Dr Christopher Cole and Partners

Quality Report

Waterside Health Centre
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Date of inspection visit: 28 November 2017
Date of publication: 01/02/2018

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as Good overall. (Previous inspection November 2014 – Good)

The key questions are rated as:

Are services safe? - Good

Are services effective? - Requires Improvement

Are services caring? - Good

Are services responsive? - Good

Are services well-led? - Good

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 - Good

People with long-term conditions - Requires Improvement

Families, children and young people - Good

Working age people (including those recently retired and students - Good

People whose circumstances may make them vulnerable - Good

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

We carried out an announced comprehensive inspection at Dr Christopher Cole and Partners on 28 November 2017. This inspection was part of our inspection programme. We visited both main site and the branch location.

At this inspection we found:

- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- Medicines and Healthcare products Regulatory Agency alerts were said to be acted upon but this was not recorded.
- The practice gave us verbal assurances that they conducted regular reviews of their policies however this was only evidenced if changes were made to the policy. The practice could not evidence when a policy had been reviewed and no changes were made.

Summary of findings

- Not all patients with long term conditions had their health and care needs checked on a regular basis.
- Not all staff had received mandatory training in line with practice policy such as for Information Governance and Mental Capacity Act 2005
- There was a focus on continuous learning and improvement at all levels of the organisation.

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

Importantly, the provider must;

- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out the duties.

The area the provider should make improvements:

- Review feedback from patients such as information gathered by national bodies including the GP patient survey.
- Improve the system for recording when policies are reviewed but not changed.
- Improve the process for the recording of action taken in response to managing and acting on Medicines and Healthcare products Regulatory Agency (MHRA) alerts.
- Review the process for patients with long term conditions have a regular review of their health and care needs.
- Have a clear programme of quality improvement such as through audit.

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

Summary of findings

The six population groups and what we found

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

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

Dr Christopher Cole and Partners

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 second CQC inspector, a CQC inspection manager, a GP specialist adviser, a practice nurse specialist adviser and a practice manager adviser.

Background to Dr Christopher Cole and Partners

Dr Christopher Cole and Partners is located at Waterside Health Centre, Beaulieu Road, Hythe, SO45 5WX and is also known as The Red and Green Practice. The practice provides services under a general medical services contract and is part of the NHS West Hampshire Clinical Commissioning Group.

The practice has a branch practice located at Blackfield Health Centre, Hampton Lane, Blackfield, SO45 1XA.

The practice has approximately 24,000 registered patients with a slightly higher than average older population and its patients are predominantly white British.

You can access practice information online at www.redandgreenpractice.co.uk

Good

Are services safe?

Our findings

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

Safety systems and processes

The practice had clear systems to keep patients safe and safeguarded from abuse.

- The practice conducted safety risk assessments. It had a suite of safety policies which were communicated to staff. The practice gave us verbal assurances that they conducted regular reviews of their policies however this was only evidenced if changes were made to the policy. The practice could not evidence when a policy had been reviewed and no changes were made.
- Staff received safety information for the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. Policies were accessible to all staff and outlined clearly who to go to for 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.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken for all staff. The practice carried out enhanced DBS checks for clinical staff and standard checks for non-clinical staff. (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).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- 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.
- There was an effective system to manage infection prevention and control.

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. Staff at the location and branch practice were able to access workflow tasks on the shared computer system, to manage workload. For example, reviewing of information received from out of hours providers, to ensure these were acted on in a timely manner.
- 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.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were 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 reliable systems for appropriate and safe handling of medicines.

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice kept prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.
- 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.

Good

Are services safe?

- We reviewed the fridge temperatures at the location and the branch practice and found that these were monitored and within range. The practice had also purchased data loggers for their fridges which would send an email alert to the practice nurse manager if the fridge temperatures went out of range. This meant that if temperatures fell out of range, the practice would be able to act on this quickly to maintain the cold chain.
- The practice held controlled drugs at both the main and branch locations. We saw evidence that these were stored and managed appropriately.

Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues. However, on inspection the practice was unable to provide us with a legionella risk assessment. This was sent to us within 48 hours after inspection. The legionella risk assessment was dated September 2017 and the practice sent us documentation to confirm that they carried out the suggested actions. One of the recommended actions to record water temperatures had started in November 2017. Records showed that the practice was monitoring water temperatures from outlets furthest away from the boiler and was not conducting spot checks to ensure other outlets were within safe limits. After inspection, the practice had sought clarification from the clinical commissioning group who confirmed that the actions carried out by the practice conformed to current guidance.
- On inspection we found the practice had not risk assessed their blinds with looped cords, which posed a risk of entrapment. This was sent across to us within 48 hours following inspection and the practice considered that all risks were mitigated.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- The practice had a system for receiving and acting on Medicines and Healthcare products Regulatory Agency (MHRA) alerts. Alerts were received and cascaded to relevant staff members to action. However the practice was unable to demonstrate which alerts had been received and acted on.
- 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 were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. A significant event was raised following an incident where a patient was admitted to hospital following an accidental overdose of a prescribed medicine. On investigation, it was found that the patient did not have a means to measure the dosage needed. This case was discussed at a significant event meeting and it was agreed that going forward a measuring device such as a syringe would be requested alongside the prescription when required.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

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

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

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 fully assessed. This included their clinical needs and their mental and physical wellbeing.
- The percentage of antibiotic items prescribed that are Cephalosporins or Quinolones was 6% compared to the national average of 5%.
- The average daily quantity of Hypnotics prescribed per Specific Therapeutic group was 0.32 which was lower than the national average of 0.90.
- 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.
- The practice had a blood pressure machine in the waiting area so patients were able to have their blood pressure taken without booking an appointment. Results were reviewed by the duty doctor who would contact the patients if required.

Older people:

This population group was rated good.

- 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 medicines.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan. Over a 12 month period the practice had offered 179 patients a health check. A total of 175 of these checks had been carried out.
- 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.
- Patients had a named GP and patients were visited when needed at home including at care homes to provide continuity of care.

People with long-term conditions:

This population group was rated requires improvement.

- Not all patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. There was high exception reporting for patients with asthma, diabetes and a respiratory condition COPD.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.

Families, children and young people:

This population group was rated good.

- 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.

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

This population group was rated good.

- 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.
- The practice's uptake for cervical screening was 86%, which was above the 80% coverage target for the national screening programme. The practice had also joined the clinical commissioning group led cervical screening scheme in order to further increase uptake.

People whose circumstances make them vulnerable:

This population group was rated good.

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

Requires improvement

Are services effective?

(for example, treatment is effective)

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

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

This population group was rated good.

- 84% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This is comparable to the national average of 84%.
- 92% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This is comparable to the national average.

Monitoring care and treatment

The practice did not have a formal programme of quality improvement activity, to routinely review the effectiveness and appropriateness of the care provided. However some quality improvement audits were identified opportunistically rather than as part of an audit programme. One two-cycle audit covered inappropriate urine testing, which highlighted that some requests for urine tests had been made by non-clinical staff and were not always necessary. The practice amended their protocol which meant that urine tests could only be requested by clinical staff. The results of a follow up audit were presented and discussed at a clinical meeting as well as with other practices in the locality. It demonstrated an overall improvement and a reduction in inappropriate urine testing.

The most recent published Quality and Outcome Framework (QOF) results were 99.9% of the total number of points available compared with the CCG average of 96.6% and a national average of 95.5%. The overall exception reporting rate was 17% compared with the CCG average of 11.5% and a national average of 9.9%. (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 exception rate for patients with diabetes in whom the last blood pressure reading was 140/80 mmHg or less, was 25% which was worse than the CCG average of 13% and national average of 9%.
- The practice exception rate for patients with diabetes in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months was 27% which was worse than the CCG average of 18% and national average of 12%.
- The practice exception rate for patients with asthma, who have had an asthma review in the preceding 12 months that includes assessment of asthma control, was 20% which was worse than the CCG average of 12% and national average of 8%.
- The practice exception rate for patients with COPD who have had a review including an assessment of breathlessness in the preceding 12 months was 24% which was worse than the CCG average of 16% and national average of 11%.

In response to QOF data, the practice had implemented a new recall system in April 2017. Patients were first contacted by telephone and invited in for a review. If this failed to prompt patients to book a review they would be sent a follow up letter. If patients still failed to attend the practice, subsequent contact would be made either by telephone call or two more additional letters would be sent to the patient. The benefit of this change in practice was still unverified when we inspected in November 2017. In addition the practice felt that patients were overall supported well and that this in part was demonstrated by lower than average rates of admission to hospital.

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 had 13 partners and one salaried GP with a whole time equivalent of approximately 11.9 GPs.
- The nursing team consisted of a nurse manager, three advanced nurse practitioners and eight practice nurses. The practice also had three health care assistants.
- The clinical team were supported by a management team which included a practice business manager, an operations manager, an IT manager and an administration and data team.

Requires improvement

Are services effective?

(for example, treatment is effective)

- 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.
- Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice understood the learning needs of staff and provided protected time and training to meet them.
- The practice had identified mandatory training for all staff to complete including safeguarding children and adults, fire safety and information governance. However on inspection we found that not all clinical staff had undertaken training for Information Governance or Mental Capacity Act 2005 training in line with practice policy.

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, 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 they were referred, or after they were discharged from hospital.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients.
- The practice had a data team who were responsible for coding all patient information sent to the practice. Whilst the practice had a protocol which detailed what action was required for particular correspondence, the practice did not conduct audits on this process to ensure accuracy and quality.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients receiving end of life care and patients at risk of developing a long-term condition.
- 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 supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision. The practice had held in-house training on the Mental Capacity Act 2005 on 20 and 22 November 2017. However, not all staff had attended.
- Whilst clinicians understood the requirements of legislation and guidance when considering consent and decision making, on inspection we did not see evidence that the practice monitored the process for seeking consent appropriately.

Good

Are services caring?

Our findings

We rated the practice, and all of the population groups, as good for caring.

Kindness, respect and compassion

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 discuss their needs more privately.
- We received one patient Care Quality Commission comment card which was positive about the service experienced. This is in line with the results of the NHS Friends and Family Test and other feedback received by the practice.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. A total of 241 surveys were sent out and 137 were returned. This represented about 0.6% of the practice population.

- 91% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 81% of patients who responded said the GP gave them enough time; CCG - 88%; national average - 86%.
- 97% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 97%; national average - 95%.
- 82% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG– 88%; national average - 86%.
- 86% of patients who responded said the nurse was good at listening to them; CCG - 94%; national average - 91%.
- 88% of patients who responded said the nurse gave them enough time; CCG - 94%; national average - 92%.
- 96% of patients who responded said they had confidence and trust in the last nurse they saw; CCG - 98%; national average - 97%.
- 89% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 92%; national average - 91%.
- 77% of patients who responded said they found the receptionists at the practice helpful; CCG - 89%; national average - 87%.

We discussed the results of the survey with the practice particularly the areas which scored lower than CCG and national averages. However the practice did not have oversight of this and were unable to demonstrate that they were addressing the areas of concern identified in the survey.

After inspection, the practice provided us with the results from their Friends and Family test from December 2016 to October 2017 which showed that out of 232 patients, 207 would recommend the practice.

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):

- Interpretation services were available for patients who did not have English as a first language. There was also an information video on the practice website advising patients who were deaf or hard of hearing about a communications needs card.
- 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. For example, a representative from ITalk (a psychological therapy service) worked from the practice one day a week as a psychological well-being practitioner (PWP). This meant that if a patient was experiencing mental health concerns or issues, an appointment was booked directly with the representative who would carry out an initial assessment. The patient would then be referred to the appropriate service or would be booked in for therapy sessions with the PWP at the practice.

The practice proactively identified patients who were carers. On registering with the practice, patients were asked

Good

Are services caring?

if they cared for a family member, friend or neighbour. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 331 patients as carers (1.4% of the practice list).

Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy card. The patient could also book a consultation with their GP who would sign post them to support available. A bereavement information leaflet was also available.

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

- 85% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 89% and the national average of 86%.
- 82% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 85%; national average - 82%.
- 89% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 91%; national average - 90%.
- 82% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 87%; national average - 85%.

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.

Good

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 overall.

The practice was rated good for providing responsive services because:

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.
- 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, GPs were able to offer home visits to those unable to attend the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

This population group was rated good.

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme. Patients living in care homes were visited by their usual GP to provide continuity of care.
- The practice was responsive to the needs of older patients, and offered urgent appointments for those with enhanced needs.

People with long-term conditions:

This population group was rated requires improvement.

- Not all patients with long term conditions had their health and care needs checked on a regular basis.

Families, children and young people:

This population group was rated good.

- A drop in clinic was held at the practice once a week for Supporting Families in Hampshire (a government initiative). This service signposted families to access advice and services to support them with concerns. For example, the service was able to signpost a family to relevant financial support. Patients were able to self-refer, as well as a GP making a referral.

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

This population group was rated good.

- 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.
- Telephone and web GP consultations were available which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

This population group was rated good.

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

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

This population group was rated good.

- The practice was an accredited dementia friendly practice. For example, the practice had identified a member of staff as a dementia champion.

Timely access to the service

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- The practice was open 7.30am to 8.00pm Monday to Thursday and 7.30am to 6.30pm on Fridays. The branch practice was open 8.00am to 6.30pm Monday, Wednesday and Friday and 8.00am to 8.00pm Tuesday and Thursday.
- Waiting times and delays were managed appropriately. For example, we saw that reception staff would update a notice board with appointment delays.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- The appointment system was easy to use.
- Patients with the most urgent needs had their care and treatment prioritised. Reception staff were able to direct patients to the most appropriate care by using a list of conditions which identified the most suitable clinician or service. For example, for an earache, patients were directed to book an eConsult appointment initially, to determine whether they should then see a clinician for further treatment.
- The practice had implemented an urgent care clinic (UCC) which was managed by the duty team which included a duty doctor and a practice nurse. Patients could be booked onto this service by either reception staff or the duty team.
- The practice had opted out of providing out-of-hours services to their own patients and patients were requested to contact the out-of-hours GP via the NHS 111 service.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages. This was supported by observations on the day of inspection and completed comment cards. A total of 241 surveys were sent out and 137 were returned. This represented about 0.6% of the practice population.

- 75% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 77% and the national average of 76%.
- 74% of patients who responded said they could get through easily to the practice by phone; CCG – 80%; national average - 71%.
- 80% 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 - 88%; national average - 84%.
- 74% of patients who responded said their last appointment was convenient; CCG - 85%; national average - 81%.
- 62% of patients who responded described their experience of making an appointment as good; CCG - 77%; national average - 73%.
- 57% of patients who responded said they don't normally have to wait too long to be seen; CCG - 59%; national average - 58%.

We discussed the results of the survey with the practice particularly the areas which scored lower than CCG and national averages. However the practice did not have oversight of this and were unable to demonstrate they were addressing the areas of concern identified in the survey.

After inspection, the practice provided us with the results from their Friends and Family test from December 2016 to October 2017 which showed that out of 232 patients, 207 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.

- 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. A total of 47 complaints were received in the last year. Before our inspection, the practice sent us their complaints log for location and branch practice and we found that they were satisfactorily handled in a timely way.
- Complaints were discussed weekly at clinical meetings which were held at the main and branch location. Complaints were discussed at the location where they were raised and minutes shared with both sites. This enabled shared learning if an incident or outcome affected both locations. The practice conducted an annual review of all complaints and 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?

Good

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

Our findings

We rated the practice as requires improvement for providing a well-led service.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it. However the leadership was not always knowledgeable about issues and priorities relating to the quality of services.

Vision and strategy

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

- There was a vision and set of values, however not all staff were aware of them or could identify what they were.
- The practice planned its services to meet the needs of the practice population.

Culture

The practice had a culture of high-quality sustainable 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 positive relationships between staff and teams and the practice encouraged this through whole practice events. On inspection we were told that the practice had arranged a summer barbeque and a Christmas party for staff from the location and branch practice to attend.

Governance arrangements

Governance arrangements were in place, but these did not fully support the running of the practice.

- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control
- We found that the system for reviewing policies and procedures was not fully established in that of the policies we saw we could only see that a review had taken place if the policy had been amended. However, the practice supplied evidence of internal requests to review and amend a number of policies throughout 2017.

Managing risks, issues and performance

The practice had limited systems and processes in place to manage quality, risks and performance.

- Systems and processes for managing MHRA alerts enabled staff to respond to and act on alerts where relevant, but the practice did not demonstrate how they ensured actions taken had been completed to ensure safety of patients.
- There were comprehensive risk assessments in relation to safety issues. However, on inspection the practice was unable to provide us with a legionella risk assessment. This was sent to us within 48 hours after inspection. The legionella risk assessment was dated September 2017 and the practice sent us documentation to confirm that they carried out the suggested actions. One of the recommended actions to record water temperatures had started in November 2017. Records showed that the practice was monitoring water temperatures from outlets furthest away from the boiler and was not conducting spot checks to ensure other outlets were within safe limits. After inspection, the practice had sought clarification from the clinical commissioning group who confirmed that the actions carried out by the practice conformed to current guidance.
- The practice carried out audits of practice performance and care and treatment given.
- The practice had a data team who were responsible for coding all patient information sent to the practice.

Are services well-led?

Good

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

Whilst the practice had a protocol which detailed what action was required for particular correspondence, the practice did not conduct audits on this to ensure accuracy and quality in the process delivered.

- The practice monitored Quality and Outcomes Framework exception reporting and had a system in place for recalling patients who were overdue a review, but there were limited details on how they were promoting patient uptake to improve their exception reporting figures.
- The practice had a policy which set out what mandatory training it required staff to receive on a regular basis but systems did not ensure this was always achieved or that the practice had oversight of this. For example records showed that at the time of inspection, not all clinical staff had received mandatory training in Information Governance or Mental Capacity Act 2005 (MCA). After inspection, the practice provided us with confirmation that some of the clinical staff had received information governance training earlier in 2017. We also received confirmation that information on the MCA had been sent to members of staff who had not attended the training. However, the practice was unable to demonstrate how they assured themselves that staff had read and understood the information. The practice also confirmed that following inspection they would formally record the status of mandatory training for all clinicians.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity 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 was a patient participation group that had been established some time ago and was now in a process of restructuring and therefore there had not been any recent meetings.
- The service was transparent, collaborative and open with stakeholders about performance.
- However, the practice was unable to evidence how they acted on patient feedback. For example, there was no oversight of the results from the NHS GP patient survey and the practice could not demonstrate how they were addressing areas of concern.

Continuous improvement and innovation

- There was a focus on continuous learning and improvement at all levels within the practice. Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing **How the regulation was not being met:** The service provider had failed to ensure that persons employed in the provision of a regulated activity received such appropriate support, training, professional development, supervision and appraisal as was necessary to enable them to carry out the duties they were employed to perform. In particular **They had not ensured:** All staff had received training in line with practice policy in a timely way which was then recorded. Including for Mental Capacity Act 2005 and Information Governance.