of 91% and the national average of 89%.

Results from the survey showed patient satisfaction levels, regarding involvement in decision-making and explaining tests and treatments, were higher than the local CCG and national averages for the nurses. For example, 92% said the last nurse they saw was good at involving them in decisions about their care, compared to

Good



Summary of findings

the local CCG average of 88% and the national average of 85%. However, feedback concerning these areas was not as positive for the GPs. For example, only 75% of patients said the last GP they saw was good at explaining tests and treatments, compared to the local CCG average of 90% and the national average of 86%.

Staff were good at helping patients and their carers to cope emotionally with their care and treatment, and were committed to supporting patients who were also carers. For example, staff maintained a register of these patients and told us they had recently started to look at how the practice could better support them. Notices displayed in the patient waiting room told patients how to access a range of support groups and organisations. The practice's IT system alerted clinical staff if a patient was also a carer, so this could be taken into account when planning their care and treatment. Written information was available for carers to ensure they understood the various avenues of support available to them.

Are services responsive to people's needs?

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

The new provider had worked closely with other organisations and local healthcare professionals, to plan how services were provided, to ensure they met patients' needs and offered flexibility, choice and continuity of care. Staff had reviewed the call and recall system for patients with long-term and complex health conditions, and they were in the process of making sure appropriate care plans were in place for each person who needed one. Disease registers were being reviewed to make sure they included the correct patients. Patients over 75 years of age, and those living in care homes did not have a named GP. However, plans were in place to address these shortfalls as a full complement of clinical staff had recently been recruited.

The provider had been proactive in dealing with patients' concerns about the practice's appointment system, and improvements had been introduced. There were more staff with a broader range of skills and competencies, which meant the practice was able to offer more appointments. Most patients we spoke to, or who completed CQC comment cards, expressed no concern about telephone access or appointment availability. They told us that things were much improved since the new provider took over. Results from the NHS GP Patient Survey of the practice, published in January 2016, showed that patient satisfaction levels with telephone access and appointment availability and convenience, were broadly in line with the local CCG and national averages. For example, 92% of patients said the last appointment they got was convenient, compared with the local CCG average of 93% and the national average of 92%.

Requires improvement



Summary of findings

The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand, and evidence showed that the practice responded quickly and appropriately to any issues raised.

Are services well-led?

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

The practice's leadership and governance arrangements actively encouraged and supported a culture which consistently focussed on how high quality person centred care could be delivered and improved. The new provider had a very clear vision to deliver high quality care and promote good outcomes for their patients. There was a clear plan in place which set out how planned improvements would be achieved, by whom and within what timescale. All of the staff we spoke to were aware of the practice's vision, were proud to work for the practice and had a clear understanding of their roles and responsibilities. There were good governance and performance management arrangements in place. Over the last six months, the provider had put systems and processes in place which helped to keep patients safe, and they were supporting staff to embed these in their day-to-day work. There was a clear leadership structure and staff felt very well supported by the provider, the new GP team and the practice manager. Regular practice, nursing and multi-disciplinary team meetings were taking place, which helped to ensure patients received safe clinical care. The practice actively sought feedback from patients via their Friends and Family Test survey and were using this to monitor whether patients were satisfied with the changes they had introduced. There was a strong focus on, and commitment to, continuous learning and improvement at all levels within the practice.

Good



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as requires improvement for the care of older people. There are aspects of the practice that are requires improvement which therefore impact on all population groups.

Nationally reported QOF data, for 2014/15, showed that the previous provider's performance, regarding the provision of recommended care and treatment to older patients, was variable. For example, they had obtained 97.9% of the total points available to them, for providing care and treatment to patients who had been diagnosed with a stroke and transient ischaemic attack. This was 0.5% above the local CCG average and 1.3% above the England average.

However, the practice had only obtained 54.9% of the overall points available to them, for providing recommended care and treatment to patients with heart failure. This was 44% below the local CCG average and 43% below the England average. Patients over 75 years of age, and those living in care homes did not have a named GP. The new provider was taking action to address these shortfalls as they had recently recruited a full complement of clinical staff. Clinical staff also undertook home visits for older patients who would benefit from these.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for the care of people with long-term conditions. There are aspects of the practice that are requires improvement which therefore impact on all population groups.

Nationally reported QOF data, for 2014/15, showed that the previous provider's performance, regarding the provision of recommended care and treatment to patients with long-term conditions, was variable. For example, they had obtained 100% of the total points available to them for providing recommended care and treatment to patients with asthma. This was 0.7% above the local CCG average and 2.6% above the England average. However, they had only obtained 68.5% of the total points available to them, for providing recommended care and treatment to patients with dementia. This was 26.5% below the local CCG average and 20.7% below the England average. The new provider was actively addressing the practice's variable QOF performance. For example, the patient call and recall systems had been improved, to help ensure this group of patients received the care and treatment they needed. Medication

Requires improvement



Summary of findings

review clinics were being held to help make sure patients received the best possible medicines for their condition. Clinical staff were actively collaborating with other professionals to deliver a multi-disciplinary package of care, to patients with complex needs.

Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people. There are aspects of the practice that are requires improvement which therefore impact on all population groups.

There were good systems in place to protect children who were at risk and living in disadvantaged circumstances. The new provider had set up 'Supporting Families' meetings to which they invited relevant professionals, so that information about vulnerable children and their families could be shared, to help keep them safe. The practice maintained a register of vulnerable children and contacted families where a child had failed to attend a planned appointment. Appointments were available outside of school hours and the practice's premises were suitable for children and babies. The practice offered contraceptive and sexual health advice, and staff told us immunisations were offered to all eligible patients. The provider offered a full range of immunisations for children. However, there was no publicly available information that we could access, either from our own internal intelligence monitoring system or from the new provider, about the practice's performance in delivering childhood immunisations. Nationally reported data showed the previous provider's uptake for their cervical screening programme was, at 78.22%, just below the national average of 81.83%.

Requires improvement



Working age people (including those recently retired and students)

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students). There are aspects of the practice that are requires improvement which therefore impact on all population groups.

Nationally reported QOF data, for 2014/15, showed that the previous provider had not always performed well in providing working age patients with recommended care and treatment. For example, they had performed well by obtaining 98.8% of the overall points available to them, for providing care and treatment to patients who had hypertension. This was 0.9% above the local CCG average and 1% above the England average. However, they had only obtained 74.3% of the total points available to them, for providing

Requires improvement



Summary of findings

recommended care and treatment to patients with coronary heart disease. This was 23.1% below the local CCG average and 20.7% below the England average. The new provider was actively addressing the practice's variable QOF performance.

The new provider had assessed the needs of this group of patients and was developing services to make sure they were accessible, flexible and provided continuity of care. The practice was proactive in offering online services, as well as a full range of health promotion and screening that reflected the needs of this group of patients. GPs and nurses offered extended hours appointments to make it easier for working patients to access suitable appointments.

People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. There are aspects of the practice that are requires improvement which therefore impact on all population groups.

There were good arrangements for meeting the needs of patients with learning disabilities. The practice maintained a register of these patients which they used to ensure they received an annual healthcare review. The QOF data, for 2014/15, showed the practice had performed well by obtaining 100% of the points available to them, for providing recommended care and treatment to patients who had learning disabilities. This achievement was in line with the local CCG average and 0.2% above the England average. The practice provided patients with learning disabilities access to an extended annual review, to help make sure they received the healthcare support they needed. Systems were in place to protect vulnerable children and adults from harm. Staff understood their responsibilities regarding information sharing and the documentation of safeguarding concerns. The new provider had recently started looking at how the practice could better support patients who were also carers. However, this was in the very early stages of development, as it had not been an initial priority.

Requires improvement



People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). There are aspects of the practice that are requires improvement which therefore impact on all population groups.

Nationally reported QOF data, for 2014/15, showed that the previous provider's performance, regarding the provision of recommended care and treatment to patients with mental health needs, was variable. For example, they had obtained 100% of the total points

Requires improvement



Summary of findings

available to them, for providing recommended care and treatment to patients with dementia. This was 0.9% above the local CCG average and 5.5% above the England average. The data showed that 80% of these patients had a documented care plan, which had been agreed with their carers during the preceding 12 months. This was 1.8% above the local CCG average and 3% above the England average. However, the practice had only obtained 88.2% of the total points available to them, for providing recommended care and treatment to other patients with the mental health needs covered by the QOF. This was 8.3% below the local CCG average and 4.6% below the England average. Also, only 73.9% of these patients had a documented care plan during the preceding 12 months. This was 0.4% below the local CCG average and 3.3% below the England average. The new provider was actively addressing the practice's variable QOF performance.

Patients experiencing poor mental health were provided with advice about how to access various support groups and voluntary organisations, and were able to access in-house and external counselling. Staff kept a register of patients who had dementia, or other mental health needs, and the practice's clinical IT system clearly identified them, to help make sure clinical staff were aware of their specific needs. The nursing team was taking action to make sure that these were accurate and included all of those patients who needed to be on them. Clinical staff actively carried out opportunistic dementia screening, to help ensure patients received appropriate care and support. The practice had staff who held clinical lead roles, although these roles were still being developed.

Summary of findings

What people who use the service say

As part of our inspection we asked staff to invite patients to complete Care Quality Commission (CQC) comment cards. We received five completed comment cards, all of which were positive about the standard of care provided. Words used to describe the service included: no complaints; the continuity of nurses and doctors is brilliant; the service provided is much better; greeted pleasantly when I arrived; the service is better than ever. None of the patients raised any concerns about getting through to the practice on the telephone, or obtaining an appointment.

Feedback from the majority of patients was positive about the way staff treated them. We spoke with two patients from the practice's patient participation group. They told us they were treated with compassion, dignity and respect, and felt well looked after. Data from the NHS National GP Patient Survey of the practice, published in January 2016, showed patient satisfaction with the quality of nurse consultations was above the local CCG and national averages. Patient feedback about GP consultations was varied, and most were below local CCG and national averages.

Most patients we spoke to expressed no concern about telephone access or appointment availability. They told us that things were much improved since the new provider took over. Results from the NHS National GP Patient Survey showed that patient satisfaction levels with telephone access and appointment availability and convenience, were broadly in line with the local CCG and national averages.

Of the patients who responded to the NHS National GP Patient survey:

- 86% had confidence and trust in the last GP they saw, compared with the local CCG average of 96% and the national average of 95%.
- 80% said the last GP they saw was good at listening to them, compared with the local CCG average of 96% and the national average of 95%.

- 80% said the last GP they saw was good at treating them with care and concern, compared with the local CCG of 89% and the national average of 85%.
- 100% had confidence and trust in the last nurse they saw, compared with the local CCG average of 99% and the national average of 97%.
- 97% said the last nurse they saw was good at treating them with care and concern, compared with the local CCG of 94% and the national average of 91%.
- 100% said the last nurse they saw was good at listening to them, compared with the local CCG of 94% and the national average of 91%.
- 70% said they usually got to see or speak to their preferred GP, compared with the local CCG of 65% and the national average of 59%.
- 92% said the last appointment they got was convenient, compared with the local CCG average of 93% and the national average of 92%.
- 80% were able to get an appointment to see or speak to someone the last time they tried, compared with the local CCG average of 86% and the national average of 85%.
- 70% found it easy to get through to the surgery by telephone, compared with the local CCG average of 78% and the national average of 73%.
- 60% of patients said they would recommend the surgery to someone new to the area, compared with the local CCG average of 81% and the national average of 78%.

(287 surveys were sent out. There were 118 responses which was a completion rate of 41%. This equated to 2.13% of the practice population.)

Summary of findings

Areas for improvement

Action the service **MUST** take to improve

- Ensure staff complete all of the training they need to effectively and safely carry out their roles and responsibilities.

Action the service **SHOULD** take to improve

- Make sure blank prescriptions are stored in line with national guidance and keep them secure at all times.

- Continue to take action to improve the practice's QOF performance.
- Ensure all patients over 75 years of age have a named GP.
- Continue to demonstrate quality improvement and effective care through the completion of two-cycle clinical audits.

Cramlington Medical Group

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a practice manager, a CQC pharmacist and an expert by experience. An expert by experience is someone who has personal experience of using, or caring for someone who uses, a health, mental health and/or social care service.

Background to Cramlington Medical Group

Cramlington Medical Group provides care and treatment to 5,529 patients of all ages, based on a General Medical Services (GMS) contract. The practice is part of the NHS Northumberland clinical commissioning group (CCG) and provides care and treatment to patients living in Cramlington and the surrounding areas. We visited the following location as part of inspection: The Health Centre, Forum Way, Cramlington, Northumberland, NE23 6QN. The practice serves an area where deprivation is higher than the local CCG and England averages. The practice population includes fewer patients who are under 18 years of age, and more patients aged over 65 years of age, than the England average. The practice had a low proportion of patients who were from ethnic minorities.

The practice is located in a purpose built health centre and provides patients with fully accessible treatment and consultation rooms. The practice had: an executive lead GP (male); three salaried GPs (one male and two female); two advanced nurse practitioners and two practice nurses (all female); two healthcare assistants (female); a deputy group

manager, on secondment from the local healthcare trust, who had taken on the role of practice manager; three pharmacists, two of whom are independent prescribers; and a small team of administrative and reception staff.

When the practice is closed patients can access out-of-hours care via the Northern Doctors Urgent Care Limited On-Call service, and the NHS 111 service.

The practice is open Monday to Friday between 8am and 6:30pm. A duty doctor is scheduled to work from 10:10am to 11am and between 4:30pm and 5:10pm. They handle telephone consultations and any same-day requests for urgent care.

GP appointment times were as follows:

Monday: from 8:50am to 11am and between 2:30pm and 5:10pm.

Tuesday: from 7:30am to 11am and between 2:30pm and 5:10pm.

Thursday: from 8:10am to 11am and between 2:30pm and 7:50pm.

Friday: from 8:10am to 11am and between 2:30pm and 5:10pm.

Wednesday from 8:30am to 11am and between 2:30pm and 5:10pm.

Extended hours appointments had recently been introduced on Tuesday mornings from 7:30am and on Thursdays until 8pm.

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme.

Detailed findings

A previous inspection had taken place in May 2015, after which the practice was rated as inadequate. Practices rated as inadequate are usually placed into Special Measures. However, because of the unique circumstances surrounding the inspection, the Care Quality Commission made a decision not to place the practice into Special Measures. The purpose of this inspection was to check that improvements had been made, and that the new registered provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 1 February 2016. During our visit:

- We spoke with a number of staff, including: the GP registered manager; the executive lead GP and one of the salaried GPs; the deputy group manager; one of the nurse practitioners and one of the practice nurses; a pharmacist; and staff working in the administrative and reception team.
 - We observed how patients were being cared for and reviewed a sample of the records kept by staff.
 - We reviewed five Care Quality Commission (CQC) comment cards in which patients shared their views and experiences of the service.
 - We spoke with two patients from the practice's patient participation group and nine other patients.
- 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 are provided for specific groups of people and what good care looks 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.)

Are services safe?

Our findings

Safe Track Record

During our previous inspection, in May 2015, we found the previous provider did not have an effective system for dealing with safety alerts. Also, the arrangements for making sure prompt action was taken to learn from, and prevent significant events from reoccurring, were not effective.

During this inspection, we found the new provider had made good progress in addressing the concerns identified during our previous inspection. New systems and processes had been introduced which supported safe practice and reduced risks to patient safety. There was a clear process for reporting incidents which the staff we spoke with were aware of. A new system for handling safety alerts had recently been introduced. Designated staff were responsible for receiving non-clinical and clinical alerts, disseminating these to all team members and, ensuring that any required actions were addressed. All incidents and alerts were discussed at the weekly practice meetings that had been introduced by the new provider.

We also found the new provider had introduced a clear process for reporting significant events, and this was being followed by staff. An overarching process had been introduced to ensure that any serious significant events were promptly escalated to the provider's executive team and board, to help promote a consistent and standardised approach to decision-making. Since the provider took over in July 2015, 22 significant events had been reported. These covered a range of areas including consent, medicines, information governance and security. We saw there had been a greater number of significant events during the period following the provider taking on responsibility for running the practice and, that these had gradually decreased in number as the improvements made bedded in. Our interviews with staff, and the sample of records we looked at, showed these had been satisfactorily handled. However, we provided feedback that the records of significant events could contain more information and analysis. All significant events had been notified to the local clinical commissioning group (CCG) via their local reporting system, to help ensure lessons could be shared outside of the practice to promote more effective learning.

Overview of safety systems and processes

During our previous inspection, in May 2015, we found that some of the practice's systems, processes and practices did not promote patient safety and placed them at risk of harm. The previous provider did not have a policy informing staff how they should protect vulnerable adults. There was no designated safeguarding lead to help provide staff with access to advice and guidance and, some staff had not completed safeguarding training that was relevant to their roles and responsibilities.

During this inspection, we found the new provider had made good arrangements to safeguard adults and children from abuse that reflected relevant legislation and local requirements. The local CCG told us the new provider had worked well with them to ensure that their safeguarding systems were compliant with recommendations that had been made following a recent serious case review. For example, the provider had set up 'Supporting Families' meetings to which they invited relevant professionals. (Supporting Families meetings provide a forum in which health and social care professionals can share information about vulnerable children and their families.) Staff told us they intended to complete the Royal College of General Practitioners' Safeguarding GP Audit Toolkit to provide an additional assurance that the practice's systems reflected best practice. We were told the GP safeguarding lead had attended the CCG's inaugural safeguarding peer network in November 2015, to help make sure the practice kept up-to-date with the latest developments.

The practice had safeguarding policies and procedures which were accessible to all staff. These covered both child protection and adult safeguarding. Information about how to escalate safeguarding concerns was available in all administrative and clinical areas. One of the newly appointed GPs had been designated as the children safeguarding lead and had completed Level 3 child protection training to enable them to carry out this role effectively. The other new GPs had also completed this training. However, there was no designated safeguarding adults lead. At the inspection in May 2015, we identified that some staff had not completed safeguarding training. During this inspection, we found that although the staff we interviewed demonstrated they understood their responsibilities in relation to responding to a safeguarding concern, there were still some who had not completed this training. The provider told us all staff would have

Are services safe?

completed this training by the end of March 2016. Because of this, we have decided to repeat the requirement notice we made for the previous provider, in relation to the provision of training.

Good arrangements had been made to provide patients with access to a chaperone. For example, all staff undertaking chaperone duties had undergone a Disclosure and Barring Service (DBS) check and completed relevant training. Information about how to access a chaperone was on display in the practice's waiting area, on their website, and in their patient leaflet.

There were good infection control arrangements. The practice was clean and tidy throughout. There was a structured and managed approach to maintaining cleanliness. The designated infection control lead had completed training to help them carry out this role effectively and they provided staff with guidance and advice when appropriate. Staff had access to infection control policies and procedures and we saw evidence that these were being implemented. Although the staff we interviewed demonstrated they understood their responsibilities in relation to infection control, there were still some who had not completed training in infection control. The provider told us all staff would complete this training by the end of April 2016. Because of this, we have decided to repeat the requirement notice we made of the previous provider in relation to the provision of training.

The local healthcare trust had recently carried out a comprehensive audit of the practice's infection control arrangements had recently been carried out. The provider told us they were waiting for feedback about the outcome of this audit. Staff had completed a legionella risk assessment to help protect patients from the health risks posed by this bacteria and NHS Property Services carried out monthly checks of the water temperature. (Legionella is a bacterium that can grow in contaminated water and can be potentially fatal.)

During our previous inspection, in May 2015, we identified that the systems and processes for managing medicines, including emergency drugs and vaccines, were not effective or safe. During this inspection we found the new provider had made significant improvements to these arrangements, and had overall, addressed the previous breach of regulation.

Patients' requests for repeat prescriptions were dealt with in a timely way. Staff who generated prescriptions were appropriately trained and knew how changes to patients' repeat medicines were managed. This helped to make sure that patient's repeat prescriptions were still appropriate and necessary. There was a system for the management of high risk medicines, which included regular monitoring in line with national guidance. Appropriate action was taken based on the results. We checked ten anonymised patient records and these confirmed the procedure was being followed.

The practice had a safe system for reviewing hospital discharge and patient advisory letters. Where changes to medicines, were recommended or made, these were dealt with promptly by the GPs or pharmacists, who made the necessary changes to patients' records. The GPs, nursing staff and pharmacists carried out medicine reviews, for patients with long-term conditions. We found these were being appropriately managed. Regular medicines reviews are necessary to make sure that patients' medicines are up to date, relevant and safe.

Medicines, kept in the treatment rooms and medicine refrigerators, were stored securely and only accessible to authorised staff. There was a clear policy for ensuring medicines were kept at the required temperatures and this was being followed by staff. Appropriate processes were in place to check medicines were within their expiry date and suitable for use.

The practice had adopted Patient Group Directions (PGDs) to enable nursing staff to administer medicines in line with legislation. (A PGD is a written instruction for the sale and/or administration of medicines to groups of patients without individual prescriptions.) The practice also had a system for production of Patient Specific Directions (PSDs) to enable their health care assistants to administer vaccinations. These processes were being properly managed. (A PSD is a traditional written instruction, signed by a doctor, for medicines to be supplied and/or administered to a named patient.) The arrangements for ensuring the safety of blank prescriptions were satisfactory, with the exception that there were a small number of boxes containing blank prescriptions that had not been stored securely.

Are services safe?

During our previous inspection, in May 2015, we found appropriate pre-employment checks had not been carried out to make sure all staff were safe to work with children and vulnerable adults. We also found the previous provider did not have a rigorous recruitment policy.

During this inspection, we found the new provider had made improvements to how staff were recruited and these demonstrated they had addressed the breach of regulation identified during our previous inspection. Appropriate pre-employment checks had been carried out to make sure staff were suitable to work with children and vulnerable patients. For example, DBS checks had been completed, and checks had been carried out to make sure clinical staff were registered with their professional regulatory body. Evidence of staff's identity had been obtained, as well as full employment histories. In addition, there was evidence confirming that suitable indemnity cover arrangements were in place for all clinical staff. We did identify that appropriate evidence was not available of the qualifications of one member of the clinical team. We shared this with the new provider and they took immediate action to obtain evidence of this from the local care trust.

Monitoring risks to patients:

During our previous inspection, in May 2015, we found the arrangements for monitoring safety and responding to risk were not effective. For example, the health and safety risk assessments that were available were incomplete and had not been regularly reviewed.

During this inspection, we found the new provider had made improvements to how risks to patients were assessed and managed. They had introduced a new health and safety policy which all staff were able to access. Staff had completed a range of risk assessments that helped protect patients and staff from harm. In addition, the building landlord had also carried out a range of safety checks. These included fire prevention checks and checks of electrical and clinical equipment, to make sure they were safe to be used and working correctly.

There were suitable arrangements for planning and monitoring the number and mix of staff required to meet

patients' needs. The provider had recruited a full clinical GP team, consisting of both female and male GPs. Locum GPs were no longer being used by the practice. Additional nurses had also been recruited to ensure there were sufficient staff available to meet the needs of patients with long-term and complex conditions. There were sufficient numbers of non-clinical staff who had been trained to carry out all reception and administrative roles to help ensure the smooth running of the practice. Suitable arrangements were in place to cover staff holidays.

Arrangements to deal with emergencies and major incidents

During our previous inspection, in May 2015, we found that the arrangements for dealing with emergencies were not fully satisfactory, because some staff had not completed training in basic life support. During this inspection, we found that, although the staff we interviewed demonstrated they understood their responsibilities in relation to responding to an emergency, there were still some who had not completed this training. The provider told us all staff would complete this training by the end of April 2016. Because of this, we have decided to repeat the requirement notice we made of the previous provider in relation to the provision of training. Otherwise, we found there were good arrangements for dealing with emergencies and major incidents. An instant messaging system, on the computers in all the consultation and treatment rooms, alerted staff to any emergency. There were effective arrangements for making sure staff carried out regular checks of the emergency medicines, and resuscitation equipment, to make sure they were suitable for use. The practice had a defibrillator and oxygen for use in an emergency. Regular checks were carried out to make sure the defibrillator and oxygen were maintained in a good working condition.

The practice had a business continuity plan for major incidents, such as, power failure or building damage. This was accessible to all staff via the practice's intranet system. The plan included the emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Staff carried out assessments and treatment in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. They had access to guidelines from NICE and used this information to deliver care and treatment to meet patients' needs. The practice had systems in place to keep all clinical staff up-to-date with new guidelines.

Management, monitoring and improving outcomes for people

The new provider used the information collected for the Quality and Outcomes Framework (QOF), and their performance against national screening programmes, to monitor outcomes for patients. These outcomes were variable. (QOF is intended to improve the quality of general practice and reward good practice).

The QOF data, for 2014/15, showed the previous provider had obtained 83.7% (11% below the local CCG average and 8.1% below the England average) of the total points available to them for providing recommended care and treatment, with a 6.8% exception reporting rate. The reporting rate was 2.5% below the clinical commissioning group (CCG) average and 2.4% below the England average. (The QOF scheme includes the concept of 'exception reporting' to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect).

Examples of good QOF performance included the practice obtaining:

- 100% of the total points available to them, for providing recommended clinical care to patients who had cancer. This was 0.2% above the local CCG average and 2.1% above the England average.
- 100% of the total points available to them, for providing recommended clinical care to patients who had asthma. This was 0.7% above the local CCG average and 2.6% above the England average.

- 100% of the total points available to them, for providing recommended clinical care to patients with a diagnosis of atrial fibrillation (AF). This was 0.1% above the local CCG average and 1.5% above the England average.

However, there were also examples of where the previous provider's QOF performance fell significantly below the local CCG and national averages. For example, they had only obtained:

- 62.8% of the total points available to them, for providing recommended clinical care to patients who had diabetes. This was 32.2% below the local CCG average and 26.4% below the England average.
- 51.7% of the total points available to them, for providing recommended clinical care to patients who had heart failure. This was 47.2% below the local CCG average and 46.2% below the England average.
- 68.9% of the total points available to them, for providing recommended clinical care to patients who were receiving treatment for the secondary prevention of coronary heart disease. This was 28.5% below the local CCG average and 26.1% below the England average.

The new provider had only been responsible for the practice since July 2015, and was not therefore accountable for the delivery of the 2014/15 QOF outcomes. The provider and their staff told us that the QOF figures for 2015/16 would look better, and that the real improvements would be seen in the 2016/17 QOF year. Information supplied by the new provider indicated that they had made good progress and that the practice's overall QOF achievement, for 2015/16, was 83.3%. (The previous provider had been responsible for the practice's QOF performance in the first quarter of 2015/16.) It was clear to the inspection team that the new provider was actively taking steps to put systems in place which would result in accurate patient disease registers, and effective call and recall processes. Skilled and experienced clinical staff had recently been recruited to the practice. These staff were actively identifying those patients who had the most complex needs and developing plans to make sure these needs were met. However, clinical staff told us there were some patient registers that were still potentially inaccurate and, if so, posed a risk to patients. The inspection team was reassured that the new provider had a good action plan in place to deal with these areas of potential risk.

Are services effective?

(for example, treatment is effective)

The new provider had been proactive in carrying out clinical and quality improvement audits to help improve patient outcomes. There was evidence of a structured and planned approach to the carrying out of clinical audits, and this was underpinned by a clear audit policy. Audits completed since the provider took over responsibility for the practice included topics such as: medicines carried in doctors' bags and identifying patients with AF who had not been prescribed anti-coagulant medication. The audits chosen were relevant and related to concerns that had been identified by the provider during the first six months of running the service. Although no complete two cycle audits had yet been completed, the inspection team recognised that this was due to the significant amount of time the provider had needed in order to set up sufficiently rigorous systems and processes to support the carrying out of such audits. The provider told us that now a full complement of staff had been recruited, and the clinical and quality improvement audit programme was underway, this would be addressed over the next 12 months.

Effective staffing

Clinical staff had the skills and experience required to deliver effective care and treatment. A detailed training spread sheet provided evidence of the training staff had completed since the new provider took over. The provider was in the process of completing a training needs analysis for each team member, and said this would be completed for all staff by the end of March 2016. Nursing staff had completed additional post qualification training to help them meet the needs of patients with long-term conditions, including, training in travel & child immunisations, cervical screening and spirometry (a test that can help diagnose various lung conditions). Staff made use of e-learning training modules, and in-house and external training, to ensure they kept up-to-date with their mandatory training. The majority of staff had received an annual appraisal of their performance. Plans were in place to complete the programme of appraisals by the end of July 2016. There were good arrangements for supporting the GPs to achieve revalidation with the General Medical Council. For example, half-day educational sessions had recently been introduced for all the GPs.

Coordinating patient care and information sharing

During our previous inspection, in May 2015, we found evidence of significant delays in responding to incoming patient information, such as test and laboratory results.

Following our inspection, the new provider identified that there was a significant backlog of letters, and test and laboratory results, that had not been read or actioned. They told us that they had immediately taken steps to assess the potential risks to patients, and had prioritised what needed to be actioned and how this would be done. Additional GP staff were allocated to address the backlog, and this had taken almost four months to complete. During this inspection, we were satisfied that the backlog of clinical tasks had been appropriately addressed by the provider and that there were now safe and effective systems in place to prevent this from happening again.

All relevant information was being shared with other services, such as hospitals, in a timely way. Important information about the needs of vulnerable patients was shared with the out-of-hours and emergency services. Staff worked well together, and with other health and social care professionals, to meet the range and complexity of patients' needs and to assess and plan on-going care and treatment.

Consent to care and treatment

Patients' consent to care and treatment was sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of the legislation and guidance, including the Mental Capacity Act (2005). When staff provided care and treatment to young people, or adult patients whose mental capacity to consent was unclear, they carried out appropriate assessments of their capacity and recorded the outcome.

Supporting patients to live healthier lives

Staff were committed to supporting patients to live healthier lives through a targeted and proactive approach to health promotion. This included the recent setting up of systems to ensure that patients with long-term conditions and complex health needs, received the care and support they needed to manage their health and wellbeing. Staff worked effectively with other health and social care professionals to make sure the range and complexity of patients' needs were met. Multi-disciplinary meetings had been introduced and systems put in place to support patients with end of life needs.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

Are services effective?

(for example, treatment is effective)

NHS health checks for people aged between 40 and 74 years. There were suitable arrangements for making sure a clinician followed up any abnormalities or risks identified during these checks.

The practice had a comprehensive health screening programme. The QOF data, for 2014/15, showed they had performed well by obtaining 97.2% of the overall points available to them, for providing cervical screening services. However, the uptake of cervical screening was lower, at 78.22%, than the national average of 81.83%. The new provider told us they were actively reviewing the practice's cervical screening call and recall system to make it more effective. The practice had protocols for the management of cervical screening, and for informing women of the results of these tests. These protocols were in line with national guidance. The practice had performed better in relation to the provision of contraceptive services for women. They had obtained 100% of the overall points available to them. This was 1.9% above the local CCG average and 3.9% above the England average.

Patients were also supported to stop smoking. Nursing staff were trained to provide one-to-one counselling to help patients stop smoking. However, the QOF data, for 2014/15, showed that, of those patients aged over 15 years who smoked, only 73.1% had been offered support and treatment during the preceding 24 months. This was 15.9% below the local CCG average and 12.7% below the England average. The data confirmed the practice had supported patients to stop smoking using a strategy that included the provision of suitable information and appropriate therapy. The new provider had only been responsible for the practice since July 2015, and was not therefore, accountable for the delivery of the 2014/15 QOF outcomes. However, it was evident they had put effective plans in place to address the practice's variable QOF performance.

The new provider was offering a full range of immunisations for children. However, there was no publicly available information that we could access either from our own internal intelligence monitoring system, or, from the new provider about the practice's performance under the previous provider during 2014/15.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Staff understood that patients' social and emotional needs were as important as their physical needs, and there was a strong, person-centred culture within the practice. Staff were highly motivated and inspired to offer care that was kind and which promoted patients' dignity.

Throughout the inspection staff were courteous and helpful to patients who attended the practice or contacted it by telephone. We saw that patients were treated with dignity and respect. Privacy screens were available in consulting rooms, so that patients' privacy and dignity could be maintained during examinations and treatments. Some patients told us the new provider had made improvements to protect patients' privacy, such as stopping patients waiting outside consultation rooms for their appointments. However, some of the patients we spoke with felt the lack of privacy was still an issue in the reception area.

As part of our inspection we asked the new provider to invite patients to complete Care Quality Commission (CQC) comment cards. We received five completed comment cards, all of which were positive about the standard of care provided. Words used to describe the service included: no complaints; the continuity of nurses and doctors is brilliant; the service provided is much better; greeted pleasantly when I arrived; the service is better than ever.

Data from the practice's Friends and Family Test survey for December 2015, indicated that 87% of patients were extremely likely or likely to recommend the practice to their friends and families. This figure was an improvement on the results for November 2015.

Data from the NHS National GP Patient Survey of the practice, published in January 2016, showed patient satisfaction with the quality of nurse consultations was above the local CCG and national averages. (The survey covered the period from July to September 2015.) Patient feedback about GP consultations was varied, and most were below local CCG and national averages. For example, of the patients who responded to the survey:

- 86% had confidence and trust in the last GP they saw, compared with the local CCG average of 96% and the national average of 95%.

- 80% said the last GP they saw was good at listening to them, compared with the local CCG average of 91% and the national average of 89%.
- 80% said the last GP they saw was good at treating them with care and concern, compared with the local CCG of 89% and the national average of 85%.
- 100% had confidence and trust in the last nurse they saw, compared with the local CCG average of 99% and the national average of 97%.
- 97% said the last nurse they saw was good at treating them with care and concern, compared with the local CCG of 94% and the national average of 91%.
- 100% said the last nurse they saw was good at listening to them, compared with the local CCG of 94% and the national average of 91%.
- 70% said they usually got to see or speak to their preferred GP, compared with the local CCG of 65% and the national average of 59%.

Care planning and involvement in decisions about care and treatment

Most patients we spoke with, and those who commented on this in their CQC comment cards, told us clinical staff gave them enough time to explain why they were visiting the practice, and involved them in decisions about their care and treatment. Results from the NHS GP Patient Survey of the practice showed patient satisfaction levels, regarding involvement in decision-making and explaining tests and treatments, were higher than the local CCG and national averages for the nurses. However, feedback concerning these areas was not as positive for the GPs. Of the patients who responded to the survey:

- 75% said the last GP they saw was good at explaining tests and treatments, compared to the local CCG average of 90% and the national average of 86%.
- 86% said the last GP they saw was good at involving them in decisions about their care. This was in line with the local CCG average and above the national average of 82%.
- 97% said the last nurse they saw was good at explaining tests and treatments, compared with the local CCG average of 92% and the national average of 90%.

Are services caring?

- 92% said the last nurse they saw was good at involving them in decisions about their care, compared to the local CCG average of 88% and the national average of 85%.

We discussed the data in the NHS National GP Patient Survey relating to GP consultations, and how well the GPs involved them in decisions about their care and treatment, with the new provider. They felt that, because they had only very recently recruited a new GP team, the lower levels of patient satisfaction in this area, were not an accurate reflection of patients' views about the new GP team.

Patient and carer support to cope emotionally with care and treatment

Staff were good at helping patients and their carers to cope emotionally with their care and treatment. They understood patients' social and emotional needs, and

supported them to manage their own health and care, and maintain their independence. Notices displayed in the patient waiting room told patients how to access a range of support groups and organisations.

The new provider was committed to supporting patients who were also carers. For example, staff maintained a register of these patients and told us they had recently started to look at how the practice could better support them. (At the time of the inspection, there were 70 patients on this register, which equated to 1.3% of the practice's population.) The practice's IT system alerted clinical staff if a patient was also a carer, so this could be taken into account when planning their care and treatment. Written information was available for carers to ensure they understood the various avenues of support available to them.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The main focus of the new provider, since they took over the practice in July 2015, had been: addressing the significant backlog in unactioned letters and laboratory tests and results, and the consequent risks to patient safety because of this; establishing a permanent team of skilled and competent staff who were able to meet patients' needs. The provider told us they felt these objectives had been met so they were now focussing on putting systems and processes in place which would enable them to provide patients with more responsive and flexible care. For example, the provider had:

- Reviewed the call and recall system for patients with long-term and complex health conditions, and staff were in the process of making sure appropriate care plans were in place for each person who needed one. Staff acknowledged that potentially inaccurate disease registers, caused by the previous provider's poor READ coding, posed a continuing risk to some groups of patients because they might not receive appropriate care and treatment. (READ codes are a set of clinical descriptors that practices can use to manage data in patients' records.) Disease registers were being actively reviewed to make sure that they included the correct patients. Patients over 75 years of age, and those living in care homes did not have a named GP. The provider told us that they were now in a position to address this shortfall as they had recruited a full complement of clinical staff.
- There were good systems and processes in place to meet the needs of families, children and young people. The new provider had collaborated with the local clinical commissioning group (CCG) to ensure that the practice's safeguarding procedures were rigorous, and reflected the recommendations made in a recent serious care review report. Monthly 'Supporting Families' meetings had been set up to help ensure information about vulnerable children and families was shared with the relevant health and social professionals, and to identify and manage potential risks. Appointments were available outside of school hours

and the practice premises were suitable for children and babies. Same-day appointments were provided for children who were ill. The practice offered a range of contraceptive services and sexual health advice.

- Nationally reported QOF data, for 2014/15, showed that the previous provider's performance regarding the provision of recommended care and treatment to patients with mental health needs, was variable. For example, the data showed the practice had obtained 100% of the total points available to them for providing recommended care and treatment to patients with dementia. This was above the local CCG average, by 0.9%, and above the England average, by 5.5%. The data showed that 80% of these patients had a documented care plan, which had been agreed with their carers during the preceding 12 months. This was 1.8% above the local CCG average and 3% above the England average. However, the data also showed the practice had only obtained 88.2% of the total points available to them for providing recommended care and treatment to other patients with mental health needs. This was 8.3% below the local CCG average and 4.6% below the England average. Also, only 73.9% of these patients had a documented care plan which had been agreed with their carers during the preceding 12 months. This was 0.4% below the local CCG average and 3.3% below the England average.

Patients experiencing poor mental health were provided with advice about how to access various support groups and voluntary organisations, and were able to access in-house and external counselling. Staff kept a register of patients who had dementia, and the practice's clinical IT system clearly identified them, to help make sure clinical staff were aware of their specific needs. Clinical staff actively carried out opportunistic dementia screening, to help ensure their patients were receiving the care and support they needed to stay healthy and safe.

- There were good arrangements for meeting the needs of patients with learning disabilities. The QOF data, for 2014/15, showed the practice had performed well by obtaining 100% of the points available to them, for providing recommended care and treatment to patients who had learning disabilities. This achievement was in line with the local CCG average and 0.2% above the England average. The practice provided these patients

Are services responsive to people's needs?

(for example, to feedback?)

with access to an extended annual review, to help make sure they received the healthcare support they needed. At the time of the inspection, all 19 patients had received an annual health check during the 2015/16 QOF year.

- Reasonable adjustments had been made to help patients with disabilities, and those whose first language was not English, access the practice. For example, there was a disabled toilet which had appropriate aids and adaptations, and disabled parking was also available. The waiting area was spacious making it easier for patients using wheelchairs to be independent.

Access to the service

The practice was open Monday to Friday between 8am and 6:30pm. A duty doctor was scheduled to work from 10:10am to 11am and between 4:30pm and 5:10pm. They handled telephone consultations and any same-day requests for urgent care.

GP appointment times were as follows:

Monday: from 8:50am to 11am and between 2:30pm and 5:10pm.

Tuesday: from 7:30am to 11am and between 2:30pm and 5:10pm.

Thursday: from 8:10am to 11am and between 2:30pm and 7:50pm.

Friday: from 8:10am to 11am and between 2:30pm and 5:10pm.

Wednesday from 8:30am to 11am and between 2:30pm and 5:10pm.

Extended hours appointments had recently been introduced on Tuesday mornings from 7:30am and on Thursdays until 8pm.

Patients were able to book appointments by telephone, in person or on-line. The appointment system offered pre-bookable and 'bookable-on-the-day' appointments.

During our previous inspection in May 2015, we found the practice was providing fewer appointments than it should have been for the size of the practice list. During this inspection, the new provider told us the number of appointments available had gradually increased from July 2015, as a full complement of staff with a range of clinical

skills, knowledge and competencies, had been appointed. Non-clinical staff we spoke with told us the appointment system was much better and they said they now had more appointments to offer patients.

Most patients we spoke to, or who completed CQC comment cards, expressed no concern about telephone access or appointment availability. They told us that things were much improved since the new provider took over.

Results from the NHS GP Patient Survey of the practice, published in January 2016, showed that patient satisfaction levels with telephone access and appointment availability and convenience, were broadly in line with the local CCG and national averages. Of the patients who responded to the survey:

- 92% said the last appointment they got was convenient, compared with the local CCG average of 93% and the national average of 92%.
- 80% were able to get an appointment to see or speak to someone the last time they tried, compared with the local CCG average of 86% and the national average of 85%.
- 70% found it easy to get through to the surgery by telephone, compared with the local CCG average of 78% and the national average of 73%.
- 73% said they were satisfied with the practice's opening hours, compared with the local CCG average of 77% and the national average of 75%.

Listening and learning from concerns and complaints

During our previous inspection in May 2015, we found that complaints were poorly recorded and, that it was not clear whether lessons had been learnt as a result of those received.

During this inspection, we found the new provider had a good system for managing complaints. This included having a designated person who was responsible for handling any complaints received by the practice and a complaints policy which provided staff with clear guidance about how to handle complaints. Information about how to complain was available on the practice's website and was also on display in the patient waiting area. The practice had received one formal complaint and three informal complaints during the previous six months. Information we looked at indicated these had been handled satisfactorily.

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

The provider closely monitored all complaints received by the practice and the steps taken to address each concern,

to see what lessons could be learnt. A complaints review had also been undertaken to identify any patterns or trends, and what lessons had been learned, so these could be shared with staff.

Are services well-led?

Good 

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

Our findings

Vision and strategy

During our previous inspection, in May 2015, we found the practice was not well-led and there was no evidence of a strategy setting out the previous provider's plans for developing the service.

During this inspection, we found the leadership, governance and culture at the practice actively encouraged and supported the delivery of high-quality, person-centre care. The new provider had a very clear vision to deliver high quality care and promote good outcomes for their patients. In response to the regulatory breaches identified during the previous inspection, the provider had developed a detailed and comprehensive action plan, that had been informed by an analysis of the risks posed to patients' safety. The provider had made good progress in implementing their action plan. Although there was no information on the provider's website informing patients of their vision and strategy for developing the practice, we were told it was currently undergoing a major upgrade, to bring it up-to-date. All of the staff we spoke to were aware of the practice's vision, were proud to work for the practice and had a clear understanding of their roles and responsibilities.

Governance arrangements

During our previous inspection, in May 2015, we found the previous provider's governance arrangements were ineffective and did not assure the delivery high quality patient care. During this inspection, we found that good governance arrangements had been put in place. These demonstrated the new provider had addressed the breach of regulation we identified about the lack of effective governance.

The practice had policies and procedures to govern staff's activities and there were systems to monitor and improve quality and identify areas of risk. Regular practice, nursing and multi-disciplinary team meetings took place, which helped to ensure patients received effective and safe clinical care. Good arrangements had been made which supported staff to learn lessons when things went wrong, and to support the identification, promotion and sharing of good practice. The new provider was proactive in carrying out clinical and quality improvement audits to help improve patient outcomes. There was evidence of a

structured and planned approach to the carrying out of clinical audits, and a programme of quality improvement audits was underway. The practice proactively sought feedback from patients using the Friends and Family Test survey. Responsibilities for management, administration, accountability and reporting structures within the practice were well defined, and clearly understood by staff.

Leadership, openness and transparency

The leadership team had a clear shared purpose. They had worked hard to address the concerns from our previous inspection, and had made good progress towards their overall objective of delivering a quality service. There was a clear leadership and management structure, and all of the staff we spoke with felt involved and valued. The members of the leadership team all had the experience, capacity and capability to run the practice and ensure high quality, compassionate care. A culture had been created which encouraged and sustained learning at all levels.

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

The practice encouraged and valued feedback from patients and staff. Although the previous provider had set up a patient participation group (PPG) which had met regularly, there had been little activity since the new provider took over. We spoke with two PPG members, who told us they were unsure how the PPG would operate under the new provider. They said initial contact was 'promising' and that their continuing involvement in the group was being encouraged. The new provider told us they intended to further develop the PPG, but said that this had not been identified as a key priority, given all the potential risks to patients they had identified on taking over the practice. The practice also obtained feedback through their Friends and Family Test survey. The provider closely monitored patient feedback and used this to help improve how services were delivered. They had introduced a programme of regular meetings for all staff. These, and individual staff appraisals, were used to obtain staff's views and opinions about the service being provided and any improvements that could be made. The majority of staff had received an annual appraisal, since the new provider took over.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The new

Are services well-led?

Good 

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

provider and their team were forward thinking and demonstrated their commitment to developing patient focussed services. Examples of this included: the development of a comprehensive action plan to deal with the concerns they encountered when they took on responsibility for the practice; actively addressing patient concerns about appointment availability and continuity of care; the use of an internal quality assurance system to monitor the practice's performance against the new provider's key performance indicators; the recruitment of a

new clinical team with the skills, knowledge, competencies and commitment needed to drive improvements. The practice demonstrated their commitment to continuous learning by encouraging and supporting staff to access relevant training. Although the new provider had not fully complied with the training requirement notice we set following our last inspection, they had made good progress in addressing this. The arrangements that had been put in place, provided evidence that this would soon be achieved.

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 18 HSCA (RA) Regulations 2014 Staffing The new registered provider had not ensured that all staff had completed the training they needed to deliver safe care and treatment. All staff who obtain the consent of people who use services must be familiar with the principles and codes of conduct associated with the Mental Capacity Act 2005. This is a breach of Regulation 18(1) and (2) (a) and (c) of the Health and Social Care Act (Regulated Activities) Regulations 2014 Staffing