

# Riverlyn Medical Centre

## Quality Report

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

## Ratings

### Overall rating for this service

Requires improvement



Are services safe?

Inadequate



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

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## Overall summary

### Letter from the Chief Inspector of General Practice

#### This practice is rated as requires improvement.

The key questions are rated as:

Are services safe? – Inadequate

Are services effective? – Good

Are services caring? – Requires improvement

Are services responsive? – Requires improvement

Are services well-led? – Requires Improvement

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Requires improvement

People with long-term conditions – Requires improvement

Families, children and young people – Requires improvement

Working age people (including those retired and students) – Requires improvement

People whose circumstances may make them vulnerable – Requires improvement

People experiencing poor mental health (including people with dementia) - Requires improvement

We carried out an announced comprehensive inspection at Riverlyn Medical Centre on 7 December 2017. The inspection was undertaken following the registration of the practice with the Care Quality Commission in August 2017.

At this inspection we found:

- The practice had some systems in place to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice reviewed events but learning outcomes were not always clearly recorded or documented.
- Processes for the recording of action taken in respect of safety alerts (including MHRA alerts) required strengthening.
- Prescription stationery was not managed securely in line with guidance.
- There were appropriate safeguarding arrangements in place and staff had received relevant training. There were regular meetings with attached staff.
- The practice reviewed the effectiveness and appropriateness of the care it provided. Care and treatment was delivered according to evidence-based guidelines.
- Multi-disciplinary meetings were held regularly to discuss and review patients at risk of being admitted to hospital.

# Summary of findings

- During our inspection we saw that staff involved and treated patients with compassion, kindness, dignity and respect.
- Feedback from the national GP patient survey indicated patient satisfaction with care and treatment and access to appointments was below local and national averages.
- There were regular meetings within the practice but governance arrangements needed to be strengthened to ensure clinical leaders had oversight.

The areas where the provider **must** make improvements as they are in breach of regulations are:

- Ensure care and treatment is provided in a safe way to patients

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

The areas where the provider **should** make improvements are:

- Continue to review, act on and improve patient satisfaction in areas where the practice is performing below local and national averages. This includes on patients being able to access services at the practice in a timely way and in their interactions with clinical staff.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The six population groups and what we found

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

<b>Older people</b>	<b>Requires improvement</b>	
<b>People with long term conditions</b>	<b>Requires improvement</b>	
<b>Families, children and young people</b>	<b>Requires improvement</b>	
<b>Working age people (including those recently retired and students)</b>	<b>Requires improvement</b>	
<b>People whose circumstances may make them vulnerable</b>	<b>Requires improvement</b>	
<b>People experiencing poor mental health (including people with dementia)</b>	<b>Requires improvement</b>	

# Riverlyn Medical Centre

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

Our inspection team was led by a CQC lead inspector. The team included a GP specialist advisor, a practice nurse specialist advisor and a practice manager specialist advisor.

## Background to Riverlyn Medical Centre

Riverlyn Medical Centre provides primary medical services from a registered location at Station Road, Bulwell, Nottingham, NG6 9AA. Further information about Riverlyn Medical Centre can be found on the practice's website [www.riverlynmedicalcentre.co.uk](http://www.riverlynmedicalcentre.co.uk).

Services are provided to approximately 3100 patients through a Personal Medical Services (PMS) contract.

Riverlyn Medical Centre is a partnership of two GPs (one male; one female) who are supported by long-term locum GPs and an advanced nurse practitioner. There is a team of administrative and reception staff.

The practice population falls into the most deprived decile; the level of deprivation is above the local and national average. The level of income deprivation affecting older people is below the local average and above the national average. The level of income deprivation affecting children is above the local and national average.

The practice opens from 8am to 6.30pm Monday to Friday and offered extended hours opening one evening per week. Out of hours services are provided by NEMS and accessed via 111.

# Are services safe?

## Our findings

### **We rated the practice, and all of the population groups, as inadequate for providing safe services.**

The practice was rated as inadequate for providing safe services because:

- Employment checks had not been undertaken for all staff
- A risk assessment had not been undertaken in respect of legionella
- Prescription stationery was not managed in line with guidance
- Arrangements for the management of safety alerts needed to be improved.
- The recording of outcomes from significant events needed to be improved

### **Safety systems and processes**

The practice had some systems in place to keep patients safe and safeguarded from abuse.

- The practice conducted some safety risk assessments. There were policies in place in relation to safety which were regularly reviewed and available to all staff. Staff were provided with information related to safety as part of their induction and received ongoing safety related training.
- There were systems and processes in place to safeguard children and vulnerable adults from abuse. Policies outlined who staff should contact if they required further guidance.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Regular meetings were held with attached professionals to help safeguard children and young people.
- Staff who acted as chaperones were trained for the role and had received a DBS check.

- There was an effective system to manage infection prevention and control. Infection control was regularly reviewed and audits were undertaken. In addition, we saw evidence of action being taken on the day of the inspection in respect of a leaking pipe.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

However there were some areas where improvements needed to be made:

- There was evidence that the practice had carried out (DBS)
- In addition, there were issues related to the recent re-employment of a member of the nursing team; an updated DBS check had not been undertaken and no risk assessment had been made in respect of this. Evidence of satisfactory conduct in previous employment for this member of clinical staff had not been obtained by the practice; there was one reference on file which had been provided by a colleague and not by an employer.
- The practice had a legionella protocol in place and monitored temperatures in some areas of the practice; however the practice had not undertaken a full risk assessment of their premises/water system in respect of legionella and could not be assured they were taking all required steps to mitigate risk.

### **Risks to patients**

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for temporary staff tailored to their role.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

### **Information to deliver safe care and treatment**

# Are services safe?

- Staff had the information they needed to deliver safe care and treatment to patients.
- Individual care records were generally written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way. .
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information.

## Safe and appropriate use of medicines

The practice had some systems in place for appropriate and safe handling of medicines; however there were areas where improvements were needed:

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.
- However, prescription stationery was not managed in line with guidance to ensure its use could be monitored

and tracked. Incoming stock was not recorded so the practice had no record of the serial numbers of prescription printer paper in stock. In addition the practice had stocks of prescriptions for issuing handwritten prescriptions for which there was no record of stock; there was no evidence these were logged when issued to prescribers.

## Track record on safety

- There were some risk assessments in place in relation to safety issues; for example including the risk of fire.

## Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There was evidence of recording of significant events; however documentation related to significant events was not always completed in full and outcomes or learning were not always identified. We were told that we had not been provided with the most up to date copies of information; however, the practice was not able to locate completed copies during the inspection.
- There was a system for receiving and acting on safety alerts. We saw evidence of action taken in respect of alerts received; .

# Are services effective?

(for example, treatment is effective)

## Our findings

**We rated the practice as good for providing effective services overall and as good across all population groups.**

### Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' needs were assessed; this included their clinical needs and their mental and physical wellbeing.
- The practice undertook regular reviews of the antibiotic prescribing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

#### Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medication.
- Information from the practice's CCG visit report indicated that flu vaccination rates for over 65s were in line with the CCG average whilst vaccination rates for over 65s classified at risk were above average. The practice was also performing well in respect of pneumococcal vaccination rates which were 75%
- The practice has identified patients at risk of admission to hospital, of which there were 62 as at August 2017. There was evidence of regular discussion with the multi-disciplinary team.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

#### People with long-term conditions:

- Patients with long-term conditions were invited for structured annual reviews to check their health and

medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.

- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- The practice had hosted a diabetic forum in July of 2017 which was attended by 18 people; the event was intended to provide information and advice to patients on the management of diabetes. The diabetic specialist nurse was available to see patients and patients from other local practices were able to attend. This is something the practice told us they planned to run again in the future.

#### Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in line with the target percentage of 90% or above.
- The practice had policies in place to see children and young people on the same day.
- Staff working at the practice had received training in domestic violence.
- Regular meetings were held with the health visitor and the health visitor attended the practice once a week to see patients.

#### Working age people (including those recently retired and students):

- Data showed that the practice's uptake for cervical screening was 75%, which was above the CCG and national average of 72%.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

#### People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.



# Are services effective?

## (for example, treatment is effective)

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. Learning disability health checks were provided.

People experiencing poor mental health (including people with dementia):

- 91% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was above the national and local averages.
- 88% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was comparable to the national and local averages.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption was above average (practice 94%; CCG 89%; national 91%).

### Monitoring care and treatment

The practice had a programme of quality improvement activity and reviewed the effectiveness and appropriateness of the care provided. For example in relation to the prescribing specific types of antibiotics. There was evidence of engagement with the CCG quality visit scheme and improvements were evidenced. The practice reviewed their performance against other practices in the CCG and in their local area.

The most recent published Quality Outcome Framework (QOF) results demonstrated that the practice had achieved 96% of the total number of points available compared with the clinical commissioning group (CCG) average of 93% and national average of 96%. The overall exception reporting rate was 5% which was below the local and national average. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

The practice used information about care and treatment to make improvements. The practice regularly reviewed

performance in a range of areas of including QOF. There was evidence of review of performance data on a local system which enabled the practice to identify areas for improvement. For example, the practice had been working on improving bowel screening rates and had engaged with their patient group around this. The practice's uptake rate for bowel cancer screening was 52% compared with the CCG average of 53% and the national average of 55%.

The practice was involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives. The practice was involved in the utilisation of the Pincer quality improvement tool to identify patients who are being prescribed medicines that are commonly associated with medication errors to ensure action could be taken to reduce risk.

Other audits had been undertaken in respect of high risk medicines, antibiotic prescribing and an audit to review the waiting times for prescription issue.

### Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation.

### Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when

# Are services effective?

(for example, treatment is effective)

they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.

- 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.

## Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives. There was a high level of involvement from non-clinical staff in health promotion and recalls for cancer screening.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.

- Staff encouraged and supported patients to be involved in monitoring and managing their health. There was a range of patient information in the waiting area along with an area for patients to weigh themselves.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

## Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

# Are services caring?

## Our findings

### **We rated the practice, and all of the population groups, as requires improvement for caring.**

The practice was rated as requires improvement for caring because:

- The practice was below both local and national averages for its satisfaction scores on consultations with GPs and nurses. The practice was aware of poor satisfaction rates within their patient group and was working to address this. At the time of the inspection, the practice was unable to demonstrate the actions planned or taken to date had resulted in the significant improvements required in patient satisfaction in a number of key areas highlighted by the national GP patient survey.

### **Kindness, respect and compassion**

During our inspection we saw that staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- 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.
- Of the 45 completed Care Quality Commission comment cards we received, 37 were wholly positive about the practice and the service experienced.

Results from the July 2017 annual national GP patient survey showed that the majority of patients felt they were treated with compassion, dignity and respect. A total of 337 surveys were sent out and 115 were returned. This represented a 34% completion rate and about 4% of the practice population. The practice was below average for its satisfaction scores on consultations with GPs and nurses. For example:

- 73% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 70% of patients who responded said the GP gave them enough time; CCG average - 84%; national average - 86%.

- 87% of patients who responded said they had confidence and trust in the last GP they saw; CCG average - 95%; national average - 95%.
- 70% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG average - 84%; national average - 86%.
- 82% of patients who responded said the nurse was good at listening to them; CCG average - 90%; national average - 91%.
- 86% of patients who responded said the nurse gave them enough time; CCG - 90%; national average - 92%.
- 92% of patients who responded said they had confidence and trust in the last nurse they saw; CCG average - 97%; national average - 97%.
- 85% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG average - 89%; national average - 91%.
- 82% of patients who responded said they found the receptionists at the practice helpful; CCG average - 87%; national average - 87%.

Following the inspection we were provided with evidence that the practice had reviewed the results of the national GP patient survey and developed an action plan in response to these. The practice had also reviewed other sources of patient feedback including the Friends and Family Test which showed more positive feedback.

The action plan developed focussed on three areas:

- The practice had recently commenced working in conjunction with three other practices in the area to opt-in to the Thursday afternoon opening, therefore increasing appointment options and increased access to GP services
- Clinic times had been increased by taking on more GP Locums to carry out regular weekly clinics to promote continuity of care.
- Longer consultations were being provided to patients to ensure patients had the time to ask questions and understand issues.

### **Involvement in decisions about care and treatment**

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

## Are services caring?

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice proactively identified patients who were carers. There was information within the practice asking patients to identify themselves as carers. The practice's computer system alerted GPs if a patient was a carer. The practice had identified 105 patients as carers (which was equivalent to 3% of the practice list). A range of information was available for carers within the practice.

Staff told us that if families had experienced bereavement, a telephone consultation would be arranged initially with their usual GP. 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.

Results from the national GP patient survey showed most patients responded less positively to questions about their involvement in planning and making decisions about their care and treatment. Results were below local and national averages:

- 70% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 85% and the national average of 86%.
- 66% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG average - 81%; national average - 82%.
- 85% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG average - 89%; national average - 90%.
- 77% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG average - 83%; national average - 85%.

There was evidence the practice had taken action in response to these areas; for example, there were posters displayed in the waiting area indicating that patients should not hesitate to ask clinicians to repeat or explain something if they had not understood it.

In addition the practice had developed an action plan in response to the wider survey; we were provided with a copy of this following our inspection.

### Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

**We rated the practice, and all of the population groups, as requires improvement for providing responsive services across all population groups.**

The practice was rated as requires improvement for providing responsive services because:

- The practice was below both local and national averages for its satisfaction scores regarding access to services and was working to address this. At the time of the inspection, the practice was unable to demonstrate the actions planned or taken to date had resulted in the significant improvements required in patient satisfaction in a number of key areas highlighted by the national GP patient survey.

### Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. (For example extended opening hours, online services such as repeat prescription requests, advanced booking of appointments, advice services for common ailments)
- Work had been undertaken to make improvements to the practice's website.
- The practice improved services where possible in response to unmet needs. The practice delivered services to benefit the wider community including providing minor surgery for patients from other practices.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services; for example, the premises were accessible for patients using wheelchairs.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- The practice had a wide range of leaflets and posters displayed to provide information to patients. Display

boards were organised in themes and included information about cancer, childhood information and additional information about what was happening locally in the area.

- Morning clinics were provided for phlebotomy services.

All of the population groups were rated as requires improvement for responsive services as poor patient satisfaction on timely access to the service affected all patients.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in the community.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- Monthly meetings were held to discuss vulnerable/frail elderly patients with the wider community team.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.
- A forum for patients with diabetes had been hosted by the practice to provide information and advice. This was open to patients from other practices.

Families, children and young people:

- 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. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- The health visitor was available in the practice once per week to see patients.

Working age people (including those recently retired and students):

# Are services responsive to people's needs?

## (for example, to feedback?)

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours in the evenings.
- Minor surgery was providing including the provision of minor surgery for patients from other local practice.
- Telephone GP consultations were available which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- Staff had received training in responding to patients who had suffered as a result of domestic violence.

People experiencing poor mental health (including people with dementia):

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.

### Timely access to the service

The majority of patients were able to access care and treatment from the practice within an acceptable timescale for their needs although there were some areas where patient feedback was less positive about access to appointments.

- Most patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately. The practice's involvement in the local scheme to enable practice opening on Thursday afternoons was promoting better access to appointments.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was below local and national averages. This was supported by a proportion of the completed comment cards received; of 45 completed cards, 18% were mixed with both positive and negative feedback about access to appointments.

Feedback from the national survey demonstrated:

- 71% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 76% and the national average of 76%.
- 68% of patients who responded said they could get through easily to the practice by phone; CCG – 71%; national average – 71%.
- 74% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG – 82%; national average – 84%.
- 74% of patients who responded said their last appointment was convenient; CCG – 79%; national average – 81%.
- 55% of patients who responded described their experience of making an appointment as good; CCG – 71%; national average – 73%.
- 36% of patients who responded said they don't normally have to wait too long to be seen; CCG – 54%; national average – 58%.

An action plan was provided in respect of the patient survey results following our inspection. The action plan developed focussed on three areas:

- The practice had recently commenced working in conjunction with three other practices in the area to opt-in to the Thursday afternoon opening, therefore increasing appointment options and increased access to GP services
- Clinic times had been increased by taking on more GP Locums to carry out regular weekly clinics to promote continuity of care.
- Consultation times had been increased

The practice had conducted their own survey on waiting times in November 2016 and again in February 2017 which demonstrated some improvement; however no surveys had been undertaken since February 2017. Friends and Family test results were generally positive with the majority of patients saying they would recommend the practice.

### Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.



# Are services responsive to people's needs?

(for example, to feedback?)

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. We reviewed a range of complaints and found that they were satisfactorily handled in a timely way.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care.

# Are services well-led?

Requires improvement 

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

## Our findings

**We rated the practice, and all of the population groups, as requires improvement for providing a well-led service.**

The practice was rated as requires improvement for well-led because:

- Improvements were required to ensure governance systems operated effectively; including ensuring oversight of locum staff; the arrangements to identify, monitor and mitigate risks

### Leadership capacity and capability

- The GP partners had the experience and skills to deliver the practice's plans for the future and had recently recruited a new practice manager to assist with developing the practice.
- They were knowledgeable about issues and priorities relating to the quality of clinical services provided in most areas.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

### Vision and strategy

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

- There was a clear vision and set of values. The practice's vision was shared with patients on their website.
- The practice had a business plan in place outlining key areas for development.
- Staff were passionate about delivering high quality care for the patients and engaged with the aims of the practice.
- The practice planned its services to meet the needs of the practice population.

### Culture

The practice told us they promoted a culture of high-quality care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.

- The practice focused on the needs of patients.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

### Governance arrangements.

- Structures, processes and systems to support good governance and management were present; however these were not always clearly set out or operated effectively. For example, the systems in place to manage the receipt of safety alerts and record action taken had led to confusion with more than one log being operated and staff being unaware of their role as indicated in policies.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control
- The practice had established policies, procedures and activities to ensure safety in most cases, however there were not always controls in place to enable them to assure themselves that they were operating as intended; for example, in respect of the security of blank prescriptions.
- There were limited arrangements in place to ensure effective oversight of locum GPs within the practice.

### Managing risks, issues and performance



# Are services well-led?

Requires improvement 

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

- Processes for managing, risk, issues and performance were not always operated effectively.
- Not all risks had been identified or assessed within the practice. For example, although some action was being taken to monitor water temperatures of some water outlets within the practice, there had been no risk assessment of the water system undertaken in respect of legionella.
- There was no evidence of general premises or environmental risk assessments being undertaken within the practice; for example, in respect of slips and trips. Following the inspection, the practice provided us with a copy of a completed lone worker risk assessment.
- The practice had processes to manage current and future clinical performance at a general level. However, there was no evidence of the monitoring of long-term locum GPs through audit of their consultations.
- Patient feedback from the national GP patient survey was below local and national averages for all indicators. Although the practice had some awareness of this, there were limited plans in place to drive improvement in patient satisfaction. Following the inspection, the practice provided us with an action plan to address areas for improvement.
- There was oversight from clinical leaders of MHRA alerts and significant events; however processes related to alerts were confused and recording of action taken in respect of alerts was unclear. Documentation related to significant events was not always fully completed.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- There was some evidence of quality and operational information being used to improve performance. There was evidence of the review of QOF data and data from local systems in respect of screening rates. This was discussed and reviewed at CCG visits.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address some of the areas of weaker performance, for example in respect of cancer screening rates.
- The practice used information technology systems to monitor and improve the quality of care.
- There were arrangements in line with data security standards for the availability and confidentiality of patient identifiable data, records and data management systems.

## Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- There were some systems in place to encourage patients' views including surveys undertaken in late 2016/early 2017.
- The results of the national GP patient survey were reviewed following our inspection and an action plan developed.
- There was an active patient participation group (PPG); members felt their feedback and input was valued and supported. The practice shared areas for improvements with the PPG for example in respect of what they were doing improve bowel screening rates.
- The service was transparent and open with stakeholders about performance.

## Appropriate and accurate information

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></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. This included risks related to arrangements for legionella risk, general premises risks, prescription security and employment checks.</p> <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>How the regulation was not being met:</b></p> <p>Systems or processes were not being operated effectively to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:</p> <ul style="list-style-type: none"><li>• The systems and processes in place to record and manage MHRA alerts were not clear.</li><li>• Documentation related to significant events was not always fully completed</li><li>• The quality of record keeping by Locum GPs was poor and there was no system or process in place to review or improve this.</li><li>• The system or process in place for seeking and acting on patient feedback was not operating effectively.</li></ul>

This section is primarily information for the provider

## Requirement notices

This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.