

LL Medical Care Limited

Quality Report

Langthorne Health Centre
13 Langthorne Road
London
E11 4HX

Tel: 020 8539 2858

Website: www.llmedicareagarwal.co.uk

Date of inspection visit: 23 May 2017

Date of publication: 18/07/2017

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

Ratings

Overall rating for this service	Requires improvement	
Are services safe?	Requires improvement	
Are services effective?	Good	
Are services caring?	Requires improvement	
Are services responsive to people's needs?	Requires improvement	
Are services well-led?	Requires improvement	

Summary of findings

Contents

Summary of this inspection

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

Detailed findings from this inspection

Our inspection team	14
Background to LL Medical Care Limited	14
Why we carried out this inspection	14
How we carried out this inspection	14
Detailed findings	16
Action we have told the provider to take	28

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at LL Medical Care Ltd on 19 April 2016. The overall rating for the practice was requires improvement. The full comprehensive report published in November 2016 can be found by selecting the 'all reports' link for LL Medical Care Ltd on our website at www.cqc.org.uk.

This inspection was an announced comprehensive inspection on 23 May 2017, carried out to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulation that we identified in our previous inspection on 19 April 2016. There were breaches in the proper and safe management of medicines, assessing the risk for electrical equipment used and recruitment processes. There were also concerns with infection control, identifying patient carers, staff training, patient

satisfaction, patient clinical outcomes and business continuity arrangements. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is now rated as requires improvement.

Our key findings were as follows:

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events and sharing the learning and outcomes of these.
- The practice did not adequately monitor patients on high risk medicines before issuing prescriptions.
- The practice achieved low GP patient satisfaction scores in several aspects of care.
- Systems for actioning positive tests results were not consistently effective and timely.
- Documentation in patients' records were not always detailed and effective.

Summary of findings

- Data from the Quality and Outcomes Framework showed patient outcomes were mostly comparable to the local and national averages and overall exception reporting was lower than the CCG and national averages.
- The practice held extended hours appointments on two weekday evenings per week and telephone consultations and online appointment bookings were available daily.
- There were processes in place to register patients with no fixed address.
- The practice did not have access to certain cleaning materials when health centre staff were not on the premises and not all reception staff members were unaware of the use of a spillage kit.
- Childhood immunisation rates were below the national standards.
- All staff within the practice had a sound knowledge about both adult and child safeguarding and were trained to the levels sufficient for their role.
- There was evidence of quality improvement including clinical audit.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on. This included feedback from the active patient participation group.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

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

Importantly, the provider must:

- Embed systems to ensure that positive test results are reviewed and actioned in a timely way.
- Ensure the new practice system for monitoring and managing patients on high risk medicines are embedded in practice.
- Consider documentation processes to ensure that all necessary information is captured in patient notes.

In addition the provider should:

- Review the system for identifying patient carers to ensure appropriate support is provided to them.
- Ensure all staff members are trained in the use of a spillage kit and consider how to gain access to all the required cleaning materials throughout the day.
- Consider arrangements for patients who are hard of hearing.
- Review recruitment arrangements to ensure that all the necessary documentation such as indemnity insurance is in place before clinical staff members are employed.
- Review systems to monitor and improve clinical outcomes, including childhood immunisation rates.
- Continue to look at ways to improve patient satisfaction with services including access to appointments and getting through to the practice by telephone.

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?

At our previous inspection on 19 April 2016, we rated the practice as requires improvement for providing safe services as the arrangements in respect of safe storage of medicines, cleanliness and infection control, recruitment processes and the safety of equipment, staff training control were not adequate.

The improvements made when we undertook a follow up inspection on 23 May 2017 were not sufficient and new issues were identified. The practice is still rated as requires improvement for providing safe services.

- Four out of five patients being prescribed the high risk medicine Warfarin did not have a record of a recent blood test documented in their notes as required by NICE guidelines.
- Systems for actioning positive tests results were not consistently effective and timely.
- Documentation in patients records were not always effective, for example we found that outgoing letters were not always attached to patient records.
- Not all reception staff were unaware about the use of a spillage kit, and access to certain cleaning materials was limited to when the health centre staff were on the premises.
- There was some uncertainty about whether practice nurses had indemnity cover to carry out their role, however we were provided with this evidence post inspection.
- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording and learning from significant events.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- All staff had completed mandatory training relevant to their role including safeguarding and chaperone training.
- The practice had good arrangements to respond to emergencies and major incidents.

Requires improvement



Are services effective?

At our previous inspection on 19 April 2016, we rated the practice as requires improvement for providing effective services as the arrangements in respect of clinical outcomes identified through QOF and induction processes needed improving.

Good



Summary of findings

These arrangements had significantly improved when we undertook a follow up inspection on 23 May 2017. The provider is now rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were mostly comparable to the CCG and the national averages and overall exception reporting rates were below the CCG and national averages.
- Childhood immunisation rates were below the national average for all standard immunisations.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved including the out of hours provider.

Are services caring?

At our previous inspection on 19 April 2016, we rated the practice as requires improvement for providing caring services as there was no carer's register.

We found that the carer's register had been introduced but the number of patient carers were below 1% when we undertook a follow up inspection on 23 May 2017. There was not an updated national GP patient survey, so patient satisfaction scores with services provided remained the same and were still sometimes lower than local and national averages. The practice is still rated as requires improvement for providing caring services.

- Data from the national GP patient survey showed patients rated the practice lower than the CCG and national averages for several aspects of care.
- The practice's own patient survey we reviewed showed that for many areas there was not a year on year improvement with patient satisfaction with services.
- The practice had identified less than 1% (50 patients) of patients as a carer.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Requires improvement



Summary of findings

- The practice worked with the PPG to develop its website in over 15 different languages and had a separate website designed for patients with dyslexia.

Are services responsive to people's needs?

At our previous inspection on 19 April 2016, we rated the practice as good for providing responsive services.

We undertook a follow up inspection on 23 May 2017, the practice was unable to evidence any improvement or that they were working towards improving their patient satisfaction scores for access to services. The practice is still rated as requires improvement for providing responsive services.

- The practice offered extended hours appointments on two evenings a week and there were telephone consultations and online bookable appointments each day.
- The practice was a part of the local HUB, which provided weekday evening and weekend appointments with a GP and practice nurse when the practice was closed.
- Patient satisfaction scores with access to appointments and getting through to the practice by telephone was below the CCG and national averages.
- The practice did not have access to a hearing loop.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from three examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Requires improvement



Are services well-led?

At our previous inspection on 19 April 2016, we rated the practice as requires improvement for providing well-led services as systems for recording and managing risks were not effective, there was no evidence of the impact of actions to improve practice performance, there was no robust strategy to implement the practice vision and policies were not systematically reviewed.

Requires improvement



Summary of findings

We undertook a follow up inspection of the service on 23 May 2017, the practice had not made sufficient changes to the services and is therefore still rated as requires improvement for providing well-led services.

- The practice had a vision and strategy to deliver high quality care and promote good outcomes for patients, however systems and processes did not support this.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity.
- There was a new induction process in place for all newly appointed staff members.
- Staff had received inductions, annual appraisals and attended staff meetings and training opportunities.
- Systems to monitor and improve quality were not always effective.
- The provider was aware of the requirements of the duty of candour. In two examples we reviewed we saw evidence the practice complied with these requirements.
- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.
- GPs who were skilled in specialist areas such as dermatology used their expertise to offer additional services to patients.

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 provider had not resolved all the concerns for safety, effectiveness, caring and being well-led identified at our inspection on 19 April 2016 and new concerns arose which applied to everyone using this practice including this population group. The population group ratings have been updated to reflect this.

The practice is rated as requires improvement for older people.

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice held multidisciplinary meetings with relevant health and care professionals to deliver a multidisciplinary package of care.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible.
- The practice maintained a carers register, however less than 1% of the patient list had been identified as a carer.
- All of these patients had a named GP.

Requires improvement



People with long term conditions

The provider had not resolved all the concerns for safety, effectiveness, caring and being well-led identified at our inspection on 19 April 2016 and new concerns arose which applied to everyone using this practice including this population group. The population group ratings have been updated to reflect this.

The practice is rated as requires improvement for people with long-term conditions.

Requires improvement



Summary of findings

- Four out of five patients we looked at being prescribed the high risk medicine warfarin did not have a record of a recent blood test as required by NICE guidelines documented in their record.
- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was comparable to the CCG and national averages. For example, 71% of patients on the diabetes register had a HbA1c blood test result of 64mmol/mol or less in the preceding 12 months compared to the CCG average of 75% and national average of 78%. There was an exception reporting rate of 17%, which was the same as the CCG average of 17% and higher than the national average of 13%.
- 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.
- All these patients had a named GP and there was a system to recall patients for a structured annual review. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

The provider had not resolved all the concerns for safety, effectiveness, caring and being well-led identified at our inspection on 19 April 2016 and new concerns arose which applied to everyone using this practice including this population group. The population group ratings have been updated to reflect this.

The practice is rated as requires improvement for families, children and young people.

- From the sample of documented examples we reviewed we found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- Immunisation rates were lower than the national standard for all standard childhood immunisations.
- The practice provided support for premature babies and their families following discharge from hospital.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Requires improvement



Summary of findings

- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.

Working age people (including those recently retired and students)

The provider had not resolved all the concerns for safety, effectiveness, caring and being well-led identified at our inspection on 19 April 2016 and new concerns arose which applied to everyone using this practice including this population group. The population group ratings have been updated to reflect this.

The practice is rated as requires improvement for working age people (including those recently retired and students)

- The needs of this population had been identified and the practice carried out a patient satisfaction survey, however patients still reported low satisfaction in the ability to get an appointment.
- The practice was a part of the local Hub which provided week day evening and weekend appointments for patients who could not attend the practice during normal working hours.
- 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.
- Health promotion advice was offered and there was health promotional material available in practice.

Requires improvement



People whose circumstances may make them vulnerable

The provider had not resolved all the concerns for safety, effectiveness, caring and being well-led identified at our inspection on 19 April 2016 and new concerns arose which applied to everyone using this practice including this population group. The population group ratings have been updated to reflect this.

The practice is rated as requires improvement for people whose circumstances make them vulnerable.

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

Requires improvement



Summary of findings

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice 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 had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

The provider had not resolved all the concerns for safety, effectiveness, caring and being well-led identified at our inspection on 19 April 2016 and new concerns arose which applied to everyone using this practice including this population group. The population group ratings have been updated to reflect this.

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

- The practice carried out advance care planning for patients living with dementia.
- 83% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which was similar to the CCG average of 85% and the national average of 84%. Exception reporting was high at 12% compared to the CCG average of 6% and the national average of 7%.
- 64% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive agreed care plan documented in their record in the preceding 12 months compared to the CCG average 91% and the national average of 89%. There was an exception reporting rate of 5%, which was below the CCG average of 7% and the national average of 13%.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.

Requires improvement



Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed 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 2016. The results showed the practice was rated in line with local averages but below the national averages. Three hundred and sixty seven forms were distributed and 100 were returned. This represented 1.6% of the practice's patient list.

- 72% of patients described the overall experience of this GP as good compared with the CCG average of 75% and the national average of 85%.
- 60% of patients described their experience of making an appointment as good compared with the CCG average of 65% and the national average of 73%.
- 65% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 67% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 32 comment cards which were all positive about the standard of care received. There was a recurring theme of friendly, caring and helpful staff members.

We spoke with three patients during the inspection. All three patients said they were happy with the care they received and thought staff were approachable, committed and caring. The practice participated in the Friends and Family Test; between February 2016 to January 2017 80% of patients said they would be extremely likely or likely to recommend the practice, 12% said they would be neither likely or unlikely to recommend the practice and 8% said they would be extremely unlikely or unlikely to recommend the practice.

Areas for improvement

Action the service MUST take to improve

Importantly, the provider must:

- Embed systems to ensure that positive test results are reviewed and actioned in a timely way.
- Ensure the new practice system for monitoring and managing patients on high risk medicines are embedded in practice.
- Consider documentation processes to ensure that all necessary information is captured in patient notes.

Action the service SHOULD take to improve

In addition the provider should:

- Review the system for identifying patient carers to ensure appropriate support is provided to them.

- Ensure all staff members are trained in the use of a spillage kit and consider how to gain access to all the required cleaning materials throughout the day.
- Consider arrangements for patients who are hard of hearing.
- Review recruitment arrangements to ensure that all the necessary documentation such as indemnity insurance is in place before clinical staff members are employed.
- Review systems to monitor and improve clinical outcomes, including childhood immunisation rates.
- Continue to look at ways to improve patient satisfaction with services including access to appointments and getting through to the practice by telephone.

LL Medical Care Limited

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead inspector who was supported by a GP specialist advisor.

Background to LL Medical Care Limited

LL Medical Care Ltd is located in a health centre, which it shares with two other GP practices and community services such as chiropodists and physiotherapists. The practice is a part of Waltham Forest Clinical Commissioning Group (CCG).

There are 6077 patients registered with the practice, 4% of which are over the age of 75, which is higher than the national average, the practice also has a higher number of patients with a long term condition at 54% compared to the CCG average of 47%. Twelve percent of the practices population are unemployed compared to the CCG average of 7% and the national average of 4%. The practice has a deprivation score of 34, which is higher (more deprived) than the CCG average of 30 and the national average of 22.

The practice has one male and one female GP partner, one female salaried GP and one male long term locum who carry out a total of 23 sessions per week and two practice nurses who carry out a total of seven sessions per week. The practice also has one male health care assistant, a practice manager, assistant practice manager and six reception/administration staff members.

The practice operates under a Personal Medical Services (PMS) contract (a locally agreed alternative to the standard GMS contract used when services are agreed locally with a practice which may include additional services beyond the standard contract).

The Health Centre doors open Monday to Friday from 8:30am and the practice opens between 9am and 6:30pm except Thursdays when the practice closes at 1pm. Phone lines are answered from 9am and appointment times are as follows:

- Monday 9:30am to 7:30pm
- Tuesday 9:30am to 1pm and 2pm to 7:30pm
- Wednesday 9am to 1pm and 3pm to 6:20pm
- Thursday 10am to 12:50pm
- Friday 10am to 1:30pm and 3pm to 6:30pm

The locally agreed out of hours provider covers calls made to the practice whilst the practice is closed.

LL Medical Care Ltd operates regulated activities from one location and is registered with the Care Quality Commission to provide maternity and midwifery services, family planning, surgical procedure, treatment of disease, disorder or injury and diagnostic and screening procedures.

Why we carried out this inspection

We inspected this service as part of our comprehensive programme. This service had previously been inspected in April 2016 and the overall rating for the practice was requires improvement. The full comprehensive report published in November 2016 can be found by selecting the 'all reports' link for LL Medical Care Ltd on our website at www.cqc.org.uk.

Detailed findings

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice. We carried out an announced visit on 23 May 2017. During our visit we:

- Spoke with a range of staff including GPs, a nurse, management and reception staff members. We also spoke with patients who used the service.
- Observed how patients were being cared for in the reception area.
- 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?
- 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 19 April 2016, we rated the practice as requires improvement for providing safe services as the arrangements in respect of safe storage of medicines, cleanliness and infection control, recruitment processes and the safety of equipment, staff training control were not adequate.

The improvements made when we undertook a follow up inspection on 23 May 2017 were not sufficient and new issues were identified. The practice is still rated as requires improvement for providing safe services.

Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents, there was a recording form available of the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- From a sample of two documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out an analysis of significant events and had documented five in the last 12 months.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, we viewed a significant about an urgent fax from a hospital regarding a patient being sent to the wrong practice in the health centre. We saw that when the practice was given the fax, they contacted the hospital and requested the missing pages from the fax and made a complaint as well as discussing this with

the patient. The practice also discussed this at a practice meeting where staff were reminded to check faxes to ensure that the correct number of pages were received and follow up urgent faxes on the same day.

- The practice also monitored trends in significant events and evaluated any action taken.

Overview of safety systems and process

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

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff on the practices computer system. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a GP lead for safeguarding. We viewed one documented example and found that the GP provided reports to the external agency in a timely way.
- Staff we interviewed demonstrated they understood their responsibilities regarding safeguarding children and vulnerable adults relevant to their role stating that if there was any doubt they would speak to one of the GP partners. GPs and the nurses were trained to child safeguarding level three and non-clinical staff were trained to level one.
- There was a chaperone policy and notice displayed in the waiting room and all clinical rooms advising patients of the chaperoning service and that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the practice to be clean and tidy. There were cleaning schedules managed by the health centre management team and this was monitored by the practice. However when the centre management team was not on site, the practice did not have access to the cupboard with the cleaning equipment.

Are services safe?

- The practice had a spillage kit to be used in the event of a spillage of bodily fluid; however one of the reception staff members that we spoke with was unaware of this and its use.
- The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice did not always effectively minimise risk to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- We reviewed the clinical records of five patients who were being prescribed the high risk medicine warfarin and found that four of these patients did not have a record of a recent blood test documented in their notes before the prescribing of the medicine as advised by NICE guidelines. Following the inspection the practice provided us with evidence that they had reviewed all patients on the high risk medicine warfarin and had put a new policy in place.
- We reviewed the system for actioning test results and found that results sent to one GP were not always actioned in a timely way, for example we saw a high blood sugar test result that had not been actioned in five days. By the end of inspection we saw that the practice ensured that all results were actioned and a new process was put in place to ensure that results were checked daily and all positive results were actioned before the end of the day.
- We reviewed a sample of patient records and found that documentation was not always consistent or detailed. For example, we saw that a patient declined warfarin medication, but there was no evidence of any discussion around this including consequences of not taking the medicine, also there was written evidence in patient records stating that a letters had been sent to external agencies but there were no saved letters in the patient notes
- There was a process for handling repeat prescriptions. Repeat prescriptions were signed before being given to patients and there was a reliable process to ensure that this occurred. The practice carried out regular

medicines audits, with the support of the local clinical commissioning group pharmacy teams, with the aim of making sure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems to monitor their use. Patient Group Directions (PGD) had been adopted by the practice to allow nurses to administer medicines in line with legislation. PGD's are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.

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 employment in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS. However the practice was unable to demonstrate that the practice nurse had medical indemnity insurance cover to carry out care and treatment of patients. During the inspection we saw that the practice contacted their medical indemnity company to get clarification and stopped the nurse from working until the issue was resolved. Post inspection we were provided with certificates of indemnity that included both practice nurses along with processes to ensure that this was checked in the future.

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.
- The practice had an up to date fire risk assessment and carried out annual fire drills and weekly fire alarm testing. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- We looked in the practice's vaccine fridge and saw that it was adequately filled allowing for appropriate air circulation, the fridge temperatures were sufficiently monitored and all vaccines were in date and rotation of vaccines was used.

Are services safe?

- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. All staff booked annual leave in advance and 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 the practice which alerted staff to any emergency, there were also panic buttons in all rooms which were regularly checked to ensure they were in good working order.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and carried out regular practice runs where a staff member would pretend to collapse at different points in the day and staff members had to appropriately react to the emergency, which included alerting GPs and bringing the defibrillator to the scene, this was a timed exercise. Oxygen with adult and children's masks and 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 no longer had stocks of controlled drugs on the premises.
- 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 copies were held by staff members outside of the premises in case of restricted access to the building.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 19 April 2016, we rated the practice as requires improvement for providing effective services as the arrangements in respect of clinical outcomes identified through QOF and induction processes needed improving.

These arrangements had significantly improved when we undertook a follow up inspection on 23 May 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. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- We were told that the practice monitored that these guidelines were followed through regular discussions at clinical meetings and informal discussions.
- Patient safety alerts were a standard agenda item at practice clinical meetings, we viewed examples of meetings where these were discussed.

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 were 87% of the total number of points available compared with the clinical commissioning group (CCG) average of 95% and national average of 95%. There was an overall exception reporting (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) rate of 4%, which was lower than the CCG average of 7% and the national average 6%.

This practice was did not achieve all of its QOF targets in each of the clinical domains, but there was a year on year improvement overall. Data from QOF showed:

- Performance for diabetes related indicators was comparable to the CCG and national averages. For example 71% of patients on the diabetes register had a HbA1c blood test result of 64mmol/mol or less in the preceding 12 months compared to the CCG average of 75% and national average of 78%. There was an exception reporting rate of 17%, which was the same as the CCG average and higher than the national average of 13%.
- Performance for mental health related indicators was similar to the CCG and national averages. 83% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was similar to the CCG average of 85% and the national average of 84%. Exception reporting was high at 12% compared to the CCG average of 6% and the national average of 7%.
- 64% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive agreed care plan documented in their record in the preceding 12 months compared to the CCG average 91% and the national average of 89%. There was an exception reporting rate of 5%, which was below the CCG average of 7% and the national average of 13%.

There was evidence of quality improvement including clinical audit:

- There had been three clinical audits commenced in the last 18 months, one of these was a completed audit where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example the practice completed an audit looking at their prescribing for patients with Atrial Fibrillation (AF). The first audit found that there were 15 patients who were not on anti-coagulation medicines or were not being prescribed optimal doses. This was discussed at a clinical meeting where the NICE guidelines for AF were discussed, the practice agreed to invite the 15 patients for an appointment with the practice for a review. The second audit showed that 53% of patients were now on the optimum dose of an anti-coagulation medicine, 33% of patients did not turn up for their review appointment and 14% were awaiting a decision from

Are services effective?

(for example, treatment is effective)

secondary care about their medicines. As a result of the second audit the practice followed up with the patients that did not attend their appointment and re-booked, contacted the hospital about the patients' medicine change and agreed to carry out the audit again in three months time with the aim of 100% of patients being on the optimum dose of an anti-coagulation medicine.

Effective staffing

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

- The practice had a new induction programme and checklist for newly appointed staff members, however no new staff members had been employed since this was put in place. The 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 and carrying out cervical cytology.
- 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 attending updates, access to on line resources and discussion at nurses forums and practice meetings.
- 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, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.
- 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.
- From the sample of two documented examples we reviewed we found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services.

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.
- The process for seeking consent was monitored through regular discussions at practice meetings.

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:

Are services effective?

(for example, treatment is effective)

- Patients receiving end of life care, patients with cancer, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.
- Smoking cessation advice, phlebotomy and a dietician was available on the premises.

The practice's uptake for the cervical screening programme was 79%, which was similar to the CCG and national average of 81%. Exception reporting was 3%, which was lower than the CCG average of 10% and similar with the national average of 7%. There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. There were failsafe systems 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 demonstrated how they encouraged uptake of the screening programme by using information in different languages and they ensured a female sample taker was available.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. For example, 67% of female patients aged between 50 and 70 years old had been screened for breast cancer in the past three years compared to the CCG average of 69% and the national average of 73%. Forty one percent of patients aged 60 to 69 were screened for bowel cancer in the past 30 months compared to the CCG average of 49% and the national average of 58%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were below national averages. For example, rates for the vaccines given to under two year olds ranged from 62% to 86% and five year olds from 67% to 84%, compared to the national average of 90%. The practice told us that due to a clerical error the correct immunisation rates had not been uploaded onto the external clinical system (Open Exeter), we were shown an email to Open Exeter from the practice asking for the data to be uploaded and updated but were not provided with evidence that this had been done or the rates had been changed. The practice nurse had a system to explain the whole childhood immunisation programme to parents at the first baby immunisation appointment and get written consent for the whole programme. Appointments were then booked in advance and verbal consent given at each appointment, which we saw recorded in the patient records.

Are services caring?

Our findings

At our previous inspection on 19 April 2016, we rated the practice as requires improvement for providing caring services as there was no carer's register.

We found that the carer's register had been introduced but the number of patient carers were below 1% when we undertook a follow up inspection on 23 May 2017. There was not an updated national GP patient survey, so patient satisfaction scores with services provided remained the same and were still sometimes lower than local and national averages. The practice is still rated as requires improvement 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.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

All of the 32 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 three patients including three members of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients did not consistently feel they were treated with compassion, dignity and respect. The practice was average for its satisfaction scores on consultations with GPs and nurses. For example:

- 82% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 83% and the national average of 89%.
- 69% of patients said the GP gave them enough time compared to the CCG average of 80% and the national average of 87%.
- 80% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 91% and the national average of 95%.
- 74% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 78% and the national average of 85%.
- 85% of patients said the nurse was good at listening to them compared with the CCG average of 86% and the national average of 91%.
- 75% of patients said the nurse gave them enough time compared with the CCG average of 87% and the national average of 92%.
- 91% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 94% and the national average of 97%.
- 80% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 91%.
- 83% of patients said they found the receptionists at the practice helpful compared with the CCG average of 83% and the national average of 87%.

The practice carried out its own an annual patient survey, however the questions asked did not address the issues found in the national GP patient survey and a year on year improvement was not always seen. For example in the 2015/16 survey 31% of patients rated the level of care they received from nurses as excellent, 53% said good, 12% said fair and 4% said poor compared to 2016/17 where 26% said excellent, 61% said good, 10% said fair and 4% said poor. In 2015/16 36% of patients stated that the level of care they received from GPs was excellent, 51% said it was good, 10%

Are services caring?

said it was fair and 3% said it was poor compared to 2016/17 where 30% of patients stated it was excellent, 45% said it was good, 15% said it was fair, 6% said it was poor and 4% did not respond.

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.

Results from the national GP patient survey showed patients rated the practice below national averages for involvement in planning and making decision about their care and treatment. For example:

- 73% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 79% and the national average of 86%.
- 64% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 74% and the national average of 82%.
- 79% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 85% and the national average of 90%.
- 80% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 80% and the national average of 85%.

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

- Staff told us that interpretation services were available for patients who did not have English as a first language.

We saw notices in the reception areas informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them.

- Information leaflets were available in easy read format and other languages.
- 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. Information about support groups was also available on the practice website, which was translated into over 15 different languages as was all the practice leaflets. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 50 patients as carers (less than 1% of the practice list). Written information was available to direct carers to the various avenues of support available to them. Older carers were offered timely and appropriate support. The practice worked with carers charities to set up a carers protocol, which included incorporating asking patients if they were a carer or had a carer during the registration process. Posters promoting services available to carers were displayed in the waiting area and carers were offered an annual flu vaccination.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 19 April 2016, we rated the practice as good for providing responsive services.

We undertook a follow up inspection on 23 May 2017 and found that the practice had not improved on patient satisfaction scores on access to services and there were no processes in place to do this. The practice is now 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 Monday and Tuesday evening until 7:30pm for working patients who could not attend the practice during normal opening hours.
- There were longer appointments available for patients with a learning disability, patients who did not have English as a first language and those with complex clinical needs.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were accessible for all patients and children and those patients with medical problems that require same day consultation would also be seen by a GP even if appointments had run out.
- The practice was a part of a local HUB, which provided GP and nursing appointments to patients on weekday evenings and on weekends.
- The practice sent text message reminders of appointments.
- There was a separate practice website designed for patients with dyslexia.
- Patients were able to receive travel vaccines available on the NHS and those only available privately were referred to other clinics.

- The practice has implemented the NHS England Accessible Information Standard to ensure that disabled patients receive information in formats that they can understand and receive appropriate support to help them to communicate.
- The practice did not have access to a hearing loop; we saw that discussions were being held with the CCG and health centre to purchase one for the building.

Access to the service

The Health Centre doors opened Monday to Friday from 8:30am and the practice opened between 9am and 6:30pm. Except for Thursdays when the practice closes at 1pm. Phone lines were answered from 9am and appointment times were as follows:

- Monday 9:30am to 7:30pm
- Tuesday 9:30am to 1pm and 2m to 7:30pm
- Wednesday 9am to 1pm and 3pm to 6:20pm
- Thursday 10am to 12:50pm
- Friday 10am to 1:30pm and 3pm to 6:30pm

The locally agreed out of hours provider covered calls made to the practice whilst the practice was closed.

In addition to pre-bookable appointments that could be booked up to two weeks in advance, there were also same day bookable appointments and urgent appointments were also available for patients that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was lower than the CCG and national averages.

- 67% of patients were satisfied with the practice's opening hours compared with the CCG average of 72% and the national average of 76%.
- 49% of patients said they could get through easily to the practice by phone compared to the CCG average of 61% and the national average of 73%.
- 50% 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 79% and the national average of 85%.
- 87% of patients said their last appointment was convenient compared with the CCG average of 88% and the national average of 92%.
- 60% of patients described their experience of making an appointment as good compared with the CCG average of 65% and the national average of 73%.

Are services responsive to people's needs?

(for example, to feedback?)

- 49% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 45% and the national average of 58%.

Patients told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system to assess:

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

Reception staff would inform the GP when a home visit request was received, the GP would then contact the patient to assess the need for a home visit and arrange a time to visit. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.

- The practice manager handled all complaints in the practice and was supported by the GP partner if the complaint was regarding a clinical issue.
- We saw that information was available to help patients understand the complaints system. There was a complaints poster displayed in the patient waiting area, there was information in the practice leaflet and on the practice website.

We looked at four out of seven complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way with openness and transparency. Lessons were learned from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, we viewed a complaint from a hospital as the practice was not completing x-ray and ultrasound forms correctly or signing them, which was causing delays in appointments being issued and results getting back to the practice. We saw that this complaint was reviewed where it was found that the forms were issued by a locum GP and was discussed at a practice meeting. As a result of the discussion it was agreed to add further details to the locum pack, highlighting what information had to be included on each request form and reception staff were to check each form to ensure the correct details were on them before they were faxed to hospitals or given to patients to take with them.

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 19 April 2016, we rated the practice as requires improvement for providing well-led services as systems for recording and managing risks were not effective, there was no evidence of the impact of actions to improve practice performance, there was no robust strategy to implement the practice vision and policies were not systematically reviewed.

We undertook a follow up inspection of the service on 23 May 2017, the practice had not made sufficient changes to the services and is therefore still rated as requires improvement for providing well-led services.

Vision and strategy

The practice had a vision to deliver good quality care and promote good outcomes for patients, however systems and processes did not always support this.

- The practice had a mission statement and staff we spoke with knew and understood the values
- The practice had a strategy and supporting business plans which reflected the vision and values of the practice, however these were not formalised.

Governance arrangements

The practice had an overarching governance framework which did not always support the delivery of the strategy and good quality care. This outlined the structures and procedures and ensured that:

- The practice had a good understanding of its performance; however systems were not put in place to effectively address and monitor areas of low achievement.
- There was a clear staffing structure and that staff were aware of their own roles and responsibilities as well as the roles of their colleagues. GPs and nurses had lead roles in key areas, including long term conditions, safeguarding and infection control.
- Practice specific policies were implemented and were available to all staff on the practice's computer system. These were updated and reviewed regularly.
- The practice had evidence of clinical internal audit which was used to make improvements in the practice.

- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions, there were issues with the management of patients on the high risk medicine Warfarin. The practice had a fire risk assessment and an infection control audit.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

Leadership and culture

On the day of inspection the partners in the practice told us they prioritised high quality compassionate care. Staff told us the partners were approachable and always took the time to listen to members of staff.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. We looked at one documented example we reviewed we found that the practice had systems to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

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

- The practice 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 and sessional GPs were required to attend clinical 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.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were

Are services well-led?

Requires improvement 

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

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

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

- patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly and carried out patient surveys and submitted proposals for improvements to the practice management team. For example as a result of requests from the PPG the practice put up a PPG notice board with information in other languages, the PPG was involved in responding to comments on NHS choices and the practice website was translated into over 15 languages and there was a separate website designed for patients with dyslexia.

- the NHS Friends and Family test, complaints and compliments received.
- staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management but were unable to give any examples of this being done.

Continuous improvement

The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice had good system for recording consent for baby immunisations which involved explaining the whole childhood immunisation programme to parents when the child is eight weeks old and getting written consent and then verbal recorded consent for every immunisation thereafter, the name of the consenting parent was also recorded in the patient record. The practice worked closely with the PPG who had input into how the practice was run.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The provider did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users.</p> <p>There was no system for ensuring that patients on high risk medicines such as warfarin were adequately monitored before issuing a prescription.</p> <p>This was in breach of regulation 12 (1) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Systems for checking tests results were not effective or timely.</p> <p>Documentation of some patients' records were not detailed or effective.</p> <p>This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>