Limefield and Cherry Tree Surgeries

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Limefield and Cherry Tree Surgeries on 7 October 2016. The overall rating for the practice was inadequate and the practice was placed in special measures for a period of six months. As a result of the October 2016 inspection visit we issued the practice with requirement notices for breaches to regulation 12 (safe care and treatment) and regulation 19 (fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also issued a warning notice to the provider in respect regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and informed them that they must become compliant with the law by 10 March 2017 with regards to this breach. The full comprehensive report on the October 2016 inspection can be found by selecting the 'all reports' link for Limefield and Cherry Tree Surgeries on our website at www.cqc.org.uk.

This inspection was undertaken following the period of special measures and was an announced comprehensive inspection on 21 June 2017. We saw that improvements had been made. Overall the practice is now rated as Requires Improvement.

Our key findings were as follows:

- There were improved systems to ensure that significant events were recorded and analysed thoroughly and learning outcomes maximised.
- While other systems and processes to keep patients and staff safe had improved, there still remained gaps, for example a fire risk assessment had not been completed at the time of inspection and appropriate recruitment checks had not been carried out for the most recently employed member of staff.
- Blank prescription pads were secured securely but there were not effective systems in place at the time of our visit to monitor their location and use.

Summary of findings

- The governance arrangements in the practice had improved, although further improvements were necessary.
- Managerial oversight around staff training was more thorough and most of the training records we asked to view were available.
- The practice had begun to implement a programme of appraisal meetings with staff. Five of the eleven staff had received appraisals since our previous visit.
- The practice was able to demonstrate how quality improvement work was undertaken.
- Patients were positive about their interactions with staff during face to face consultations and said they were treated with compassion and dignity.
- Some patients we spoke with continued to express frustration with the practice's appointment system. This had been discussed at a recent meeting with the patient participation group and the practice told us they planned to review the appointment system in the near future.
- Staff told us they felt supported by the GPs and management staff.

There were areas of practice where the provider needs to make improvements.

Importantly, the provider must:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care, in particular but not exclusively relating to the completion of appropriate fire risk assessments for all practice premises and the implementation of appropriate systems to monitor the location and use of prescription paper.

In addition the provider should:

- Actions identified as part of the infection prevention and control audit should be documented as part of an action plan to allow for effective monitoring and timely completion.
- Continue to identify and support patients who are also carers
- Update the practice website as to the availability of extended hours appointments.

I am taking this service out of special measures. This recognises the 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?

Requires improvement

At our previous inspection on 7 October 2016, we rated the practice as inadequate for providing safe services as there were significant gaps in systems and processes to keep patients safe. A systematic approach to assessing and mitigating risk was not employed, learning from significant events was not consistently implemented, equipment to deal with medical emergencies was not adequate and recruitment processes were not comprehensive.

We found that there had been some improvement in these areas when we undertook a follow up inspection on 21 June 2017, however some concerns remained. The practice is now rated as requires improvement for providing safe services.

- The process to record and investigate significant events and implement learning was thorough and the practice was able to demonstrate how it maximised learning outcomes.
- There were gaps in recruitment activity undertaken since our last inspection in October 2016; for example information in relation to previous employment had not been sought.
- Risk management had improved, although there remained gaps. For example, the practice had not carried out a suitable fire risk assessment at the time of inspection. This was booked to be completed by an external contractor 17 working days after our inspection. Following our visit the practice was able to expedite the undertaking of this risk assessment and provided us with evidence that this had been completed on the 10 July 2017. However, the risk assessment had only been carried out at the main Limefield site, and not the Cherry Tree branch premises. The practice later confirmed that a fire risk assessment had been completed for the branch surgery on 10 August 2017.
- Blank prescription paper was securely stored, but systems to monitor their location were not comprehensive. Following the inspection the practice confirmed that an appropriate logging system had been implemented.
- An infection prevention and control audit had been completed since our previous inspection, and we saw that actions had been carried out to rectify issues identified. However, the completion of these actions was not documented as part of the audit process.
- Staff had received appropriate training in areas such as infection control, basic life support and safeguarding.

Summary of findings

- The practice had appropriate equipment on site to deal with a medical emergency, and we saw that this equipment was appropriately maintained.

Are services effective?

Good

At our previous inspection on 7 October 2016, we rated the practice as requires improvement for providing effective services as the arrangements in respect role specific training for staff, clinical audits and staff appraisal needed improving.

These arrangements had improved when we undertook a follow up inspection on 21 June 2017. The provider is now rated as good for providing effective services.

- Clinicians referenced national guidelines to ensure care was in keeping with best practice.
- There was some evidence of audit demonstrating quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was improved managerial oversight of staff training and staff appraisals had commenced and were ongoing.
- Multidisciplinary working was taking place to ensure patients received appropriate care. For example, multidisciplinary team meetings were held on a monthly basis to ensure the needs of patients with complex needs were being met.

Are services caring?

Good

At our previous inspection on 7 October 2016, we rated the practice as good for providing caring services.

After we undertook a follow up inspection on 21 June 2017 the practice is still rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment during face-to-face consultations.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Summary of findings

- The practice had identified 40 patients who were also carers (0.9% of the patient list), but had not made use of alerts on the computer system to ensure staff were aware of this and so maximise the chances of them being offered the care they needed.

Are services responsive to people's needs?

Requires improvement

At our previous inspection on 7 October 2016, we rated the practice as requires improvement for providing responsive services as the arrangements in respect of recording, investigating and learning from complaints needed improving.

These arrangements had improved when we undertook a follow up inspection on 21 June 2017, although concerns remained that despite a trend of patient feedback, issues with the practice's appointment system had yet to be addressed. The practice is still rated as requires improvement for providing responsive services.

- The practice had improved its handling of complaints. While a new system that had been implemented had not been used consistently, we saw that the most recent complaint had a comprehensive audit trail of actions taken indicating the new system was beginning to be embedded into practice.
- Information about how to complain was available and evidence from three examples reviewed showed the practice responded quickly to issues raised and offered appropriate apologies to patients.
- Some patients continued to express frustration with the practice's appointment system. The practice told us it planned to review this system in the near future and following the inspection the practice confirmed that as of September 2017 a new appointment system would be implemented.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.

Are services well-led?

Requires improvement

At our previous inspection on 7 October 2016, we rated the practice as inadequate for providing well-led services as there were significant gaps in the overarching governance structure and we had concerns around the leadership capacity.

Summary of findings

We issued a warning notice in respect of these issues and found there had been some improvement when we undertook a follow up inspection of the service on 21 June 2017, although further improvements did need to be made. The practice is now rated as requires improvement for being well-led.

- There continued to be insufficient leadership capacity at the practice at the time of our inspection visit, although we were told there were plans in place to improve this as of the week following our inspection.
- The practice had improved its meeting structure to formalise information flow within the organisation.
- There were a range of policies and procedures in place to support the delivery of services. However, while the management of these had improved since our previous visit, we did note some duplication and inconsistencies with their content.
- The patient participation group had recently been reinstated and the practice was able to articulate how it planned to address patient feedback in the near future, for example by purchasing a mobile telephone to free up a land line and by reviewing the appointment system.
- Arrangements for identifying, recording and managing risks, issues and implementing mitigating actions had improved although were still not fully comprehensive at the time of our visit.
- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- While the practice's systems and processes were being updated in light of the acquisition of a new electronic document management system, these were not yet fully embedded. During the inspection visit there was some confusion as to the location of some key documents.

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

Requires improvement

The provider was rated as requires improvement for safety, responsiveness and for leadership. The issues identified as requiring improvement overall affected all patients including this population group. However:

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Regular multidisciplinary meetings were held to discuss patients nearing the end of life in order to ensure their needs were being met.

People with long term conditions

Requires improvement

The provider was rated as requires improvement for safety, responsiveness and for leadership. The issues identified as requiring improvement overall affected all patients including this population group. However:

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Annual review appointments were offered in the month of patient's birth in order to make them more memorable and to maximise attendance.
- The practice shared data with us demonstrating how they had improved systems around telephone follow ups resulting in a reduction in emergency asthma admissions to hospital over the previous two years.

Summary of findings

Families, children and young people

Requires improvement

The provider was rated as requires improvement for safety, responsiveness and for leadership. The issues identified as requiring improvement overall affected all patients including this population group. However:

- The practice identified and followed up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 83%, which was comparable to the CCG average of 80% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

Requires improvement

The provider was rated as requires improvement for safety, responsiveness and for leadership. The issues identified as requiring improvement overall affected all patients including this population group. However:

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Telephone consultations were available, allowing patients to access health advice without attending the practice in person.

People whose circumstances may make them vulnerable

Requires improvement

The provider was rated as requires improvement for safety, responsiveness and for leadership. The issues identified as requiring improvement overall affected all patients including this population group. However:

Summary of findings

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Requires improvement

The provider was rated as requires improvement for safety, responsiveness and for leadership. The issues identified as requiring improvement overall affected all patients including this population group. However:

- The percentage of patients diagnosed with dementia whose care had been reviewed in a face to face review in the preceding 12 months was 94% compared to the CCG average of 87% and national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

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 performance was variable when compared with national averages. A total of 251 survey forms were distributed and 108 were returned. This represented a response rate of 43% and 2.5% of the practice's patient list.

- 63% of patients found it easy to get through to this practice by phone compared to the local average of 73% and national average of 71%.
- 73% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the local average of 84% and national average of 84%.
- 85% of patients described the overall experience of this GP practice as good compared to the local average of 86% and national average of 85%.
- 73% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the local average of 79% and national average of 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 22 comment cards, all of which made positive comments about the care and treatment offered by the practice. Patients described staff as being friendly and caring with a number of cards describing how the clinical team made them feel like family. As well as making positive comments, six of the cards also made reference to concerns and frustration with the telephone triage system. Patients said they found this system stressful and in some cases were put off from accessing services at the practice as a result.

We also spoke with one patient during the inspection visit, and another patient on the telephone shortly afterwards. One of these patients was also a member of the practice's patient participation group. Both described a caring service and were very happy with the treatment provided by the practice. However both patients also discussed some frustration with the appointment system but told us they were aware the practice planned to update this in the near future.

Areas for improvement

Action the service MUST take to improve

Importantly, the provider must:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

Action the service SHOULD take to improve

In addition the provider should:

- Actions identified as part of the infection prevention and control audit should be documented as part of an action plan to allow for effective monitoring and timely completion.
- Continue to identify and support patients who are also carers
- Update the practice website as to the availability of extended hours appointments.

Limefield and Cherry Tree Surgeries

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector**.** The team also included a GP specialist adviser.

Background to Limefield and Cherry Tree Surgeries

Limefield and Cherry Tree Surgeries is a GP practice registered with CQC under a partnership of Drs Burn and Brown. It is a single location registered at the main site (Limefield Surgery, 295 Preston New Road, Blackburn) with a branch surgery (Cherry Tree Surgery, 513 Preston Old Road, Blackburn). The practice occupies two converted and refurbished residential properties on the outskirts of Blackburn. This inspection visited both the main site and branch surgery.

The practice delivers primary medical services to a list size of 4305 patients under a general medical services (GMS) contract with NHS England, and is part of the NHS Blackburn with Darwen Clinical Commissioning Group.

The average life expectancy of the practice population is in line with the national average (79 years for males and 83 years for females).

The practice caters for a higher proportion of patients over the age of 65 years (18.5%) and 75 years (9.6%) compared to local averages (14.2% and 6.2% respectively). However, the practice does cater for a lower percentage of patients who experience a long standing health condition (42.1%, compared to the local average of 51.9% and national average of 53.2%). Less of the population in the practice's catchment area are unemployed (3.8%) compared to the local average of 6.7% and national average of 4.4%.

Information published by Public Health England rates the level of deprivation within the practice population group as four on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

The practice is staffed by two GP partners (one male and one female). In addition the practice employs an advanced nurse practitioner, two practice nurses and a health care assistant. Clinical staff are supported by a team of seven administrative and reception staff. The practice employs a practice manager. However, staff absence had impacted on the management capacity at the practice since our previous inspection in October 2016. The practice manager and administrative staff from a neighbouring practice had been providing some managerial support to the practice since May 2017.

The practice is a teaching and training practice, taking medical students, foundation year doctors as well as registrars.

The main surgery is open between 8am and 6.30pm Monday and Friday, and 8am and 3pm Tuesday, Wednesday and Thursday. The branch surgery opens between 8am and 12 midday each Monday and from 3pm until 6.30pm each Tuesday, Wednesday and Thursday. Surgeries are offered throughout the time the practice is open. Extended hours appointments are available on Tuesday and Thursday mornings between 7.30 and 8am (although these surgeries were not advertised on the practice website).

Detailed findings

Outside normal surgery hours, patients are advised to contact the out of hour's service by dialling 111, offered locally by the provider East Lancashire Medical Services.

The practice had previously been inspected on 7 October 2016, when a full comprehensive inspection was completed. Following this inspection the practice was rated as inadequate overall with inadequate ratings for the key questions of safe and well led, requires improvement ratings for the key questions of effective and responsive and a rating of good for offering caring services. As a result the practice was placed into special measures. We issued the practice with a warning notice for a breach of regulation 17 (Good Governance) and requirement notices for breaches of regulations 12 (Safe Care and Treatment) and 19 (Fit and Proper Persons Employed)of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Why we carried out this inspection

We undertook a comprehensive inspection of Limefield and Cherry Tree Surgeries on 7 October 2016 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 and well led services, requires improvement for being effective and responsive and good for providing caring services. The practice was placed into special measures for a period of six months.

As a result of the October 2016 inspection visit we issued the practice with requirement notices for breaches to regulation 12 (safe care and treatment) and regulation 19 (fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also issued a warning notice to the provider in respect regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and informed them that they must become compliant with the law by 10 March 2017 with regards to this breach. The full comprehensive report on the October 2016 inspection can be found by selecting the 'all reports' link for Limefield and Cherry Tree Surgeries on our website at www.cqc.org.uk.

We undertook a further announced comprehensive inspection of Limefield and Cherry Tree Surgeries on 21 June 2017. This inspection was carried out following the period of special measures to ensure improvements had been made and to assess whether the practice could come out of special measures.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations such as the clinical commissioning group to share what they knew. We carried out an announced visit on 21 June 2017. During our visit we:

- Spoke with a range of staff including the GPs, nurse practitioner, practice nurse, acting practice management staff as well as reception and administrative staff and spoke with patients who used the service.
- Observed how staff interacted with patients and carers.
- 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.
- Visited both the main practice location and its branch surgery.
- Looked at information the practice used to deliver care and treatment plans.

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

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

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

- older people

Detailed findings

- 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.

Requires improvement

Are services safe?

Our findings

At our previous inspection on 7 October 2016, we rated the practice as inadequate for providing safe services as there were significant gaps in systems and processes to keep patients safe. A systematic approach to assessing and mitigating risk was not employed, learning from significant events was not consistently implemented, equipment to deal with medical emergencies was not adequate and recruitment processes were not comprehensive.

We found that there had been some improvement in these areas when we undertook a follow up inspection on 21 June 2017, however some concerns remained. The practice is now rated as requires improvement for providing safe services.

Safe track record and learning

There was an improved system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager or one of the GPs of any incidents and there was a recording form available on the practice's computer system. We found records kept relating to significant events were now more comprehensive.
- The practice manager told us and we saw further documentary evidence to confirm that when things went wrong with care and treatment, patients were informed of the incident, received support, truthful information and an apology as appropriate.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, administrative processes had been reviewed following errors with patient letters. We saw meeting minutes documenting these discussions and staff we spoke with demonstrated awareness of the events and the resulting changes to practice.

Overview of safety systems and process

The practice had improved the systems, processes and practices in place to minimise risks to patient safety, although we did find that there was scope for further improvements.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. One of the GPs was the lead member of staff for safeguarding. We were told that the GPs attended safeguarding meetings when possible or provided reports where necessary for other agencies.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child protection or child safeguarding level three.
- Notices in the consultation rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). Evidence of one of the three DBS checks undertaken for staff who acted as chaperones was not immediately available on the day of the inspection. This was provided within one day of the visit.
- Evidence of DBS checks were available for all clinicians and most members of the administration team. For those members of staff who did not have a DBS check in place we saw evidence that one had been applied for.

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- One of the practice nurses was the infection prevention and control (IPC) clinical lead. There was an IPC protocol and staff had received up to date training. An IPC audit had been undertaken since our last visit and we saw evidence that action was taken to address

improvements identified as a result. However, resulting actions had not been documented as part of the audit process in order to facilitate managerial oversight of their completion.

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

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred.
- The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- While we noted blank prescription forms and pads were securely stored, the practice did not consistently apply a system to effectively monitor their use. We found five pads of blank hand-written prescriptions at the practice's branch surgery with no audit system to track their location. While there was a system in place at the practice's main site, this system only accounted for prescription paper being signed out from the cupboard in the reception area; scripts were not logged into the practice on delivery so the practice did not have an accurate record of the scripts stored on site. The practice confirmed following the inspection that an appropriate logging system had been put in place.
- One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for clinical conditions within their expertise. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

The practice had recruited one new member of staff since our previous inspection. This new recruit had commenced employment at the practice ten days after our visit in October 2016. We reviewed this employee's personnel file and found appropriate recruitment checks had not been undertaken prior to employment. For example, while proof of identification, a curriculum vitae and evidence of a DBS check were present, there was no evidence of satisfactory conduct in previous employments in the form of references, nor any record of the interview process. Three days after our inspection visit the practice provided evidence of interview notes taken during the recruitment process. The practice manager had compiled a standard personnel file to demonstrate the pre-employment checks the practice intended to complete for any future recruitment activity, and this file contained appropriate standard letters including reference requests.

Monitoring risks to patients

The practice had improved procedures for assessing, monitoring and managing risks to patient and staff safety, although we did still find evidence of gaps in this area.

- There was a health and safety policy available.
- In October 2016 we found the practice lacked a fire risk assessment. In June 2017 we found again that an appropriate fire risk assessment had not been completed. The practice manager informed us during the inspection that a risk assessment had been booked for three weeks after our visit. Three days following our inspection the practice sent us a copy of a 'fire risk review' dated as completed two days prior to our inspection. However, this was not sufficiently detailed to identify and document mitigating actions necessary with regards to fire risks. Following our visit the practice was able to expedite the undertaking of a more comprehensive fire risk assessment and provided us with evidence that this had been completed on the 10 July 2017. However, the document provided by the practice indicated that only the fire risks at the main Limefield site had been assessed, and not the Cherry Tree branch premises. The practice later confirmed that the fire risk assessment for the branch surgery had been completed on 10 August 2017. We did see that a fire drill had been completed the week prior to our visit and that fire safety equipment such as alarms and extinguishers were serviced appropriately.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had ensured the premises' water supply was free of legionella, although a legionella risk assessment had not been completed to determine whether a control regime was required to minimise risk

(Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The practice confirmed that these had been completed for both practice sites in July 2017 following our inspection.

- In October 2016 we found that while an electrical installation safety inspection had been completed, remedial action had not been carried out as recommended. Also, the practice did not have a gas safety certificate in place. We found in June 2017 that both of these issues had been addressed appropriately. A gas safety inspection had been completed and all recommended electrical work had been completed at both practice sites.
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- In October 2016 we had found the practice lacked appropriate equipment to adequately deal with a medical emergency. In June 2017 we found the practice had a defibrillator available on the premises and oxygen was now available at both sites with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and contractors.

Good

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 7 October 2016, we rated the practice as requires improvement for providing effective services as the arrangements in respect role specific training for staff, clinical audits and the management of staff appraisals needed improving.

These arrangements had improved when we undertook a follow up inspection on 21 June 2017. The provider is now rated as good for providing effective services.

Effective needs assessment

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

- The practice had systems to keep all clinical staff up to date. The GPs told us that updated guidelines were discussed as part of the regular clinical meetings within the practice. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through audits and case discussions

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). Updated results had not been published since our previous inspection in October 2016. The most recent (2015/16) published results were 96.3% of the total number of points available, with a 9.8% exception reporting rate for clinical domains (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). As part of the inspection process the practice shared more recent, as yet unverified QOF results for the year 2016/17 which indicated improved performance on the previous published results reported here.

Data from 2015/16 showed:

- Performance for diabetes related indicators was lower than the local and national averages, although in all cases the practice exception reporting rate was also lower than local and national averages. For example:
  - The percentage of patients with diabetes on the register in whom the last IFCC-HbA1c was 64mmol/mol or less in the preceding 12 months was 68% compared to the clinical commissioning group (CCG) average of 79% and national average of 78%.
  - The percentage of patients with diabetes on the register in whom the last blood pressure reading (measured in the last year) was 140/80 mmHg or less was 72%, compared to the CCG average of 80% and national average of 78%.
  - The percentage of patients with diabetes on the register whose last measured total cholesterol (measured in the preceding 12 months) was five mmol/l or less was 75% compared to the CCG average of 83% and national average of 80%.
  - The percentage of patients with diabetes on the register who had had influenza immunisation in the preceding 1 August to 31 March was 82% compared to the CCG average of 96% and national average of 95%.
  - The percentage of patients on the diabetes register with a record of a foot examination and risk classification within the last 12 months was 87% compared to the CCG average of 94% and national average of 89%.
- Performance for mental health related indicators were in line with or slightly higher than the local and national averages, with exception reporting higher than local and national averages for the three indicators listed below. For example:
  - The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record in the preceding 12 months was 93% compared to the CCG average of 94% and national average of 89%.

Good

Are services effective?

(for example, treatment is effective)

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months was 90% compared to the CCG average of 93% and national average of 90%.
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face to face review in the preceding 12 months was 94% compared to the CCG average of 87% and national average of 84%.

- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months was 150/90mmHg or less was 88% compared to the CCG average of 85% and national average of 83% (9.6% exception reporting rate, 5% higher than the local average and 6% higher than the national average).
- The percentage of patients with asthma on the register who had an asthma review in the preceding 12 months that included an appropriate assessment of asthma control was 78%, compared to the CCG average of 79% and national average of 76% (exception reporting rate of 14.6%; 4% above the local average and 7% above the national average).

The practice also shared data from its Primary Care Webtool outcomes (performance monitoring data) from January 2017 that demonstrated other areas of high achievement in relation to other practices locally. For example the practice had achieved the lowest attendance rate at accident and emergency for all practices in the CCG.

There was evidence of quality improvement including some clinical audit:

- We were shown two audits that had been written up since our last inspection. While both of these were completed audits where the improvements made were implemented and monitored, we noted that an audit completed on prescribing of Alfacalcidol (used to supplement vitamin D) was a re-audit of an initial cycle completed in 2013.
- Findings were used by the practice to improve services. For example, recent action taken as a result of the Alfacalcidol audit included the GP writing to a secondary care provider to clarify dosage for a patient. The practice had also completed and written up a two cycle audit of patient records which demonstrated improved coding of safeguarding concerns. This facilitated improved managerial oversight of this vulnerable group.

Information about patients' outcomes was used to make improvements. For example, the GPs were able to share data with us that demonstrated how, since 2015 when the practice was recognised as having a high admissions rate for patients suffering with asthma, an improved follow up system following discharge from hospital had resulted in significant improvements. Data from April 2017 showed the practice had a rate of 10.7 emergency admissions per 100 patients on the register, compared to the CCG average of 20 admissions.

Effective staffing

The practice had improved managerial oversight of staff training. Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for newly appointed staff. This covered such topics as confidentiality and facilitated shadowing more experienced colleagues to become familiar with the role. Recently recruited staff we spoke with told us they felt well supported.
- The practice could demonstrate how it ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. Staff who took samples for the cervical screening programme had received specific training which had included an assessment of competence.
- Staff administering vaccines told us 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. We did note that annual update training for staff administering vaccines was not included on the practice's training matrix, and the only certificates available to demonstrate attendance at the time of our visit were dated 2015. One week after the inspection the practice was able to evidence the fact that the practice nurse was booked on to an update course in September 2017.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support,

one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. The new practice manager had commenced staff appraisals and at the time of our visit five staff had received an appraisal since our previous inspection, with a further two booked for the following month. Four staff had not had an appraisal and did not have a meeting booked for this to be completed.

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

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

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

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.
- 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.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.
- Smoking cessation advice was available locally at a nearby health centre.

The practice's uptake for the cervical screening programme was 83%, which was just above the CCG average of 80% and the national average of 82%. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Data published for the year 2015/16 by NHS England showed that uptake rates for the vaccines given were higher than CCG/national averages. For example, performance for the vaccines given to under two year olds all achieved the 90% target and equated to a score of 9.3 (out of a possible score of 10), compared to the national average of 9.1. The percentage uptake for MMR vaccinations given to five year olds was also higher than both local and national averages, and ranged from 92% to 95%, compared to the CCG range of 87% to 95% and nationally 88% to 94%.

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

Good

Are services effective?

(for example, treatment is effective)

NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

Are services caring?

Our findings

At our previous inspection on 7 October 2016, we rated the practice as good for providing caring services.

After we undertook a follow up inspection on 21 June 2017 the practice is still rated as good for providing caring services.

Kindness, dignity, respect and compassion

During our inspection we observed 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.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

All of the 22 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with two patients including one member of the patient participation group (PPG). They told us they were highly satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey (published in July 2017) showed patients felt they were treated with compassion, dignity and respect. The practice was in line with or slightly higher than local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 91% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 90% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 86%.
- 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 89% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and national average of 86%.
- 93% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and national average of 91%.
- 85% of patients said they found the receptionists at the practice helpful compared to 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. We also saw that care plans were personalised.

Children and young people were treated in an age-appropriate way and recognised as individuals.

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

- 87% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 87% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and national average of 82%.
- 91% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and national average of 85%.

Good

Are services caring?

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.
- Information leaflets were available in easy read format.
- The Choose and Book service was used with patients as appropriate (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital).

Patient and carer support to cope emotionally with care and treatment

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

The practice had identified 40 patients as carers (0.9% of the practice list). We found that alerts had not consistently been utilised on the electronic patient records to notify clinicians that a patient was a carer and therefore facilitate them being offered the most appropriate care. Written information was available to direct carers to the various avenues of support available to them.

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

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 7 October 2016, we rated the practice as requires improvement for providing responsive services as the arrangements in respect of recording, investigating and learning from complaints needed improving.

These arrangements had improved when we undertook a follow up inspection on 21 June 2017, although concerns remained that despite a trend of patient feedback, issues with the practice's appointment system had yet to be addressed. The practice is still rated as requires improvement for providing responsive services.

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, work was continuing with two neighbouring surgeries in an ongoing project to relocate to new and improved premises; a bid had been successfully shortlisted by NHS England in an effort to secure funding support to this end.

- The practice offered extended hours appointments on a Tuesday and Thursday morning from 7.30am for working patients who could not attend during normal opening hours.
- Patients were also able to access additional extended hours appointments up until 8:30pm each evening through the week and during the day at weekends at a local health centre.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- Consultation rooms were spread over two floors, but staff told us clinicians would see patients on the ground floor if they were aware the patient experienced difficulties with mobility.
- Long term condition review appointments were arranged by patient's month of birth in an effort to make them more memorable for patients and to maximise attendance.
- Patients were able access services online, for example booking appointments and ordering prescriptions.

Access to the service

The main surgery was open between 8am and 6.30pm Monday and Friday, and 8am and 3pm Tuesday, Wednesday and Thursday. The branch surgery opened between 8am and 12 midday each Monday and from 3pm until 6.30pm each Tuesday, Wednesday and Thursday. Surgeries were offered throughout the time the practice was open. Extended hours appointments were available on Tuesday and Thursday mornings between 7.30 and 8am (although these surgeries were not advertised on the practice website). In addition to pre-bookable appointments that could be booked up to three months in advance, urgent appointments were also available for people that needed them. On the day of inspection, the next available pre-bookable appointment with a GP was in four days' time.

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

- 62% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and national average of 76%.
- 63% of patients said they could get through easily to the practice by phone compared to the CCG average of 73% and national average of 71%.
- 73% 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 84% and the national average of 84%.
- 68% of patients said their last appointment was convenient compared with the CCG average of 81% and the national average of 81%.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

- 64% of patients described their experience of making an appointment as good compared with the CCG average of 75% and the national average of 73%.
- 53% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 61% and the national average of 58%.

Some patients told us during the inspection that they found the appointment system frustrating. This feedback was mirrored by comments left on six of the 22 patient comment cards we received, with some patients expressing concerns they were not able to access appointments when they needed to. The GPs informed us during the inspection that their intention was to review and update the appointment system to mirror more closely the system used by a neighbouring practice. We were not informed of a timescale for this change during the visit. However, following the inspection the practice confirmed that as of September 2017 a new appointment system would be implemented.

The practice had a system to assess:

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

Information was noted and passed to the GPs in advance to allow for an informed decision to be made on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

At our previous inspection in October 2016 we found evidence that the practice was not always implementing its own complaints policy effectively. During our most recent visit in June 2017 we saw that the practice was utilising a new electronic record storage system to record investigations resulting from complaints. However, we found the practice had not fully considered the effective governance around this. While the system recorded investigations and outcomes from complaints, response letters sent by the practice were stored separately and when we asked to view examples of these staff experienced considerable difficulties locating and accessing them. We did however note that for the most recent complaint received in June the practice had established a more thorough audit trail of action taken as the newly implemented system had become embedded. The lead GP informed us this was how the system would be utilised moving forward.

- The practice's 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; this was a member of the supporting management team from a neighbouring practice.
- We saw that information was available to help patients understand the complaints system. A complaints leaflet was available from reception.

We reviewed three complaints that had been managed by the practice since our previous inspection and found these were satisfactorily handled, dealt with in a timely way and with openness and transparency. While staff were able to explain to us how learning was implemented following complaints, documentation relating to this was not always thorough. For example, following a complaint regarding confidentiality we were told that a discussion had taken place with staff to highlight issues around the importance of confidentiality. The practice manager believed this discussion had taken place during a meeting, but minutes of this discussion could not be located.

The practice had held a meeting on 26 May 2017 to review complaints received. Minutes of this meeting documented acknowledgement of a trend of complaints relating to the practice's appointment system. We were told by the GPs and management staff during our visit that the practice intended to review and update the appointment system in the near future.

Are services well-led?

Requires improvement

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

Our findings

At our previous inspection on 7 October 2016, we rated the practice as inadequate for providing well-led services as there were significant gaps in the overarching governance structure and we had concerns around the leadership capacity.

We issued a warning notice in respect of these issues and found arrangements had been improved when we undertook a follow up inspection of the service on 21 June 2017, although further improvements did need to be made. The practice is now rated as requires improvement for being well-led.

Vision and strategy

The practice had a vision to deliver high quality care and promote good outcomes for patients. The organisation's mission statement was displayed in the waiting areas and on the website and staff knew and understood the values.

The GPs articulated that the practice's strategy moving forward hinged on securing new premises which would provide accommodation for two other local practices also. They were able to articulate a long term plan for the practice. This proposed plan included the practice's succession plan given one of the GP partners was considering retirement in the near future. We asked to view any documented business plans in relation to this strategy, but were told that as yet there were none as the discussion were presently at an embryonic stage.

Governance arrangements

We saw that while the practice had improved its governance structures since our previous inspection, there was scope for further improvement as some systems and process required refinement and embedding into practice.

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- While the practice had worked to improve its supporting policy and procedure documentation we did find some duplication. For example when we asked to view the practice's chaperone policy staff located two separate documents. We noted that the practice's recruitment and training policy, dated as reviewed in June 2017, made reference to the Independent Safeguarding Authority (an organisation that was replaced by the Disclosure and Barring Service in 2012) and did not include infection prevention and control training as a mandatory training topic for staff. The complaints procedure also contained inconsistent information, as it stated that complaints would be acknowledged within three working days in one section, but in five working days elsewhere in the document.
- We saw improved evidence of quality improvement including audit, although the second cycle of one of the clinical audits shared with us had been completed four years following its initiation therefore limiting its effectiveness in monitoring quality.
- Arrangements for identifying, recording and managing risks, issues and implementing mitigating actions had improved although were still not fully comprehensive at the time of our visit. An appropriate fire risk assessment had not been completed and while there was evidence the presence of legionella had been considered, this was in the form of a sample test rather than a risk assessment to ascertain whether a control regime needed to be put in place. The practice provided further evidence in August 2017 to demonstrate that this had been addressed after our inspection. We saw evidence of action being taken to mitigate other workplace risks, for example a key pad lock had been fitted to the door at the top of the stairs to restrict patient access. However, documentation that such actions had been undertaken to address risks was not always maintained.
- The practice had implemented a more systematic approach to managing staff training.
- On occasions during the visit, practice staff struggled to locate key documentation requested by the inspection team, for example DBS certificates for staff acting as chaperones and response letters following complaints. These documents were located either during or shortly following the inspection, but the new system for managing and storage of such documents required embedding into practice to become fully effective.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events.

Leadership and culture

There continued to be insufficient leadership capacity at the practice at the time of our inspection visit. Both clinical

Are services well-led?

Requires improvement

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

and non-clinical staff at the practice had worked extremely hard since our previous visit, however long term management staff absence had hindered the full and timely implementation of updated systems.

The practice had been supported by the practice manager and assistant practice manager of a neighbouring practice with whom the organisation was forging closer links with a view to merging in the near future. They told us they had each visited the practice on nine occasions since the beginning of May 2017 as well as providing remote support via telephone and email. They told us there was an agreement in place moving forward that they would provide four days' cover at the practice as of the beginning of July 2017.

Staff told us the partners and new management staff were approachable, extremely supportive and always took the time to listen to all members of staff.

The provider was aware of and had systems in place 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 ensured that when things went wrong with care and treatment it gave affected people support, truthful information and a verbal and written apology. The practice was also able to demonstrate improved documentation of verbal as well as written complaints.

There was a clear leadership structure and staff felt supported by the new management staff.

- The practice had improved its internal meeting structure to better facilitate information flow and had held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Minutes were comprehensive and were available for practice staff to view.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. This was reflected by the stable workforce that had been maintained throughout a challenging period of time. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

There was some evidence that the practice encouraged and valued feedback from patients and staff.

- The practice had begun work to reinstate the patient participation group. Five patients had attended a meeting with the new practice manager and member of the administration team the week prior to our inspection visit. Minutes of this meeting showed the focus of discussion to be the 2016 national GP patient survey results. Following the meeting the practice had created "you said, we did" posters for the waiting room which informed patients that the meeting had taken place and that the practice planned to purchase a mobile telephone for the GPs to use in order to free up a phone line for reception staff to take patient calls. At the time of our visit this mobile had not been purchased.
- The practice was beginning to implement a programme of appraisals for staff. Part of this process included inviting feedback from staff. Staff told us they had noticed improvements at the practice since our previous visit and would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

The practice planned to secure new premises and move into these within the next two years along with two neighbouring practices. The GPs also explained the intention to merge with a neighbouring practice in the near future in order to better provide more resilient services for their patients.

In the shorter term the practice planned to review its appointment system in light of patient feedback.

Are services well-led?

Requires improvement

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

The practice had purchased a new electronic document control and management system which it hoped once fully embedded would facilitate further streamlining of governance arrangements.

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 Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 **How the regulation was not being met:** The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and mitigate all of the risks relating to the health, safety and welfare of service users and others who may be at risk. For example a fire risk assessment had not been completed. The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to maintain securely such records as are necessary to be kept in relation to persons employed in the carrying on of the regulated activity or activities. In particular no evidence of satisfactory conduct in previous employment was recorded for the most recently employed member of staff. There was additional evidence of poor governance. In particular, the system to monitor the use of prescription paper was not effective. Some policy and procedure documents contained outdated or inconsistent information. **Regulation 17(1)**