

# Emersons Green Medical Centre

## Inspection report

St. Lukes Close  
Emersons Green  
Bristol  
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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 location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Requires improvement 

# Overall summary

**This practice is rated as Good overall.** (Previous rating April 2015 – Good)

The key questions at this inspection are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Requires Improvement

We carried out an announced comprehensive inspection at Emersons Green Medical Centre on 5 December 2018 as part of our inspection programme.

At this inspection we found:

- There had been a significant change in the leadership at the practice since April 2017. The practice had recognised that sustainability and succession planning were needed to ensure the continued safe running of the practice. To facilitate this, they had recently merged with a local practice so that running costs, some administrative work and clinical teams could be used across the organisation and ensure the continued level of service provision. This had involved a complete restructuring process which was on-going at the time of the inspection.
- We found that the practice had established policies, procedures and activities to ensure safety but did not always have systems in place to monitor and assure themselves that they were operating as intended. For example, the processes for incidents and complaints were not always followed by staff.

- Staff treated patients with compassion, kindness, dignity and respect; feedback from patients supported these comments.
- Patients feedback through the national GP patient survey (2018) indicated that they experienced delays in being able to access routine care when they needed it.
- The provider had been responsive to the national GP patient survey (2017) and had introduced an urgent care team so that any patient contacting the practice for an urgent appointment had a telephone consultation with a clinician who then directed them to the most appropriate care.
- There was a focus on continuous learning and improvement within the organisation

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

- 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;

- Risk assess appointment availability to reduce waiting times for routine appointments.
- Continue to monitor and improve the uptake of cancer screening for disease prevention.

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

**Please refer to the detailed report and the evidence tables for further information.**

## Population group ratings

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

## Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector. The team included a GP specialist adviser and a practice nurse specialist adviser.

## Background to Emersons Green Medical Centre

The provider operates two locations and a branch surgery; Emersons Green Medical Centre provides a service to over 12,000 patients.

The location address is:

St. Luke's Close  
Emersons Green  
Bristol BS16 7AL

The practice serves the populations of Downend, Emersons Green, Yate and surrounding areas.

The South West UK Census data (2011) shows 6% of the population are recorded as being from the black or minority ethnic community. Public Health England's national general practice profile shows the practice has a significantly lower than England average group of patients aged 65 or over at 13.9% (England average 27.5% and clinical commissioning group average 29.5%).

The practice population has low levels of deprivation. The Index of Multiple Deprivation 2015 is the official measure of relative deprivation for England. The practice population is ranked at decile 10 which is the lowest level of deprivation.

The practice was purpose built and is leased by the GP partners. The building is set over two floors with patient services on the ground floor only. It has power assisted door access to the entrance of the building and a large car park with blue badge reserved parking. There is a separate reception area with an automated arrival system and spacious waiting room.

The practice team includes four GP partners and seven salaried GP's (male and female); GP sessions vacant which are covered by regular locum GPs; an executive manager, a business manager and an operational manager; a nurse manager; seven advanced nurse practitioners, three practice nurses; three healthcare assistants; a phlebotomist and administration staff. The clinical and management team work across all the organisation (three sites).

The practice is an accredited training practice for GP trainees, foundation year trainees and medical students.

The practice has opted out of providing out-of-hours services to their own patients. Patients can access NHS 111 and out of hours services from information on the practice website.

The practice is registered to provide the following regulated activities:



Family planning


Diagnostic and screening procedures

Treatment of disease, disorder or injury

Surgical procedures

Maternity and midwifery services

The location is shared with other health care providers such as the community health visitor team.



# Are services safe?

**We rated the practice as good for providing safe services.**

## Safety systems and processes

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

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. We were told all staff received safeguarding and safety training appropriate to their role. This was confirmed by the staff we spoke with, and by evidence seen on recruitment files, staff knew how to identify and report concerns. However, the practice did not have evidence of training available when it was requested.
- Staff who acted as chaperones were trained for their role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- There was an effective system to manage infection prevention and control.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

## Risks to patients

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

- Arrangements were in place, including planned GP locum usage, for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics. The practice was in the process of recruiting to GP vacancies; these were temporarily covered by the use of regular locum GPs to reduce the impact of appointment availability for patients. They had vacancies for administration and reception staff and had successfully recruited two new administrative staff to start in December 2018.

- There was an effective induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Reception staff had protocols to follow to identify unwell patients and had training planned for 17 December 2018 to update them on sepsis awareness.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

## Information to deliver safe care and treatment

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

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

## Appropriate and safe use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- Staff prescribed and administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.
- There were effective protocols for verifying the identity of patients during remote consultations.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.

## Track record on safety

The practice had a good track record on safety.

## Are services safe?

- There were comprehensive risk assessments in relation to safety issues. We observed that fire safety precautions were visible and checks were up to date.
- The practice monitored and reviewed safety using information from a range of sources.
- 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.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

### **Lessons learned and improvements made**

The practice learned and made improvements when things went wrong.

**Please refer to the evidence tables for further information.**

# Are services effective?

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

## 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' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- The practice had a screened off area where patients could self-monitor their blood pressure and weight and submit measurements for inclusion on their record.
- 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. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.
- 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.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

### People with long-term conditions:

- Patients with long-term conditions had a structured annual review 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.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.

- Adults with newly diagnosed cardiovascular disease were offered statins for secondary prevention. People with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice was able to demonstrate how it identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension)
- The practice's performance on quality indicators for long term conditions was comparable with local and national averages.

### Families, children and young people:

- Childhood immunisation uptake rates were in line with or above the target percentage of 90%. The practice was above the World Health Organisation (WHO) standard of 95% of children to receive recommended vaccinations.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

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

- The practice's uptake for cervical screening was 77%, which was below the 80% coverage target for the national screening programme but above both local and national levels. In order to increase uptake, the practice was targeting patients to attend through the 'Don't Fear the Smear Campaign.'
- The practice's uptake for breast screening at 61.0% was below the local (71.5%) and national average (70.3%); however, the practice ensured that when patients attended for cervical screening advice about breast care was provided. The practice provided additional evidence to support their achievement for the cancer indicators: For females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %), the latest data from PHE showed the coverage for the practice was 73.6% for 2017/18, (PHE National General Practice Profiles website). This is an increase from 61.0% in 2016/17.
- The practice's uptake for bowel cancer was above the national average.
- The percentage of patients with cancer, diagnosed within the preceding 15 months, who had a patient review recorded as occurring within 6 months of the

# Are services effective?

date of diagnosis was 41.4% (16/17) below the local (72.4%) and national (71.2%) averages. The practice provided additional evidence to support their achievement for the cancer indicators: For the percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis, information from NHS Digital showed the practice Underlying Achievement net of Exceptions (per cent) to be 95% (this was the QOF achievement). The QOF underlying achievement (net of exceptions) is 1.3 percentage points above the CCG average, and 1.4 percentage points above the England average. However, the exceptions for the practice are 28.6% in comparison to 22.3% for the CCG average and 26.0% for the England average. The practice therefore has a higher exception rate for this indicator. However, in 2016/17 the PHE percentage of patients receiving the intervention was 41.4% and significantly below the England average, but this improved to 67.9% for 2017/18, and the practice value now is not significantly different to the England value.

- 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.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice worked in partnership with the substance misuse team to provide 'shared care' through a weekly clinic held onsite.

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

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. There was a system for following up patients who failed to attend for administration of long term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice offered annual health checks to patients with a learning disability either at the practice or in their own home.
- The practice's performance on quality indicators for mental health was above average or in line with local and national averages.

## Monitoring care and treatment

The practice undertook quality improvement activity which included review of the effectiveness and appropriateness of the care provided such as for incident investigation. Where appropriate, clinicians took part in local and national improvement initiatives such as medicines optimisation.

- The practice's performance on quality indicators was in line with local and national averages; however, exception reporting was higher. It was noted that this was a period of change for the practice where there was reduced appointment availability and movement of key staff. We looked at the records and saw that patients had been exception reported appropriately. The practice had reviewed their processes for inviting patients for review and had reminded them through text messaging.
- The practice used information about care and treatment to make improvements.

## Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.



# Are services effective?

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- 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 not up to date records of skills, qualifications and training were not always maintained for all staff. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. There was an induction programme for new staff. This included one to one meetings, appraisals, coaching and mentoring, clinical supervision and revalidation.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

## 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 and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when discussing care delivery for people with long term conditions and when coordinating healthcare for care home residents. They shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for children who have relocated into the local area.
- 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 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.

- 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 own health, for example, through the South Gloucestershire Well Aware social prescribing scheme and through referral to the diabetes education programme. The practice had planned to implement a new educational pathway for patients identified as pre-diabetic in the New Year.
- 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.

**Please refer to the evidence tables for further information.**

# Are services caring?

**We rated the practice as good for caring.**

## **Kindness, respect and compassion**

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The practice's GP patient survey results were in line with local and national averages for questions relating to kindness, respect and compassion.
- The practice's GP patient survey results percentage of respondents who responded positively to the overall experience of their GP practice (01/01/2018 to 31/03/2018) was 64.9% below local (84.5%) and national (83.8%) averages. This period of time related to the merger with another GP practice and reorganisation which had changed the way in which the practice appointment system operated. The practice was aware of this and were putting into place measures to inform patients about any changes through the website and a newsletter.
- The practice worked closely with local voluntary groups; Age UK who provided foot care clinics accessible by all the local community and not restricted to the practice patient group.

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

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

- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available on request.
- The practice proactively identified carers; they signposted them to the Carers Trust for carer assessments and access to services.
- The practice's national GP patient survey (2018) results were in line with local and national averages for questions relating to involvement in decisions about care and treatment.
- 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.

## **Privacy and dignity**

The practice respected patients' privacy and dignity.

- When patients wanted to discuss sensitive issues or appeared distressed reception staff offered them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.

**Please refer to the evidence tables for further information.**

# Are services responsive to people's needs?

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

## 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.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice provided effective care coordination for patients who are more vulnerable or who have complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- The practice identified patients at high risk of admission and ensured care plans were in place. They could access the Age UK well-being scheme for patients who had experienced unplanned admissions and may have long term conditions. This scheme supported people to access social and community services.

### Older people:

- 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. They held a weekly clinic at a local care home for patients living there.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.
- The practice worked with the voluntary sector to provide a befriending service for older people to combat loneliness and isolation.

### 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.
- The practice was part of the South Gloucestershire Diabetes Prevention Project which provided education to patients for self-care of diabetes.
- The practice was involved with a diabetes care pilot scheme to identify, refer and discuss patients with poorly controlled diabetes with a diabetes nurse specialist at a virtual clinic.

### 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 under the age of 18 were offered a same day appointment when necessary.

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

- 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, they had extended opening hours until 8pm each weekday.
- The practice coverage for cervical smears was below the national target and in order to increase uptake, the practice was targeting patients to attend through the 'Don't Fear the Smear Campaign.'

### People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.

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

# Are services responsive to people's needs?

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice held GP led dedicated mental health meetings with the local mental health team.

## Timely access to care and treatment

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.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the online appointment system was easy to use.
- The practice's national GP patient survey (2018) results were below local and national averages for questions relating to access to appointments. For example, in respect of the percentage of respondents to the survey who responded positively to the overall experience of making an appointment (01/01/2018 to 31/03/2018) was 39.5%, the local average was 68.2% and the national average was 68.6%; the percentage of respondents to the GP patient survey who were satisfied with the type

of appointment (or appointments) they were offered (01/01/2018 to 31/03/2018) was 51.2%, the local average was 75.3% and the national average was 74.4%. The practice had established an urgent care team to increase availability of 'on the day' appointments and recruited to vacancies to increase the available clinical time.

## 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. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance, although we found complaints were not always concluded according to the policy.
- The practice learned lessons from individual concerns and complaints and acted as a result to improve the quality of care. However, these lessons were not always appropriately shared with the wider practice team.

**Please refer to the evidence tables for further information.**

# Are services well-led?

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

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

- The practice did not have an overall strategy or business plan to share with their team.
- There were omissions in the evidence available for the inspection this included administrative and clinical areas such as oversight of the GP locum work, appraisal, and training records.
- Practice leaders had established policies, procedures to ensure safety but did not have full oversight of the processes which assured them that they were operating as intended.
- Patients' views and concerns were not actively sought as there was no active patient participation group.
- Learning from complaints was localised and not widely shared.
- Whilst some audits had been undertaken, there was no established programme of clinical audit of the effectiveness and appropriateness of the care provided.

## Leadership capacity and capability

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

- There had been a significant change in the leadership at the practice since April 2017. This had impacted on the management team who told us their current situation was on an improving trajectory with a planned schedule to achieve to address and lessen the impact the changes had.
- We found the practice had adapted to accommodate the situation and made significant changes to address issues such as establishing an urgent care team.
- The provider had a leadership team with various assigned lead roles such as prescribing and clinical governance, safeguarding, and the management of business and administration across both locations. However, there were omissions and difficulty finding the evidence provided for the inspection which we were told was due to key staff absence or them having left the organisation.

## Vision and strategy

The partners had a vision to deliver high quality, sustainable care, however this was not a documented plan and not all staff were aware of the strategy or their role in achieving it.

- The practice did not have a written business plan but held weekly partnership meetings to monitor and plan how the service ran.
- The partnership at the practice planned its services to meet the needs of the practice population and participated in the local health care economy planning processes.
- We found the practice had planned to meet the increase in patient population in the area and had negotiated to extend the practice.

## Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued.
- 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.
- There were processes for providing opportunities for staff to develop and learn new skills. Staff reported they had career development conversations and for the nurse team, a new competency based appraisal process. Staff were supported to meet the requirements of professional revalidation where necessary.
- Reception and administrative staff had been involved in performance reviews but this had not always occurred on a regular basis.
- There was emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training.
- There were positive relationships between staff and teams, with role specific whole team meetings for staff working at all three sites.

## Governance arrangements

There were delegated responsibilities, roles and systems of accountability to support governance and management, however these structures were relatively new and were subject to refinement.

# Are services well-led?

- Structures, processes and systems to support governance and management were clearly set out but not yet embedded across all three sites.
- The governance and management of partnerships, joint working arrangements and shared services promoted working toward co-ordinated person-centred care.
- There was no oversight of the GP locum work.
- Processes for supporting the advanced nurse practitioners in their role were in place but not fully embedded, they could provide no records of the process.
- Staff were clear on their roles and accountabilities including in respect of infection prevention and control.
- Practice leaders had established policies, procedures to ensure safety but did not have oversight of the processes which assured them that they were operating as intended. Examples we found of where oversight had failed were for staff training records, specifically safeguarding training documentation; recruitment processes; recording fully investigation of incidents and complaints and sharing learning throughout the practice.

## Managing risks, issues and performance

There were processes for managing risks, issues and performance.

- There was a process to identify, understand, monitor and address current and future risks including risks to patient safety. For example, the practice was aware of the time limitations of their clinical team and had continuous monitoring of appointment availability as well as recruiting to vacant posts.
- The practice had processes to manage current and future performance and had a dedicated person to oversee patient reviews and the quality and outcomes framework.
- 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. However, there was no established programme of clinical audit, for example, one audit given as evidence had been completed for revalidation/appraisal purposes rather than as a planned process to monitor care and treatment.
- The practice had plans in place and had trained staff for major incidents.

- The practice had considered and understood the impact on the quality of care of service changes or developments, however this was not widely communicated to the public. The newsletters produced by the practice do not inform patients about the continued restructuring of the practice (administrative and reception teams/telephone system); the impact clinical staff vacancies may have on routine appointments or that the practice is aware that appointments are an issue and of the action taken.

## Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance such as appointment availability monitoring which influenced the scheduling of staff.
- Quality and sustainability were discussed in relevant meetings where staff involved had sufficient access to information.
- There was evidence of participation in relevant local audits, such as the clinical commissioning group medicines optimization audits and the quality and outcomes framework. The practice had plans to address any identified weaknesses such as exception reporting.
- The practice submitted data or notifications to external organisations as required.
- There were 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 had limited involvement from staff, patients and external partners.

- Patients' views and concerns were not actively sought as there was no active patient participation group.
- The service was transparent, collaborative and open with stakeholders about performance, and had communicated with external partners in respect of staffing, appointment availability and patient satisfaction. This had allowed for contractual changes to the practice so that their opening hours had been changed.

## Are services well-led?

- The practice had worked closely with external partners on a number of successful pilot projects which had been implemented by the local clinical commissioning group (CCG) across the region.

### Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement.
- Staff knew about improvement methods and had the skills to use them.

- The practice was in the process of changing the telephone system to allow for targeted automated calls choices which would relieve the pressure on the administrative team to take inappropriate calls. In addition, they had planned on the introduction of a non-clinical triage team to signpost calls more appropriately.
- The practice made use of internal reviews of incidents however the learning from complaints was localised to the people involved and not widely shared.

**Please refer to the evidence tables for further information.**



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 the service provider was not meeting. The provider must send CQC a report that says what action it is 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 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance.</b> The provider had failed to establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.</p> <p><b>In particular:</b></p> <p>Practice leaders must establish processes which assured them that they were operating as intended and ensure there was sufficient capacity to effectively manage all areas and sites.</p> <p>Take action to ensure that documentation is readily accessible such as mandatory and professional training records, recruitment documentation, and safeguarding training.</p> <p>The provider must ensure learning from complaints is recorded and shared.</p> <p>The provider must establish programme of audit which monitors the effectiveness of the services offered to patients such as health screening.</p> <p>The provider must ensure clinical oversight of the GP locum work and embed the support for the advanced nurse practitioners.</p> <p>All staff must have an appraisal.</p> <p>The practice must have a strategic plan which can be shared with staff.</p> <p>Communication with staff and patients must be meaningful and be an opportunity to receive constructive feedback.</p> <p>Provide adequate clinical staffing and sufficient access for patient reviews.</p>