

# The Seven Dials 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?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

Seven Dials Medical Centre was previously inspected in October 2015 and was rated Good in all domains and overall.

**At this inspection in November 2017 the practice is rated as Requires Improvement overall.**

The key questions are rated as:

Are services safe? – Requires Improvement

Are services effective? – Requires Improvement

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Requires Improvement

The practice is rated as requires improvement for providing safe, effective and well led services and this affects all six population groups:

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 Seven Dials Medical Centre on 21 November 2017 as part of our inspection programme.

At this inspection we found:

- The practice had systems to manage risk so that safety incidents were less likely to happen, but these were not always comprehensive. When incidents did happen, the practice learned from them and improved their processes.
- Staff we spoke with were aware of their responsibilities to raise and report concerns, incidents and near misses.
- The practice had systems in place to recall patients with chronic conditions for reviews and improve outcomes. However, these did not always translate into improved quality and outcomes as measured by the Qualities Outcome Framework (QOF).
- Care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.

# Summary of findings

- Patients said they were able to book an appointment that suited their needs. Pre-bookable, on the day appointments, home visits and a telephone consultation service were available. Urgent appointments for those needing them were available on the same day.
- Appointments could be booked and repeat prescriptions ordered 24 hours a day via the new automated telephone option installed in response to patient feedback.
- The practice was equipped to treat patients and meet their needs.
- We observed the premises to be visibly clean and tidy.
- The practice worked with external stakeholders to improve patient services.

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

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care. By establishing more effective systems and processes to monitor, assess and improve patient care results from the Quality Outcome Framework.

- Ensure that care and treatment is provided in a safe way for service users, by implementing the correct procedures for Patient Specific Directions in line with regulations.

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

- Carry out a risk assessment of the provision of medicines for use in a medical emergency that identifies and mitigates all potential risk.
- Assess whether to install a second independent back up thermometer into vaccine fridges.
- Review the recording of cleaning of clinical instruments.
- Continue to implement a more structured system of monitoring and recording of staff training.
- Consider formalising the vision values and strategy of the practice.
- Pursue the plans to include nursing staff in regular clinical meetings..

**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>	

# The Seven Dials 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 adviser and a practice manager specialist advisor.

## Background to The Seven Dials Medical Centre

The Seven Dials Medical Centre is located in a residential area of Brighton. There were 8,083 patients on the practice list. The practice has a General Medical Service (GMS) NHS contract.

Seven Dials Medical Centre is run by four GP partners (male) and a fixed share partner (female). They are supported clinically by two practice nurses and a healthcare assistant. The team also includes a practice manager, reception and administration staff.

The practice is open 8am to 6pm Monday, Tuesday, Thursday and Friday with extended hours on a Wednesday from 8am until 8pm. When the surgery is closed patients can access out of hours care via the 111 telephone number. Urgent calls between 6pm and 6.30pm are put through to the duty GP.

Services are provided from a single location:

24 Montpelier Crescent

Brighton

BN1 3JJ

The practice runs a number of services for its patients including asthma, COPD (chronic lung disease) and diabetes reviews, child immunisation and a meningitis vaccination for new university students, contraception services, well person checks, weight management, smoking cessation, post-natal and six week and twenty four week baby checks, new patient checks and travel health clinics. The practice manages substance misuse patients. There is a counselling service available in the building.

The practice has a deprivation score lower than the clinical commissioning group (CCG) average and a little lower than the national average meaning they are less deprived. Within that there is more income deprivation affecting older people than the CCG and national average and less income deprivation affecting children than the CCG and national average.

The percentage of the practice population aged 18 and under and over 65 is lower than the national average. That between the ages of 25 and 49 is higher than the national average.

# Are services safe?

## Our findings

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

The practice was rated as requires improvement for providing safe services because the policy for the use of patient specific directions (PSDs) was not followed correctly and not all risks were identified and mitigated against:

### 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 regularly reviewed and communicated to staff. 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 regularly reviewed and were accessible to all staff. They 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. A risk assessment was carried out on all staff every six months and where required Disclosure and Barring Service (DBS) checks were undertaken. (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. Nursing staff were normally used as chaperones and had been DBS checked. Non clinical staff who acted as chaperones were trained and risk assessed for the role but had not

received a DBS check. We noted they were limited in the type of situations that they could chaperone. For example, they would not be left alone in a room with a patient whilst chaperoning.

- There was an effective system to manage infection prevention and control. The only exception was that there was no record of cleaning of the ear irrigator although the staff member who used this assured us that they cleaned it before and after use. They advised us that this would be recorded in future.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. The practice kept a record of the expiry dates of the pads for the defibrillator which were in date, but did not record battery checks as it automatically set off an alarm some time before a new battery was required. There were systems for safely managing healthcare waste.

### 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 in 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

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.

# Are services safe?

## 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. However, the risk assessment for which emergency medicines to stock had not identified or mitigated all of the potential risk. The practice kept prescription stationery securely and monitored its use. Fridges containing vaccines had the maximum and minimum temperatures checked and recorded daily and all the readings were in the accepted range but did not have second independent thermometers installed as back up.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines mostly in line with legal requirements and current national guidance. Unregistered clinical staff were trained to administer vaccines and medicines. The practice used patient specific direction (PSD) which is a written instruction, signed by a prescriber for medicines to be supplied and/or administered to a named patient after the prescriber has assessed the patient on an individual basis. When we reviewed PSDs we noted that in some situations the directions were being signed after the medicine had been administered which is not in line with regulations. When this was pointed out the practice immediately reviewed their procedures to ensure that the direction was issued and signed in advance of the medicine being given.
- The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship. Published figures showed that antimicrobial prescribing was low compared to national prescribing.
- 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. A pharmacist was employed in conjunction with other local practices to review patients' medication on discharge from hospital.

## Track record on safety

The practice had a good safety record.

- There were risk assessments in relation to safety issues.
- The practice monitored and reviewed activity. This helped it to understand risks that led to safety improvements.

## 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 however one recent serious incident that had been fully examined and a thorough action plan devised that had not yet been referred to the National Reporting and Learning Service (NRLS) at the time of the inspection. This has since been done and we saw that a prompt for external referrals was added to the practice significant events form.
- 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. Following an acute emergency within the practice which involved both non clinical and clinical staff, the practice reviewed and revised their procedures taking in to consideration the views of all those involved. Also an issue over confidentiality was investigated and discussed. All staff were emailed and confirmed that they had read the protocol and changes were made to office equipment to mitigate against further incidents.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.



# Are services effective?

(for example, treatment is effective)

## Our findings

**We rated the practice as requires improvement for providing effective services. The issues identified as requiring improvement affected all patients including all population groups.**

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

Several indicators of the management and review of patients with chronic conditions were significantly lower than national and local averages.

### 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 average daily quantity of Hypnotics prescribed per Specific Therapeutic group was 2.6 which was an outlier compared to a national average of 0.9.
- The practice told us that they were aware of above average prescribing of hypnotics, but had a higher than average number of substance misuse patients and were actively trying to reduce their prescribing of them.
- The number of antibacterial prescription items prescribed per Specific Therapeutic group was 0.7 which was an outlier compared with the national average of 1.
- 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 is rated as requires improvement for providing safe, effective and well led services and this affects all six population groups. Therefore all population groups are rated as requires improvement.

Older people:

- Older patients who 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. The practice in

conjunction with other local practices employed a pharmacist who reviewed the medication of the elderly, visited them and took calls to help with their medication.

- 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. The practice could refer patients to the community navigation service. This service can help with general wellbeing and can arrange access to a befriending service, help with benefits claims and referral to support services. They can also offer home visits.
- 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 to 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.
- The practice took part in the annual national diabetic audit run by the Health and Social Care Information Centre.
- However several negative outliers had been identified:

The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less was 62% (clinical commissioning group average (CCG) 79 %, national average 83%. This was a significant negative variation).

The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less was 51% (clinical commissioning group average (CCG) 72%, national average 78%. This was a significant negative variation).

The percentage of patients with physical and/or mental health conditions whose notes record smoking status in the preceding 12 months was 86% (clinical commissioning group average (CCG) 92%, national average 95%. This was a significant negative variation).



# Are services effective?

## (for example, treatment is effective)

The percentage of patients with mental health conditions who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 54% (clinical commissioning group average (CCG) 78%, national average 90%. This was a significant negative variation).

The percentage of patients with mental health conditions whose alcohol consumption had been recorded in the last 12 months was 59% (clinical commissioning group average (CCG) 80%, national average 91%. This was a significant negative variation).

The percentage of patients with asthma on the register who had had an asthma review in the last 12 months was 53% (clinical commissioning group average (CCG) 71%, national average 76%. This was a significant negative variation).

The percentage of patients with chronic lung disease on the register who had had a review including an assessment of breathlessness in the last 12 months was 69% (clinical commissioning group average (CCG) 83%, national average 90%. This was a negative variation).

The practice had a system to identify patients who should have received these assessments and they would contact them three times to encourage them to attend. We were told that the prevalence of Mental Health problems was high in the area and that their prevalence was 1.6% compared with a national average of 0.8%. We were also told that many patients did not attend or book appointments for reviews. The practice told us that clinicians did not always have time during emergency on the day appointments to record all of the data required that would normally be reviewed at a booked consultation. We saw minutes of a recent meeting between the practice manager and nursing staff that had identified low QOF scores as a problem and a new system of recall for a full review following acute appointments was to be trialled.

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 below the target percentage of 90% or above in three out of four indicators and above the target in one indicator. Two indicators were from 85% to 90% and one 77%. They were aware of the figures, but recalls had been sent out from a central records unit for many years, which the practice did not have direct control over. The

responsibility for calling patients for immunisation had been passed to the practice in October 2017 and one of the practice nurses was now calling patients by phone to make appointments and try to improve uptake.

- Emergency contraception and Chlamydia testing were offered.
- GPs carried out six week baby checks and longer appointments were available for this.

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

- The practice's uptake for cervical screening was 73%, which was lower than but comparable with the 81% coverage target for the national screening programme and CCG average of 78%. The practice sent follow up reminders if patients failed to attend the surgery.
- The practice actively encouraged 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.
- Patients were sent text message reminders about their appointments the day before, but there were still about 70 appointments a month lost because patients failed to attend.

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 those with a learning disability.
- The practice ran a substance misuse clinic under the guidance of a local service.

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

- 80% 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 CCG average of 75% and national average of 84%.

# Are services effective?

## (for example, treatment is effective)

- 59% 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 lower than the CCG average of 80% and national average of 91%.
- The practice considered the physical health needs of patients with poor mental health and those living with dementia. For example 59% of patients experiencing poor mental health had received discussion and advice about alcohol consumption (CCG 80%; national 91%); The percentage of patients with a new diagnosis of dementia with a record of appropriate screening blood tests being recorded between 12 months before or six months after entering on to the register was 93% (CCG average 88%, national average 88%) (Results published but not verified by CQC data team).
- A GP from the practice held a clinic commissioned by the clinical commissioning group (CCG) for patients with serious mental health issues that could be managed in general practice. Patients were accepted from other local practices. These joint mental health clinics were held with the community psychiatric nurse.

### Monitoring care and treatment

The practice had a programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. For example, the practice ran a three monthly audit of patients on medicines that had a high risk of side effects. This was to ensure that patients had appropriate blood tests, that the results were within normal ranges and that they had received the appropriate follow up. Where appropriate, clinicians took part in local and national improvement initiatives. This included a national diabetes audit.

The most recent published (but unverified by the CQC data team) Quality Outcome Framework (QOF) results were 74% of the total number of points available compared with the clinical commissioning group (CCG) average of 82% and national average of 95%. The overall exception reporting rate (also unverified by the CQC data team) was 13% compared with a clinical commissioning group (CCG) average of 12% and national average of 10%. (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. For instance in response to figures on the uptake of national screening for bowel and breast cancer. The practice had introduced a more proactive approach to encouraging their patients that did not attend to make and attend a further appointment.
- The practice was actively involved in quality improvement activity. Four recent audits had taken place and we saw evidence of improved outcomes. For instance an audit of patients with a particular type of irregular heart beat had been carried out and it was found that nine new patients would benefit from a blood thinning medicine. Where appropriate, clinicians took part in local and national improvement initiatives.

### 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 although the practice recognised that the monitoring and recording of the training could be more structured and were working on improving this. 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.
- 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.

# Are services effective?

(for example, treatment is effective)

- 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 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 health.
- 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 and 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 as good for providing caring services. However, all population groups are rated as requires improvement as the practice was given this rating for providing safe, effective and well-led services. The issues identified as requiring improvement affected all patients including all population groups.**

### 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 appropriate 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.
- All of the 47 patient Care Quality Commission comment cards we received were positive about the service experienced. Although one comment card told us a patient found the stairs difficult and another was a little unhappy about a specific consultation. This was 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. 384 surveys were sent out and 110 were returned. This represented about 1.3% of the practice population. The practice was mixed for its satisfaction scores on consultations with GPs and nurses. For example:

- 86% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 77% of patients who responded said the GP gave them enough time; CCG - 84%; national average - 86%.
- 96% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 95%; national average - 95%.

- 84% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG - 84%; national average - 86%.
- 90% of patients who responded said the nurse was good at listening to them; (CCG) - 91%; national average - 91%.
- 93% of patients who responded said the nurse gave them enough time; CCG - 93%; national average - 92%.
- 100% of patients who responded said they had confidence and trust in the last nurse they saw; CCG - 98%; national average - 97%.
- 90% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 91%; national average - 91%.
- 96% of patients who responded said they found the receptionists at the practice helpful; CCG - 89%; national average - 87%.

### 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 information on the website 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. This was done by asking new patients to the practice to identify themselves as carers on the new patient documentation. Information relating to carers was displayed on their website, in the practice leaflet and on posters. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 81 patients as carers (1% of the practice list). Carers were signposted to local support agencies as appropriate and offered an annual influenza vaccination.

## Are services caring?

We were told that, if appropriate, families who had experienced bereavement were sent a sympathy card. Support to relative's was provided by GPs. Staff were made aware and treated bereaved patients with support and empathy and offering appointments or advice on how to find a support service depending on the need.

Results from the national GP patient survey showed patients exhibited mixed responses to questions about their involvement in planning and making decisions about their care and treatment. Results were mixed in relation to local and national averages:

- 83% 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 84% and the national average of 86%.
- 74% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 80%; national average - 82%.
- 93% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 91%; national average - 90%.
- 85% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 84%; 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.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

**We rated the practice as good for providing responsive services. However, all population groups are rated as requires improvement as the practice was given this rating for providing safe, effective and well-led services. The issues identified as requiring improvement affected all patients including all population groups.**

### 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 they had extended opening hours on a Wednesday evening, online services were available for repeat prescription requests and to book appointments and there was advanced booking of appointments for up to six weeks available.
- The practice improved services where possible in response to unmet needs. For example in response to patient surveys they have introduced a 24 hour telephone booking and repeat prescription service.
- 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 a ground level consultation room was made available to patients who could not manage stairs and the GPs came to them to conduct the consultation. Also a section of the reception desk was dropped to a height accessible to patients in 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 is rated as requires improvement for providing safe, effective and well led services and this affects all six population groups. Therefore all population groups are rated as requires improvement.

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. The practice had 50 patients coded as house bound.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. House bound patients could have their influenza vaccines given at home or in their care home by clinicians from the practice.
- The practice was flexible with appointment times and lengths and tried to accommodate specific patient needs.

People with long-term conditions:

- Patients with a long-term condition were offered an annual review to check their health and medicines needs were being appropriately met. Consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the multi-disciplinary team (MDT) to discuss and manage the needs of palliative care patients and those with complex medical issues.

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. We saw examples where safeguarding concerns were raised and followed up.
- All patients, parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- The website contained videos with information for young people such as how to use their GP appointment, confidentiality, knowing their rights and how to feedback their opinions.
- A slide show in the waiting room advertised agencies that helped young people with a variety of concerns and a poster advertised help for children who were carers.

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, extended opening hours on a Wednesday and lunchtime surgeries between one and three pm.



# Are services responsive to people's needs?

## (for example, to feedback?)

- Telephone GP consultations were available which supported patients who were unable to attend the practice during normal working hours.
- Appointments could be booked and repeat prescriptions ordered online, in person at the surgery or use a new 24 hour automated telephone service that had been recently introduced in response to patient feedback.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- All patients with a disability had an alert on their notes advising of any additional needs.
- The practice had access to, and used, interpreting, lip reading and signing services.
- If patients had trouble managing medicines, the practice could arrange for them to be dispensed in blister packs.

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.
- The practice had a GP and nurse that lead for the Serious Mental Illness service and a liaison nurse from the local trust also attended the surgery to carry out mental health reviews and plans with the mental health lead GP.
- There were links on the website to help young people and their carers with mental health concerns.

### 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.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- 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 comparable to local

and national averages. Observations on the day of inspection and completed comment cards were very positive with respect to patient satisfaction. Three hundred and eighty four surveys were sent out and 110 were returned. This represented about 1.3% of the practice population.

- 69% 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%.
- 76% of patients who responded said they could get through easily to the practice by phone; CCG - 76%; national average - 71%.
- 98% 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%.
- 95% of patients who responded said their last appointment was convenient; CCG - 85%; national average - 81%.
- 79% of patients who responded described their experience of making an appointment as good; CCG - 77%; national average - 73%.
- 81% of patients who responded said they don't normally have to wait too long to be seen; CCG - 65%; national average - 64%.

### 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. Eleven complaints were received in the last year. We reviewed eight 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. A patient with a specific disability complained regarding communications options that were available. We saw that the practice apologised, advised them of the options currently available and signposted them to agencies that could help. They also arranged for further training for staff.



# Are services well-led?

Requires improvement 

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

## Our findings

The practice is rated as requires improvement for providing safe, effective and well led services and this affects all six population groups. Therefore all population groups are rated as requires improvement.

The practice was rated as requires improvement for well-led because arrangements for managing governance required improvement. This particularly included the assessment, monitoring and improving quality and safety in relation to areas covered in the Quality Outcome Framework and the use of Patient Specific Directions.

### Leadership capacity and capability

- Leaders were knowledgeable about some issues and priorities relating to the quality and future of services. However some of the partners were unaware of the lower than average Quality Outcome Framework (QOF) scores that the practice had recorded. This was the practices' main method of monitoring the review and assessment of patients with chronic conditions. Some were also unaware that the practice had a frailty score system that they were introducing. They didn't currently have a senior clinical QOF lead to work alongside the practice manager and health care assistant to help identify areas to improve and maximise QOF performance. Although they had a system in place to recall patients and collect QOF data to help improve outcomes, the system needed improvement as many indicators were well below the national and local averages.
- Leaders at all levels were visible and approachable. They worked with staff and others to make sure they prioritised compassionate and inclusive leadership.

### Vision and strategy

The practice had a vision and strategy to deliver high quality care and promote good outcomes for patients although this was not formally written down.

- The practice worked with a group of local GP practices (a cluster) and with the clinical commissioning group (CCG) to assess local need and implement improvements.
- The practice developed its vision, values and strategy jointly with patients, staff and external partners by encouraging, and listening to, feedback.

- Although the vision, values and strategy were not written down, staff understood their roles within the practice and exhibited the values required to deliver high quality care and promote good outcomes to patients.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population. They met on a monthly basis with other local practices, on some occasions the clinical commissioning group (CCG) would also be represented. Patient services, funding and new projects would be discussed at the meetings.

### 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.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- 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.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff felt they were treated equally. Not all staff had recently completed equality and diversity training, but it was included in the induction programme and the practice had identified it as a training priority for the coming year.

# Are services well-led?

Requires improvement 

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

## Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and mostly effective. However, the systems in relation to QOF data were resulting in below average outcomes and those in relation to Patient Specific Directions (PSDs) were not being followed correctly. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice leaders had established proper policies, procedures and activities to ensure safety. The majority were operating as intended however Patient Specific Directions (PSDs) by which the health care assistant could deliver specific medicines to specifically identified patients, were not being used correctly and the providers were unaware. Once this was pointed out the practice acted to revise and monitor the procedures.

## Managing risks, issues and performance

There were processes for managing risks, issues and performance although that for managing PSDs required revision and the risk assessment for the provision of medicines for use in a medical emergency had not identified and mitigated all potential risk.

- There was a process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Practice leaders had oversight of MHRA alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

## Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Some quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. For example significant events were analysed and learning points used to improve performance and outcomes.
- 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 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 sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. Whole practice meetings were held about three times a year at the end of protected training days. GPs did not often conduct formal clinical meetings that included the nursing staff, although we were told that they were intending to involve nursing staff in regular clinical meetings in the near future. The practice manager had a monthly minuted meeting with one of the GPs although did not attend partners' meetings. Nursing and administrative staff held regular meetings.
- There was an active virtual patient participation group who responded to surveys and discussed and presented ideas via digital media.
- The service was transparent, collaborative and open with stakeholders about performance.

## Continuous improvement and innovation

# Are services well-led?

Requires improvement 

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

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

- There was a focus on continuous learning and improvement at all levels within the practice. For example the practice were involved in a 'workflow redirection' local pilot scheme that meant that paperwork that didn't need GP input was dealt with by appropriate administrative or clinical staff and freed up GP time.
- 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 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	<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 service provider had failed to ensure the proper and safe handling of medicines. The policies and procedures for Patient Specific Directions (PSDs) were not being followed by staff.</p> <p>This was in breach of Regulation 12(1)(2) 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>The service provider had failed to ensure there were effective systems and processes established to assess, monitor and improve the quality and safety of the service provided. The service provider was not adequately monitoring or assessing how they would improve their Quality Outcome Framework results and as a result were below average. The service provider had failed to assess if staff were using the protocol correctly for Patient Specific Directions.</p> <p>This was in breach of Regulation 17(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>