

The Haymarket Health Centre

Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Requires improvement 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We previously carried out an announced comprehensive inspection at The Haymarket Health Centre on 11 January 2017. The overall rating for the practice was inadequate with inadequate ratings for providing safe and well-led services, and requires improvement ratings for providing effective, caring and responsive services. As a result, the service was placed into special measures. We found two breaches of legal requirements and as a result we issued a warning notice in relation to:

- Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 – Good Governance.

We also issued a requirement notice in relation to:

- Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 – Safe Care and Treatment.

We undertook an announced focused inspection on 3 July 2017 to follow up on the warning notice. We found that the provider had met the legal requirements in relation to Regulation 17.

The full comprehensive report on the January 2017 inspection and the report on the July 2017 focused inspection can be found by selecting the 'all reports' link for The Haymarket Health Centre on our website at www.cqc.org.uk.

This inspection was undertaken following a period of special measures and was an announced comprehensive inspection on 28 September 2017. Overall the practice is now rated as Good.

Our key findings were as follows:

- Staff felt able and were encouraged to raise events and demonstrated a clear understanding of the procedure and understood their responsibilities to report incidents and near misses. Events were recorded, investigated and shared but did not always result in learning and quality improvement. A regular analysis of events had not been carried out to identify common trends.

Summary of findings

- Systems and processes to safeguard patients had improved. Staff were aware of how to raise a safeguarding concern, had received training relevant to their role, and had access to internal leads and contacts for external safeguarding agencies.
- Following the recruitment of a practice pharmacist, an effective system had been introduced to log, review, discuss and act on external alerts, such as the Medicines and Healthcare products Regulatory Agency (MHRA) alerts that may affect patient safety.
- There were systems in place for the monitoring and prescribing of high risk medicines.
- There were systems in place for identifying, assessing and mitigating most risks to the health and safety of patients and staff. However, some health and safety aspects required improved oversight.
- The practice used innovative methods to improve patient outcomes. For example the practice had a community assessment team that visited patients with complex health and social support needs in their own homes. They carried out holistic assessments, made referrals and signposted patients to other agencies such as befriending and bereavement services where appropriate.
- 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 partners had reviewed and increased its workforce. They had employed additional clinicians with a varied skill mix to help meet the health and social needs of patients and the demand for access to appointments. A dedicated patient contact call centre had been opened to improve patient access across all of the provider's services and to ensure patients were signposted to the appropriate clinician. However, feedback we gained from patients showed they continued to experience difficulty getting through to the practice by telephone and obtaining appointments. Results from the national GP patient survey supported these findings.
- A clear leadership structure had been developed and implemented. Key roles and responsibilities had

been developed across the team. Staff told us they felt supported by the partners and management team and considered significant improvements had been implemented since the last comprehensive inspection.

- The partners and management team demonstrated oversight and understanding of the practice. They were aware of the continued improvements required to improve patient outcomes and the quality of the service.
- Results from the national GP patient survey published in July 2017 showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available but not readily accessible.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice had an active patient participation group in place to support patient feedback.

However, there were also areas of practice where the provider should make improvements.

- Establish effective systems and processes to improve patient access in line with patient feedback.
- Carry out a regular analysis of significant events to identify any common trends, maximise learning and help mitigate further errors.
- Ensure visitors to the practice are briefed on the fire safety procedures and at all times ensure fire doors are not obstructed.
- Ensure that information about the practice's complaints procedure is readily accessible to patients.

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

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- Systems and processes to safeguard patients had improved. Staff were aware of how to raise a safeguarding concern, had received training relevant to their role and had access to internal leads and external safeguarding agencies.
- Following the recruitment of a practice pharmacist, an effective system had been introduced to log, review, discuss and act on external alerts, such as the Medicines and Healthcare products Regulatory Agency (MHRA) alerts that may affect patient safety.
- The practice system for prescribing high risk medicines on a shared care basis ensured patients had received the recommended monitoring before prescriptions were issued.
- Staff felt able and were encouraged to raise events and demonstrated a clear understanding of the procedure and understood their responsibilities to report incidents and near misses. Events were recorded, investigated and shared but did not always result in learning and quality improvement. A regular analysis of events had not been carried out to identify common trends.
- There were systems in place for identifying, assessing and mitigating most risks to the health and safety of patients and staff. However, some health and safety aspects required improved oversight.
- The storage and handling of blank prescriptions was secure. However, the monitoring of uncollected prescriptions required review and this was immediately acted upon.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable to the national average, although there were high levels of exception reporting in some areas.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- The practice had a community assessment team that visited and assessed patients with complex needs in their own homes to help improve patient outcomes. Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Summary of findings

- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey published in July 2017 showed patients rated the practice in line with others for most aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services was accessible.
- Staff treated patients with kindness and respect, and maintained confidentiality.
- The practice had identified 208 (1.8%) of the patient list as carers. The practice community assessment team provided help and support to carers and signposted them to local services offering support and guidance.

Are services responsive to people's needs?

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

Requires improvement



- The partners had reviewed and increased its workforce and employed additional clinicians with a varied skill mix to help meet the health and social needs of patients and the demand for access to appointments. However, feedback we received and data in the national GP patient survey showed patient satisfaction with contacting the practice continued to be lower than local and national averages. For example, 37% (previously 50%) of patients found it easy to contact the practice by telephone compared to the local clinical commissioning group (CCG) average of 67% and the national average of 71%. Although a new patient access line managed by a dedicated patient contact call centre had been implemented in July 2017, patients continued to report considerable difficulty with telephone access and the availability of appointments. On the day of our inspection we saw that urgent appointments on the day were available and the next pre-bookable appointment was 9 October 2017 (over a week later).
- Services were planned to take into account the needs of different patient groups and to help provide flexibility, choice and continuity of care.

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 but not readily accessible. Evidence from the examples we reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Are services well-led?

The practice is rated as good for providing well-led services.

- Governance arrangements had improved. A clear leadership structure had been developed and implemented. Key roles and responsibilities had been developed across the team. Staff told us they felt supported by the partners and management team and considered significant improvements had been implemented since the last comprehensive inspection.
- The partners and management team encouraged a culture of openness and honesty and demonstrated an oversight and understanding of the practice. They were aware of the continued improvements required to continue to improve patient outcomes and the quality of the service.
- The practice had a clear vision to deliver high quality care and promote good outcomes for patients. Staff we spoke with were clear about the vision and their responsibilities in relation to it.
- The practice had policies and procedures to govern activity. Various staff meetings were now established and recorded.
- The practice sought feedback from staff and patients. The patient participation group was active to support patient feedback.
- There was a focus on continuous learning and improvement. There was a system of peer review and staff felt supported with their personal development.

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 good for the care of older people.

Good



- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- Staff were able to recognise the signs of abuse in older patients and shared examples of how they had escalated concerns in relation to potential abuse.
- The practice had a community assessment team (CAT) who carried out holistic domiciliary assessments for patients with complex needs to include this population group. These assessments allowed early signposting and referral to community and social services, and also highlighted early medical input where required.
- Patients who were housebound were identified on the practice's computer system. Domiciliary flu immunisations, vaccinations and annual reviews were offered as routine to these patients.
- The practice provided a service to a number of patients living in local residential and nursing homes.

People with long term conditions

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

Good



- Personalised self-management plans were provided for patients with long-term conditions such as diabetes, asthma and chronic obstructive pulmonary disease (COPD).
- Patients with long term conditions were offered an annual health review streamlined to their birth month to check whether their health and medical needs were being met. For those patients with the most complex needs, the practice worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Patients at risk of hospital admission were identified as a priority.
- Performance for some long term conditions was comparable to national averages. However, for other conditions there was a high rate of exception reporting.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.

Summary of findings

Families, children and young people

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

Good



- Same day appointments were available for children and the premises were suitable for children and babies.
- The practice provided a family planning service and post-natal checks for new mothers.
- Children at risk were identified on the practice computer system. The practice had an active child protection policy and a practice specific template to record information including child protection, domestic abuse and modern-day slavery and regularly liaised with the health visitors.
- The practice participated in the Developing All Sexual Health (DASH) scheme and provided sexual health advice and contraceptive supplies for young people aged 24 and under, including chlamydia screening.
- Immunisation rates were high for all standard childhood immunisations.

Working age people (including those recently retired and students)

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

Good



- The practice offered pre-bookable appointments with a GP and nurse on a Saturday morning from 8.15am to 12.30pm, aimed primarily at patients unable to access the practice during the working week.
- Telephone consultations for working age patients who could not attend during normal opening hours were also available.
- On line services were available to book appointments and request repeat prescriptions.
- The practice sent text message reminders.
- The practice provided a range of clinics to include well women and men checks.

People whose circumstances may make them vulnerable

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

Good



- Staff interviewed knew how to recognise signs of abuse in children, young people and vulnerable adults. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies.

Summary of findings

- The practice held a register of 67 patients with learning disabilities and offered annual reviews and longer appointments if needed.
- The community assessment team carried out holistic domiciliary assessments for patients with complex needs and helped identify vulnerable patients and signposted them to the relevant agencies for support.
- There were accessible facilities, which included a hearing loop, and interpretation services.
- The practice had identified 208 (1.8%) of the patient list as carers and signposted them to local services offering support and guidance.

People experiencing poor mental health (including people with dementia)

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

- 85% of patients with a diagnosed mental health condition had a comprehensive, agreed care plan documented in their record, in the preceding 12 months compared with the CCG average of 90% and the national average of 89%. However the practice had a high rate of exception reporting. For example, the practice clinical exception rate of 22% for this clinical area which was higher than the CCG average of 12% and the England average of 13%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment by the community assessment team. This team included a dementia friend champion.
- 83% of patients diagnosed with dementia had a care plan in place that had been reviewed in a face-to-face review in the preceding 12 months. This was comparable with the CCG average and national averages of 84%.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.

Good



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 comparable to or below the local and national averages. Three hundred and eighteen survey forms were distributed and 131 were returned. This represented 1% of the practice's patient list.

- 37% of patients found it easy to get through to this practice by phone compared to the CCG average of 67% and the national average of 71%.
- 62% of patients described their experience of making an appointment as good compared with the CCG and national averages of 73%.
- 79% of patients described the overall experience of this GP practice as good compared with the CCG average of 84% and the national average of 85%.
- 66% of patients said they would recommend this GP practice to someone who has just moved to the local area compared with the CCG average of 75% and the national average of 77%.
- 99% of patients said they had confidence and trust in the last GP they saw or spoke with compared to the CCG and the national averages of 95%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received nine comment cards. Two contained positive

comments about the standard of care received, two were mixed and five were negative with comments mainly relating to difficulty with getting through to the practice by telephone and availability of appointments.

We spoke with 15 patients during the inspection including a representative of the Patient Participation Group (PPG). Patients told us they felt involved in their care and treatment and their privacy and dignity was upheld. However, the majority of patients told us they were unable to get an appointment when they needed one and continued to experience difficulty with getting through to the practice by telephone. Further improvements to the telephone system were scheduled following the inspection.

The practice took part in the NHS Friends and Families test (FFT). This is a feedback tool that provides patients the opportunity to give feedback on their experience and asks would they recommend the services they have used. We reviewed the feedback the practice had received from July to September 2017. Out of the 56 responses completed, 20 patients said they were likely or extremely likely to recommend the practice, 16 said they unlikely or extremely unlikely to recommend the practice, 18 said they were neither likely or unlikely and two patients said they did not know. Positive comments about the service included the helpfulness and caring attitudes of staff, and the very good care provided by the practice. What patients considered was not so good about the practice included the difficulty obtaining an appointment and the time taken to answer the telephone.

Areas for improvement

Action the service **SHOULD** take to improve

- Establish effective systems and processes to improve patient access in line with patient feedback.
- Carry out a regular analysis of significant events to identify any common trends, maximise learning and help mitigate further errors.
- Ensure visitors to the practice are briefed on the fire safety procedures and at all times ensure fire doors are not obstructed.
- Ensure that information about the practice's complaints procedure is readily accessible to patients.

The Haymarket Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a Care Quality Commission (CQC) Lead Inspector. The team included a second CQC inspector, a GP specialist adviser and a Practice Manager Specialist Advisor.

Background to The Haymarket Health Centre

The Haymarket Health Centre is registered with the Care Quality Commission (CQC) as a partnership provider. The practice holds a General Medical Services (GMS) contract with NHS England and is part of the NHS Stoke On Trent Clinical Commissioning Group (CCG). A GMS contract is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract.

The practice is located in Tunstall, Stoke-On-Trent. The area of Tunstall is measured as having one of the highest levels of deprivation in the country. The practice age distribution is in line with the national and CCG area. The practice has a higher percentage of patients with a long-standing health condition which could mean increased demand for GP services. At the time of the inspection the practice had 11,455 registered patients with a further 3000 patients transferring from 1 November 2017 following the merger of a nearby practice, which will become a branch location of The Haymarket Health Centre.

The Haymarket Health Centre had previously experienced significant recruitment issues and a request for support was made by the practice from the NHS England 'Supporting Change in General Practice' team. This resulted

in a change of governance and new leadership from 3 October 2016. The practice is now operated by the GPs of a practice which is situated approximately four miles away. The aim of the collaboration is to facilitate cross site working. Shared policies and procedures have been implemented enabling staff to access information technology and training facilities at both sites. A new patient access line, managed by a dedicated patient contact call centre, was implemented in July 2017 to improve patient access and ensure patients are signposted to the appropriate clinician.

The practice staffing comprises:

- Seven GPs (Five male and two female) 6.5 whole time equivalent (WTE)
- One business partner
- One clinical nurse manager 1 WTE
- Three nurse practitioners and two advanced nurse practitioner 4.9 WTE
- Two practice nurses 2WTE
- One trainee practice nurse 1WTE
- One prescribing pharmacist
- Two practice health care workers - 1.8 WTE
- One Primary Care Operations Manager
- One Patient Communications Manager
- One Systems Development Manager
- A team of 14 reception and administrative staff including a reception manager
- A team of call handlers (based off site)

The practice is open between 8am and 6pm Monday to Friday with extended hours appointments offered on

Detailed findings

Saturday mornings from 8.15am to 12.30pm. Patients are able to call the patient contact call centre up until 6.30pm where there is a least one GP and other clinicians available for obtaining advice or processing of any tasks. The practice offers a mixture of same day and pre-bookable appointments up to 21 days in advance in addition to telephone consultations.

The practice has opted out of providing cover to patients in the out-of-hours period. During this time services are provided by Staffordshire Doctors Urgent Care, patients access this service by calling NHS 111.

We carried out an announced comprehensive inspection at The Haymarket Health Centre on 11 January 2017. The overall rating for the practice was inadequate and the service was placed into special measures. We found two breaches of legal requirements and as a result we issued a warning notice in relation to:

- Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 – Good Governance.

We also issued a requirement notice in relation to:

- Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 – Safe Care and Treatment.

We undertook an announced focused inspection on 3 July 2017 to follow up on the warning notice.

The full comprehensive report on the January 2017 inspection and the report on the July 2017 focused inspection can be found by selecting the 'all reports' link for The Haymarket Health Centre on our website at www.cqc.org.uk.

Why we carried out this inspection

We undertook a comprehensive inspection of The Haymarket Health Centre on 11 January 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as inadequate for providing safe services and well led services and placed into special measures for a period of six months.

We issued a warning notice to the provider in respect of good governance and informed them that they must become compliant with the law by 23 June 2017. We undertook a follow up inspection on 3 July 2017 to check that action had been taken to comply with legal requirements. The full comprehensive report on the January 2017 inspection can be found by selecting the 'all reports' link The Haymarket Health Centre on our website at www.cqc.org.uk.

We undertook a further announced comprehensive inspection of The Haymarket Health Centre on 28 September 2017. The inspection was carried out following the period of special measures to ensure improvements had been made and to assess whether the practice could come out of special measures.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 28 September 2017. During our visit we:

- Spoke with a range of clinical, non-clinical staff and members of the management team.
- Spoke with 15 patients who used the service including a representative of the patient participation group (PPG).
- Observed how patients were being cared for in the reception area and talked with carers and/or family members
- Reviewed an anonymised 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?

Detailed findings

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

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

- older people
- people with long-term conditions
- families, children and young people

- working age people (including those recently retired and students)
- people whose circumstances may make them vulnerable
- people experiencing poor mental health (including people with dementia).

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

Are services safe?

Our findings

At our previous inspection on 11 January 2017, we rated the practice as inadequate for providing safe services. This was because:

- There were few reports of serious incidents or significant events and there were no significant event management protocols and limited evidence to show that significant events were reviewed and thoroughly investigated to prevent further occurrences. Some staff were unaware of the procedure for recording significant events.
- The practice did not have a pathology results management protocol.
- The practice did not have processes for reporting, recording, acting on and monitoring significant events, incidents, Medicines and Healthcare products Regulatory Agency (MHRA) drug safety updates and near misses.
- The practice did not have a procedure to ensure that all medicines including emergency medicines in the GP's bag are in date to prevent patients from receiving unsafe care or treatment.
- Systems and processes were not established or operated effectively to prevent abuse of patients.
- Staff did not always adopt the correct procedure when chaperoning.
- The practice did not always deploy sufficient number of suitably qualified, competent, skilled and experienced persons to make sure that they could meet people's care and treatment needs.

We issued a warning notice in respect of some of these issues under Regulation 17 Good Governance and found arrangements had significantly improved when we undertook a follow up inspection of the service on 3 July 2017. However, in line with our standard policy, the rating for providing safe services remained unchanged following that inspection.

We saw during the inspection undertaken on 28 September 2017 that improvements seen during the focussed inspection in July 2017 had been sustained and further improvements made. The practice is now rated as good for providing safe services.

Safe track record and learning

There was a system for reporting and recording significant events.

- We saw that the improvements made to the system in place for managing and reviewing significant events during the inspection in July 2017 had been maintained. There was a designated member of the management team responsible for overseeing significant events and staff had access to a standard recording form available on the practice's computer system. The culture of reporting significant events had continued to improve across the practice. Staff we spoke with told us they were encouraged to raise events, demonstrated a clear understanding of the procedure and understood their responsibilities to report incidents and near misses.
- The practice had recorded 53 significant events since January 2017 and categorised each event. Events were recorded, investigated and shared during meetings held but did not always result in evidence of learning and quality improvement. For example we saw an incident where vaccines had been delivered to the practice reception and had not immediately been refrigerated due to a breakdown in communication. The same issue had occurred within four weeks, again due to a lack of communication. Therefore the learning from the initial event had not been effective and not all of the reception staff we spoke with were aware of the most recent event raised the day prior to the inspection. However, we saw other examples where action had been taken and previous practice revised as a result. A regular analysis of events had yet to be carried out to identify common trends and evaluate action taken. When required, significant events had been shared with some external stakeholders.
- There was now an effective system in place led by the practice pharmacist to log, review, discuss and act on external alerts, such as the Medicines and Healthcare products Regulatory Agency (MHRA) alerts that may affect patient safety. Following an alert being received, the practice checked to ensure that patients were not affected by the medicines or equipment involved and took appropriate on going action where required. A central log of alerts was maintained and detailed the actions required, actions taken, who the information was shared with and the dates reviewed at clinical meetings held.

Are services safe?

Overview of safety systems and process

We saw that the improvements made to the systems, processes and practices in place to keep patients safe and safeguarded from the risk of abuse seen during the focussed inspection in July 2017 had been maintained.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The provider had recently reviewed and updated their vulnerable adults safeguarding policy to fully reflect categories and definitions of the types of abuse for example, modern slavery and clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. A standard template had been designed to help staff capture appropriate safeguarding information. This included a prompt to share relevant information with other health and social care agencies. We saw safeguarding was a standard agenda item for clinical meetings to help staff manage risk in relation to vulnerable patients. There was a safeguarding lead team that included the lead GP, nurse manager and administrator lead and staff spoken with knew of the leads. Reports were prepared for multi-disciplinary meetings to help ensure that information about vulnerable patients at risk was shared.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding. A member of staff spoken with was able to share an example of the potential neglect of a patient they visited in the community and the action they had taken. Another member of staff advised us of a domestic abuse case and the action taken to help safeguard the patient. Staff had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three and nurse's level two or above.
- Notices were now more visible to patients and displayed on consultation and clinical rooms advising 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). Most of the patients we spoke with were aware of this service.

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the public areas to be clean and tidy. However, we did see non-patient areas where there was a lack of attention to cleaning. This had been identified on the infection control audit undertaken on 13 September 2017 and the provider was able to show us the action they had taken with the cleaning member of staff responsible to address the issues. There were cleaning schedules and monitoring systems in place. An action plan had been developed following the infection control audit and we saw evidence that action was taken to address any improvements identified.
- A nurse practitioner was the infection prevention and control (IPC) clinical lead and discussions held with them demonstrated they had a clear understanding of their role and responsibilities concerning infection control and had recently received refresher training to support them in their role.
- There was an IPC policy that had been updated in August 2017. Staff had received up to date training.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal). We saw that the improvements seen during the focussed inspection in July 2017 had been maintained and additional improvements had also been made.

- There were processes for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicine audits, with the support of their practice pharmacist and the Clinical Commissioning Group (CCG) medicines optimisation team, to ensure prescribing was efficient and in line with best practice guidelines for safe prescribing. The practice pharmacist had identified all patients who had their care and treatment shared between the practice and the hospital. The hospital organised the assessment and monitoring of the condition and the practice prescribed the medicines required. They had identified these patients on the clinical system and compiled a system for the effective monitoring of patients. Blank prescription forms were securely stored and there were systems to monitor their use. For additional security no prescriptions were utilised during home visits. GPs were

Are services safe?

encouraged to use the clinical system following home visits to generate electronic prescriptions to minimise prescribing errors. A prescription tracking system had very recently been introduced for prescriptions collected by chemists on behalf of patients. The practice had a system for monitoring prescriptions awaiting collection, however the timeframe for checking collection was not clearly defined in the repeat prescription and medication review protocol and monitoring checks recorded. Staff spoken with were unsure of the timeframe and we found two prescriptions from August 2017 that had not been collected. The provider immediately acted on this and following the inspection sent us a copy of their revised protocol.

- Four of the nurses had qualified as independent prescribers and could therefore prescribe medicines for clinical conditions within their expertise. They received mentorship and support from the medical staff for this extended role. We saw that a system of clinical peer review had recently been implemented. One of the clinicians we spoke with shared their peer review documentation with us and told us they valued the system of peer review adopted by the practice and only prescribed within their competency. They told us they had very much been supported in their advanced role. We saw Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

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

Monitoring risks to patients

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

- There was a health and safety policy available and this had been updated in August 2017. The lead GP had the overall responsibility for health and safety. A health and safety compliance review had been undertaken and an action plan developed and monitored.
- The practice had an up to date fire risk assessment and had recently carried out a fire drill and weekly checks of

the fire system were made and recorded. Fire procedures were clearly displayed in the practice. However, the inspection team were not briefed of these procedures and we saw a small number of fire doors to staff offices wedged open.

- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order. A fixed electrical inspection had been undertaken.
- The practice had a variety of other risk assessments to monitor safety of the premises such as a basic general environmental risk assessment, infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients. The clinical nurse manager was supernumerary and was therefore available to cover nurse clinics at short notice and was currently covering the child immunisation clinics for a colleague who was absent from work.

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.
- Staff had received annual basic life support training and there were emergency medicines available in the practice. The practice had a system in place to ensure they were regularly checked and within date.
- The practice had emergency equipment which included an automated external defibrillator (AED), (which provides an electric shock to stabilise a life threatening heart rhythm), oxygen with adult and children's masks. Weekly checks were undertaken on equipment to ensure they were fit for purpose.
- At the focused inspection in July 2017 we saw a risk assessment had been completed and a decision not to carry any emergency medicines on home visits.

Are services safe?

Although the risk assessment did not consider all eventualities of how risk was mitigated for each individual emergency condition, we were advised that all home visit requests were triaged by a GP and a clinical decision was made regarding the most appropriate course of intervention.

- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. A copy of the plan was held on the practice shared drive and off site and included emergency contact numbers for core members of the management team to cascade to the practice team.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 11 January 2017, we rated the practice as requires improvement for providing effective services. This was because:

- No clinical re-audits had been undertaken to ensure improvements had been achieved.

Improvements were also required in arrangements for staff appraisals.

We issued a warning notice in respect of one of these issues under Regulation 17 Good Governance and found arrangements had significantly improved when we undertook a follow up inspection of the service on 3 July 2017. However, the rating for providing effective services remained unchanged following the inspection.

We saw during the inspection undertaken on 28 September 2017 that improvements seen during the focused inspection in July 2017 had been sustained and further improvements made. The practice is now rated as good for providing effective services.

Effective needs assessment

GPs and members of the nursing team we spoke with 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 practice shared drive and by personal subscription and used this information to deliver care and treatment that met patients' needs. Updates were discussed as part of clinical meetings.
- The practice used the Map of Medicine to facilitate referrals along accepted pathways. This provided comprehensive, evidenced based local guidance and clinical decision support at the point of care and was effective in reducing referrals.

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, prior to the current provider taking over the practice on 1 October 2016, showed the practice had achieved 96% of the total number of points available compared with the clinical commissioning group (CCG) average of 97% and national average of 95%. The practice clinical exception rate of 10%, was 1% above the CCG average and the same as the England average. Clinical exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable or unwilling 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 similar to the CCG and national averages. For example, the percentage of patients on the diabetes register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 82% compared with the CCG average of 79% and the England average of 78%. The practice exception reporting rate of 6% was lower than the CCG average of 7% and England average of 9%.
- 93% of patients with chronic obstructive pulmonary disease (COPD) had had a review undertaken including an assessment of breathlessness using a recognised scale in the preceding 12 months. This was comparable with the CCG average of 89% and the national average of 90%. COPD is a chronic lung disease. The practice exception reporting rate of 17% was above the CCG average of 11% and the England average of 12%.
- The percentage of patients with high blood pressure in whom the last blood pressure reading (measured in the preceding 12 months) was within recognised limits was 89% compared with the CCG average of 84% and the national average of 83%. The practice exception reporting rate of 6% was above the CCG average of 3% and the national average of 4%.
- Performance for mental health related indicators was comparable to the local CCG and national averages. For example, the percentage of patients experiencing specific mental health conditions with an agreed care plan documented in the preceding 12 months was 85% which was comparable to the local CCG average of 90%

Are services effective?

(for example, treatment is effective)

and national average of 89%. However, the practice clinical exception rate of 22% for this clinical area was considerably higher than the CCG average of 12% and the England average of 13%.

- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was above the local CCG average and England averages (83% compared with the CCG and England average of 84%). The practice clinical exception rate of 3% for this clinical area was below the CCG average and England average of 7%.

We saw that the improvements made in respect of quality improvement seen during the inspection in July 2017 had been maintained and improved.

- There had been 21 clinical audits completed this year where the improvements made were implemented and monitored. For example, following on from a significant event (SEA), records of patients diagnosed with the inflammatory condition, polymyalgia rheumatica were reviewed to ensure their care was in line with best practice.
- The practice had approached a local pain consultant as part of an initiative to reduce prescribed medication dependence.
- There was evidence that findings were used by the practice to improve services. For example, the practice pharmacist had introduced and implemented a system of regular batch searches to ensure that when alerts from the Medicines and Healthcare products Regulatory Agency (MHRA) were issued, patients were routinely monitored to ensure any risks identified were managed.

Effective staffing

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

- Newly appointed staff received an induction to their work and worked alongside existing staff until they felt competent and confident in their new role. Induction 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, for those reviewing patients with long-term

conditions. A health care worker had identified as part of their appraisal they wanted to pursue a training course in wound dressings and was supported to attend tissue viability training. An advanced nurse practitioner was being supported to further their qualifications in their role and a practice nurse was to commence an independent nurse prescribing course to further her skills and support her professional development. The practice was planning to introduce nurse designated lead roles.

- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff spoken with told us they had received an appraisal of their work and had access to appropriate training to meet their learning needs and to cover the scope of their work. This included on-going support, education meetings, clinical supervision, coaching and mentoring, clinical peer review and facilitation and support for revalidating GPs and nurses.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of on-line training and in-house training. The organisation had a designated trainer and a comprehensive staff training matrix of all training completed was effectively maintained.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- We found that the practice shared relevant information with other services in a timely way. For example, when referring patients to other services. The community

Are services effective?

(for example, treatment is effective)

assessment team told us they also used the Lion's Club 'message in a bottle' scheme to encourage people to keep their basic personal and medical details on a standard form in a bottle in their fridge.

- We saw that 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 on going care and treatment. There was a system of multi-disciplinary meetings in place and these were held quarterly with the palliative care team and Integrated Local Care Team (a team consisting of professionals such as community matrons and social workers). Patient care plans were routinely reviewed and updated at these meetings including when patients were referred, or after they were discharged from hospital.
- 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.

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 and Gillick competency.
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.
- Clinicians were able to share examples of how they obtained consent. For example, nurses recorded consent in children's records when parents brought them to attend for immunisations. A record was also kept on patients' records to evidence if consent had been offered, accepted or declined.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring additional support due to their complex health and social needs.

The practice's uptake for the cervical screening programme was 73%, which was lower than the CCG average of 80% and the national average of 81%. (The practice exception reporting rate of 2% was lower than the local average of 6% and the national average of 7%).

The practice also encouraged eligible patients to attend national screening programmes for bowel and breast cancer screening. Data from 2015/16, published by Public Health England, showed that the number of patients who engaged with national screening programmes was lower than the local and national averages:

- 68% of eligible females aged 50-70 had attended screening to detect breast cancer in the last 36 months. This was below the CCG average of 72% and the national average of 73%.
- 51% of eligible patients aged 60-69 were screened for symptoms that could be suggestive of bowel cancer in the last 30 months. This was below the CCG average of 54% and the national average of 58%.

The practice acknowledged their cancer screening uptake was lower than local and national averages. As a result they had shared and discussed this as a team and developed health screening information displays in the practice to encourage further uptake of screening. They told us they were due to take part in a bowel screening pilot and letters of invitation would be sent to patients from the bowel screening hub on practice letter head paper. Nurses showed us notes were added to a patient's record if they failed to attend or if their screening was overdue and opportunistically discussed screening with patients. A letter was also sent to patients who failed to attend which highlighted the benefits of the screening and information about the screening programme was included in the practice newsletter published for patients by the patient participation group. The advanced nurse practitioner told us they were planning to undertake a cervical screening audit to look at contacting patients that had not attended screening.

Are services effective?

(for example, treatment is effective)

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given to under two year olds were all above the national expected coverage of 90%, at 99%. The uptake rates for vaccines given to five year olds were above the national average ranging from 95% to 98%.

Patients had access to appropriate health assessments and checks. These included NHS health checks, new patient checks and well women/men checks. The practice offered travel advice and vaccinations in addition to a no appointment drop-in flu vaccination clinic.

Health promotion information in relation to family health, long-term conditions and minor illness was available in the practice and on the practice website.

Are services caring?

Our findings

At our previous inspection on 11 January 2017, we rated the practice as requires improvement for providing caring services. This was because:

- The number of carers identified within the practice population was low.

These arrangements had improved when we undertook a follow up inspection on 28 September 2017. The practice is now rated as good for providing caring services.

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- A private room was available off the reception area should a patient wish to discuss sensitive issues.
- Patients could be treated by a clinician of the same sex. Staff told us an additional female GP had provided patients with a greater choice of seeing a GP of their preferred gender.

We received nine Care Quality Commission comment cards. Two contained positive comments about the standard of care received, two were mixed and five were negative with comments mainly relating to difficulty with getting through to the practice by telephone and availability of appointments. One patient acknowledged that the practice had been through a difficult time and commented, "We are very lucky to have good staff and doctors who go the extra mile under pressure and provide great support". Another patient said they found the practice staff very helpful.

We spoke with 15 patients including one member of the patient participation group (PPG). Most patients told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected and they were given enough time during their consultation.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The survey invited 318 patients to submit their views on the practice, a total of 131 forms were returned. This gave a return rate of 41%. The practice was comparable to the survey results from the previous year, CCG and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 84% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 81% of patients said the GP gave them enough time compared to the CCG and national average of 86%.
- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG and national average of 95%.
- 82% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average of 86%.
- 87% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 92% and the national average of 91%.
- 88% of patients said the nurse gave them enough time compared with the CCG and national average of 92%.
- 97% of patients said they had confidence and trust in the last nurse they saw, the same as the CCG and national average of 97%.
- 91% of patients said the last nurse they spoke to was good at treating them with care and concern the same as the CCG and national average of 91%.
- 75% of patients said they found the receptionists at the practice helpful compared with the CCG average of 86% and the national average of 87%.

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 and aligned with these views.

Are services caring?

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

- 84% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 87% and the national average of 86%.
- 82% of patients said the last GP they saw was good at involving them in decisions about their care, the same as the CCG and national average of 82%.
- 88% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 91% and the national average of 90%.
- 84% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. The practice website had a translate page for non-English speaking patients.

- Patients told us that GPs and the nursing team were good at explaining about their condition.
- The practice provided a hearing loop to assist patients who had a hearing impairment and provided access to a sign language interpreter.

Patient and carer support to cope emotionally with care and treatment

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

The practice had identified 208 (1.8%) of the patient list as carers, an increase of 111 carers since the last comprehensive inspection in January 2017. The practice community assessment team provided help and support to carers and signposted them to local services offering support and guidance. There was a carers' information area in the waiting room and written information was available to direct carers to the various avenues of support available to them.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 11 January 2017, we rated the practice as requires improvement for providing responsive services. This was because:

- There was insufficient access to appointments.

We issued a warning notice in respect of this issue under Regulation 17 Good Governance and found arrangements had significantly improved when we undertook a follow up inspection of the service on 3 July 2017. However, in line with our standard policy, the rating for providing responsive services remained unchanged following that inspection.

We saw during the inspection undertaken on 28 September 2017 that improvements seen during the inspection in July 2017 had not been fully sustained. Therefore the practice continues to be rated as requires improvement for providing responsive services.

Responding to and meeting people's needs

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

- The practice offered extended hours on a Saturday morning from 8.15am to 12.30pm aimed primarily at patients unable to access the practice during the working week.
- Telephone consultations for working age patients who could not attend during normal opening hours were also available.
- The practice had a community assessment team (CAT) who carried out holistic domiciliary assessments for patients with complex needs. These assessments allowed early signposting and referral to community and social services, and also highlighted early medical input where required. The practice had identified 480 patients eligible for this service and had a dementia friend champion on the team to help to meet the needs of these patients. The CAT team had previously donated boxes of items to around 30 vulnerable and lonely patients they worked with and planned to do the same this Christmas.

- Patients with long term conditions such as diabetes and asthma were now offered an annual health review in their birth month.
- Home visits were available for patients who were housebound because of their illness or disability which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice sent text message reminders of appointments and test results.
- Patients were able to receive travel advice and vaccines available on the NHS.
- There were accessible facilities, which included a hearing loop, and interpretation services available.
- The partners had reviewed and increased its workforce and employed additional clinicians with a varied skill mix to help meet the health and social needs of patients and the demand for access to appointments.
- Services were planned to take into account the needs of different patient groups and to help provide flexibility, choice and continuity of care.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Access to the service

The practice was open between 8am and 6pm Monday to Friday with extended hours appointments offered on Saturday mornings from 8.15am to 12.30pm. Patients were able to call the patient contact call centre up until 6.30pm where there was a least one GP and other clinicians available for obtaining advice or processing of any tasks. GP appointment times were between 9am and 11.30am and from 2.30pm to 5.30pm. Nurse appointment times were between 8.30am and 12.30pm and from 1.30pm to 6pm. The practice offered a mixture of same day, urgent and pre-bookable appointments up to 21 days in advance in addition to telephone consultations. The practice had a system to assess if a home visit was clinically necessary and the urgency of the need for medical attention.

Are services responsive to people's needs?

(for example, to feedback?)

Results from the national GP patient survey published in July 2017 showed that patients' satisfaction with how they could access care and treatment was comparable to the local and national averages, except for telephone access and experience of making an appointment. For example:

- 79% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 79% and the national average of 76%.
- 80% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 83% and the national average of 84%.
- 80% of patients said their last appointment was convenient compared with the CCG and national average of 81%.
- 53% of patients said they don't normally have to wait too long to be seen compared with the CCG and national average of 58%.
- 37% of patients said they could get through easily to the practice by phone compared to the CCG average of 67% and the national average of 71%.
- 62% of patients described their experience of making an appointment as good compared with the CCG and national average of 73%.

A new patient access line managed by a dedicated patient contact call centre had been implemented in July 2017. Feedback gained through discussions held with a number of patients on the day of the inspection, CQC comment cards, complaints received and reviews on NHS Choices showed patients continued to experience difficulties getting through to the practice by telephone and the availability of appointments. On the day of our inspection we saw that appointments on the day and were available and the next pre-bookable appointment was 9 October 2017, which was over a week later. Despite adding additional operators and promoting and encouraging other ways for patients to access services, for example booking appointments on line, the practice was receiving a high volume of telephone calls between 8am and 9am with a large number not relating to requests for urgent same day appointments. Therefore the provider had purchased a bespoke telephone system that would assist in filtering

calls in appropriate ways to improve the efficiency and quality of the answering and information service to their patients regardless of their reason for calling the practice. Following the inspection we received confirmation from the provider that the new system had been implemented on 2 October 2017 and initial feedback from patients was favourable. The provider told us they would continue to monitor the system closely.

Since the last comprehensive inspection in January 2017, the partners had reviewed and increased its workforce and skill mix and employed an additional eight clinicians. These included four GPs, two nurse practitioners, an advanced nurse practitioner and a prescribing practice pharmacist to help meet the health and social needs of patients and the demand for access to appointments. No locum staff had been used this year. Staff we spoke with considered there was sufficient staff now employed and an increase in prescribers helped meet patient demand, although some staff considered an additional member of staff in reception would help particularly given the volume of patients accessing the service and occasionally staff being requested to support the call centre.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system but was not readily accessible in the reception area, in the patient information leaflet and on the practice's website.

We saw that the practice had received 20 complaints since the last comprehensive inspection in January 2017. The trend was mainly in relation to telephone access. We found complaints were satisfactorily handled, dealt with in a timely way with openness and transparency. Outcomes of complaints were a standard agenda item, shared and recorded at various staff meetings held to support sharing of learning 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

At our previous inspection on 11 January 2017, we rated the practice as inadequate for providing well-led services. This was because there was no overarching governance structure and no clear leadership arrangements. The practice had previously experienced significant recruitment issues, a lack of direction, high staff turnover, rising locum costs and patient dissatisfaction. This resulted in a change of governance and new leadership from 3 October 2016.

We issued a warning notice in respect of these issues under Regulation 17 Good Governance and found arrangements had significantly improved when we undertook a follow up inspection of the service on 3 July 2017. However, in line with our standard policy, the rating for providing well-led services remained unchanged following that inspection.

We saw during the inspection undertaken on 28 September 2017 that improvements seen during the inspection in July 2017 had been sustained and further improvements made. The practice is now rated as good for providing well-led services.

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement and staff spoken with were aware of the aims and values of the practice which was to offer the best care possible to patients within the current health economy, improve care and efficiency and have a supportive relationship amongst employees and staff and give the staff opportunity to develop their skills to perform their role to the best they can. We saw the mission statement was clearly displayed throughout the practice including the reception area and on the practice website.
- Staff we spoke with knew and understood the vision and strategy and spoke positively about the changes made under the new provider and considered significant improvements had been made throughout the practice since the last comprehensive inspection.

Governance arrangements

Improvements in the governance arrangements within the practice had been sustained since the focused inspection in July 2017. The practice had an overarching governance framework which supported the delivery of the strategy and good quality care.

- There was a clear organisational staffing structure in place and staff were aware of their own key roles and responsibilities.
- Outcomes and lessons learnt following significant events and complaints were shared with staff in various meetings held.
- Staff had access to a centralised intranet system where practice specific policies were available. These were updated and reviewed regularly and the provider was in the process of aligning the policies across the whole of their organisation to ensure a corporate approach. The practice immediately updated their repeat prescribing policy to reflect the timeframe for checking collection of prescriptions.
- Reception, clinical, management and educational meetings had been introduced and were regularly held which provided an opportunity for staff to learn about the performance of the practice. Records of meetings held were comprehensive and were available for practice staff to view.
- The programme of continuous clinical and internal audit had improved and demonstrated a commitment to the practice's on-going quality assurance and quality improvement programme.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, a small number of fire doors to staff offices were seen wedged open during the inspection and visitors had not been briefed on the fire safety arrangements.

Leadership and culture

Leadership and management structure had been developed, implemented and embedded. The partners had made a concerted effort to move the service forward and had prioritised key issues. They were aware of the continued improvements required to continue to improve patient outcomes and the quality of the service. On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care.

Are services well-led?

Good 

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

Staff we spoke with considered there was a more collective approach to team working, improved communication and organisation and greater stability across the team. Staff told us the partners and management team encouraged them to identify opportunities to improve the service delivered by the practice. We saw there had been a change in culture and staff we spoke with told us they had embraced change and the practice was moving forward. Staff told us the partners and management team were approachable and took the time to listen them.

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). The partners encouraged a culture of openness and honesty.

The practice held and recorded a range of multi-disciplinary meetings including meetings with the Integrated Local Care Team (ILCT) and palliative care team to monitor vulnerable patients.

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

The practice encouraged and valued feedback from patients and staff. It sought feedback from:

- The patient participation group (PPG) which consisted of around 12 core members that met quarterly. The group was generally supported by the lead GP and the primary care operations manager. During the inspection we spoke with the chairperson of the PPG. They were aware of the challenges the patients had in relation to telephone access and had been kept well informed of the changes made as a result. The PPG was actively involved in the publication of a comprehensive patient quarterly newsletter. The practice was considering developing a virtual PPG to capture the views of its younger population.

- The NHS Friends and Family test, NHS Choices, complaints and compliments received.
- Staff through staff meetings, appraisals, discussion and newsletters. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues or the management team. Staff felt able to share suggestions for improvement with the management team and were kept up to date on a regular basis through daily discussions held and informal support received from colleagues within the team.
- The practice social media site, which the provider was looking to further engage, inform and interact with patients.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice was looking to continue to develop and enhance the skills of the nursing staff, for example to train a further nurse to become a prescriber. A system of peer review of patient consultations and prescribing had been introduced and this had been welcomed by members of the clinical team. The partners had reviewed and increased its workforce and employed additional clinicians with a varied skill mix to help meet the health and social needs of patients including a community assessment team to meet and bridge the medical and social needs of patients with complex needs. The provider had acknowledged the significant issues impacting on patient experiences accessing the practice by telephone and had very recently purchased a bespoke telephone system that would assist in filtering calls in appropriate ways to ensure they were able to provide a timely and quality answering and information service.