

# Primrose Hill Surgery

## Quality Report

97-99 Regents Park Road

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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?

Good



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

We carried out an announced comprehensive inspection of the Primrose Hill Surgery on 22 November 2017. This was in response to information of we had received regarding the professional relationship between the two partner GPs and the possible impact it was having on staff and the service.

The practice is now rated as requires improvement overall.

The key questions are rated as:

Are services safe? – Requires improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? - Requires improvement

As part of our inspection process, we also look at the quality of care for specific population groups. We have rated the practice as requires improvement for the key questions of safe and well-led and overall. The concerns which led to these ratings apply to everyone using the service. Accordingly, the population groups are rated as:

Older People – Requires improvement

People with long-term conditions – Requires improvement

Families, children and young people – Requires improvement

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

People whose circumstances may make them vulnerable – Requires improvement

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

At this inspection we found:

- The practice had been working with NHS England and the Camden CCG to resolve issues between the partners. One partner was to retire and the other would be taking over as sole practitioner. Staff told us that morale was improving.
- There were issues relating to fire safety at the premises, together with monitoring equipment, that need to be addressed to ensure safety risks are minimised.
- The practice had not been having regular clinical and staff meetings and the recording of the meetings had lapsed.
- The practice learned from incidents and took action to improve its processes.

# Summary of findings

- Published data showed the practice performance was comparable with local and national averages.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. Care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found it easy to use the appointment system and told us they could access care when they needed it.
- Data from the GP patient survey showed that patient satisfaction was generally above local and national averages. Where a need for improvement had been noted, the practice had drawn up action plans.

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

- Ensure care and treatment is provided in a safe way to patients.
- Ensure there are effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

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

- Ensure that all staff have protected learning time and have sufficient opportunity for breaks.
- Ensure that accessible information regarding the service is available to patients with learning disabilities.

**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>	

# Primrose Hill Surgery

## 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, a practice nurse specialist adviser and an expert by experience.

## Background to Primrose Hill Surgery

The Primrose Hill Surgery operates from 97-99 Regents Park Road, London NW1 8UR. The building is leased and was originally commercial premises. It is close to Chalk Farm underground station, with good transport links.

The practice provides NHS services through a General Medical Services (GMS) contract to approximately 6,300 patients. It is part of the NHS Camden Clinical Commissioning Group (CCG) which is made up of 35 general practices. The practice is registered with the CQC to carry out the following regulated activities - diagnostic and screening procedures, treatment of disease, disorder or injury, and maternity and midwifery services. The patient profile for the practice has a lower than average teenage and younger adult population, with a higher number of working age patients. The locality has a lower than average deprivation level.

The practice has a clinical team of two female GP partners, who each work seven clinical sessions per week and three salaried GPs (two female and one male), who work four or five clinical sessions. The two female salaried GPs are on maternity leave and their work is being covered by long-term locums. It has recently been confirmed as a training practice and a registrar (a GP in training) will be starting at the practice early in 2018. There is a part-time

practice nurse, who works five clinical sessions across Tuesday, Thursday and Friday and a locum nurse also works one session on Friday. An administrative nurse works eight hours a week on non-clinical matters. The practice manager's post is currently vacant; there are four administrators (three part-time) and four medical receptionists (three of whom also work part-time).

The practice reception operates between 9.00 am to 6.00 pm, Monday to Friday. The practice closes for lunch between 12.30 pm and 2.00 pm. Morning appointments are available between 9.00 am and 12.30 pm on Monday, Tuesday and Wednesday; and between 8.30 am and 12.30 pm on Thursday and Friday. Afternoon appointments run from 2.00 pm until 8.00 pm on Monday and from 2.00 pm until 6.00 pm on Tuesday, Wednesday and Friday. There are no clinical appointments on Thursday afternoon and the practice is closed at weekends. Routine appointments - of 10 minutes for GPs and 15 minutes for nurses - can be booked up to one month in advance. Patients can book appointments online if they have previously registered to do so. Same-day urgent appointments are available. The GPs also conduct telephone consultations with patients and make home visits.

In addition to the extended hours operated by the practice on Monday evening, the CCG had commissioned an extended hours service operating between 6.30 pm and 8.00 pm on weeknights and from 8.00 am to 8.00 pm at weekends at four "Hub" locations across the borough. Patients may book appointments with the service by contacting the practice.

The practice has opted out of providing an out-of-hours service. Patients calling the practice when it is closed are connected with the local out-of-hours service provider. There is information given about the out-of-hours provider and the NHS 111 advice service on the practice website - [www.primrosehillsurgery.co.uk](http://www.primrosehillsurgery.co.uk)

## Detailed findings

We previously inspected the practice in April 2016, when we rated it good in respect of the five key questions and

overall. We carried out this inspection in response to receiving information regarding the professional relationship between the two partner GPs and its possible impact on staff and the service.

# Are services safe?

## Our findings

### We rated the practice as requires improvement for providing safe services.

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

- There was an increased risk because there was limited assurance about safety.

### Safety systems and processes

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

- The practice 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. Disclosure and Barring Service (DBS) checks were undertaken where required. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- An infection prevention and control audit had been carried out in September 2017 and the issues identified had been actioned. The practice maintained a log to confirm that medical equipment was cleaned regularly and maintained according to manufacturers' instructions. The premises were clean and tidy at our inspection. We saw logs of general premises cleaning up to September 2017, but nothing more recent. However,

the practice later sent us evidence that recent cleaning had been logged appropriately. Staff received annual refresher training. There were systems in place for safely managing healthcare waste.

- The practice conducted a health and safety risk assessment in November 2017 and we were sent evidence that staff refresher training had been provided the day following our inspection. A fire risk assessment had been carried out in July 2017 and firefighting equipment had been checked. The fire alarm had been serviced in April 2017. However, the alarm was not tested regularly and nor were fire drills conducted. The practice told us after the inspection that these would be implemented.

### 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.
- The practice had an induction process for new staff, but we found this was not implemented consistently well to prepare staff for their role. For example, not all staff told us they had not been provided with formal training on the practice's clinical computer system.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. They were up to date with training in basic life support. However, although we were told that emergency equipment was regularly checked, there were no records to confirm this and we found the pads for the defibrillator were two months out of date. There was a list of emergency medicines, but no monitoring logs were maintained. The practice told us after the inspection that logs were kept, but had been misplaced. There were there no logs of monitoring the contents of the GPs' home visits bag. The practice sent us evidence after the inspection that formal monitoring and logging of equipment and the GPs' visit bag had been introduced.
- Clinicians knew how to identify and manage patients with severe infections, for example, sepsis, in accordance with guidelines issued by the National Institute for Health and Care Excellence (NICE).

### Information to deliver safe care and treatment

# Are services safe?

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

- Individual care records were 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 other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information.

However, since the professional relationship between the partner GPs had worsened, there had been less frequent formal clinical and practice meetings and of those that had taken place few were minuted. Some part-time staff were not able to attend due to the working pattern. Staff told us they were kept informed of developments by email. We discussed this with the practice, which confirmed after our inspection that both formal clinical meetings and practice meetings would be reinstated immediately.

## Safe and appropriate use of medicines

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

- There were systems for minimising risks in relation to managing medicines, including vaccines. The practice kept prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Data showed that the practice's antibacterial prescribing was very low.
- 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.

## 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. There had been six significant events recorded in the last 12 months. Staff understood their duty to raise concerns and report incidents and near misses. Partner GPs supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned from incidents, lessons were shared, and action to improve safety was taken. We reviewed the significant events monitoring forms. We saw one example regarding the practice's clinical computer system and highlighted an issue relating to accessing dormant accounts – the account in question was assigned to a GP who was on maternity leave. The practice raised the matter with system provider, who took appropriate action. The practice arranged for a GP with full access rights to regularly review the dormant accounts to ensure that there were no delays in actioning incoming correspondence.
- There was a system for receiving and acting on safety alerts. For example, the practice sent us evidence relating to an alert issued at the request of the Medicines and Healthcare products Regulatory Agency relating to Valproate, used to treat epilepsy and bipolar disorder and to prevent migraine headaches. The alert had been issued because unborn children of mothers taking the drug are at a high risk of serious developmental disorders. After receiving the alert, the practice had conducted a records search of patients receiving the drug and had reviewed their prescribing.



# Are services effective?

(for example, treatment is effective)

## Our findings

### We rated the practice as good for providing effective services across all population groups

The practice was rated as good for providing effective services because:

- People have good outcomes because they receive effective care and treatment that meets their needs.

### 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. The practice had access to guidance including that issued by the National Institute for Health and Care Excellence (NICE), via monthly newsletters from the CCG and staff attended monthly CCG meeting to discuss these. We were shown recent examples relating to sepsis and antimicrobial prescribing. The CCG also provided guidance on clinical pathways and we discussed with staff the pathway relating to patients with heart failure. We saw several good examples of care plans for patients with long term conditions.

- Patients' 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.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Because we have rated the practice as requires improvement for the key questions of safe and well-led and overall, the rating for the six population groups is also requires improvement. However, we noted the following:

#### Older people

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medication. There were 134 patients on the practice's frailty register, of whom 99 (73%) had had their care plans reviewed since April 2017.

- There were 83 patients on the avoiding unplanned admission register, of whom 79 (95%) had had their care plans reviewed.
- 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 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.
- There were 233 patients who were currently prescribed 10 or more medications or appliances, of whom 186 (80%) had had medication reviews in the last 12 months.
- We saw evidence of effective liaison with other healthcare professionals including the local care co-ordinator, and staff attended monthly multi-disciplinary team meetings.

#### 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. Reviews had been carried out for 20 (83%) patients of the 24 registered as high risk in relation to diabetes; for 29 (88%) of 33 patients registered as high risk in relation to chronic obstructive pulmonary disease; and for 45 (94%) of the 48 patients on the heart failure register.
- We saw from published performance data for 2016 / 2017 that the practice was not an outlier in relation to long term conditions, with its various indicators being comparable with or slightly above local and national averages.
- 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.

#### Families, children and young people

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in line with the target percentage of 90% or above.
- All mothers with new born babies were booked double appointments for post-natal checks.

# Are services effective?

## (for example, treatment is effective)

- The practice had monthly meetings with health visitors and staff attended quarterly children at risk meetings. The families discussed were coded as vulnerable families and care plans were added to patients' records.

Working age people (including those recently retired and students)

- The practice's uptake for cervical screening was 81%, which was in line with the 80% coverage target for the national screening programme.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. The practice had carried out 227 health checks and 2,411 blood pressure checks in the last 12 months. 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, and those with a learning disability.
- The practice maintained a learning disabilities register of 13 patients and a mental health register of 58 patients; 88% of the patients on the learning disabilities register and 70% of those on the mental health register had had their care plans reviewed.
- The practice worked with local alcohol and drugs support teams.

People experiencing poor mental health (including people with dementia)

- 84% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This is comparable to the national average.
- 92% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This is comparable to the national average.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example, the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol

consumption was 92%; and the percentage of patients experiencing poor mental health who had received discussion and advice about smoking cessation was also 92%. Both these figures are comparable with the national average.

### Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided, for example by frequent clinical audit.

The practice participated in the Quality Outcome Framework (QOF), a system intended to improve the quality of general practice and reward good practice. The most recently published QOF results were those for 2016 / 17, which showed the practice achieved 96.9% of the total number of points available compared with CCG average of 95.8% and national average of 95.5%. The overall exception reporting rate was 4.3% compared with the CCG average of 6.9% and the national average of 10%. 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. It had carried out 17 clinical audits in the past 12 months. We saw two good examples of completed cycle audits relating to Methotrexate prescribing and end of life care. The Methotrexate audits showed that patients' records were correctly coded and there care was being appropriately managed, in accordance with current guidance. An action plan was drawn up including steps to ensure that administrative staff maintained separate records of repeat prescriptions to allow easy and effective monitoring.
- The practice was actively involved in quality improvement activity. It was working with a number of local practices on plans to share clinical, administrative and information technology resources, including referring patients to a nearby practice for minor surgery.

### Effective staffing

# Are services effective?

## (for example, treatment is effective)

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 training to meet them. Up-to-date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop. For example, one of the administrative staff was to be supported to qualify as a health care assistant. However, not all staff told us they had protected learning time.
- The practice provided staff with ongoing support. This included one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation.

### Coordinating care and treatment

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

- We saw records that showed that appropriate staff, including those at other services, 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 to, 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.
- Performance figures showed the practice was not an outlier in relation to the percentage of new cancer cases who were referred using the urgent two week wait referral. The figures showed that patients referred for breast and bowel cancer screening over the past three years were slightly above the CCG average.
- 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.
- In conjunction with the patient participation group, the practice has initiated group walking activities for patients.

### 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 caring.

The practice was rated as good for caring because:

- People are supported, treated with dignity and respect, and are involved as partners in their care.

### Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- The 20 patient Care Quality Commission comment cards we received and the eight patients we spoke with were positive about the service experienced.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. There were 308 surveys sent out and 108 were returned. This represented about 1.7% of the practice population. The practice was above average for its satisfaction scores on consultations with GPs; results for nurses' consultations were in line with local and national averages. For example:

- 93% of patients who responded said the GP was good at listening to them, compared with the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 91% of patients who responded said the GP gave them enough time, compared with the CCG average of 86% and the national average of 86%.
- 96% of patients who responded said they had confidence and trust in the last GP they saw, compared with the CCG average of 95% and the national average of 95%.
- 91% of patients who responded said the last GP they spoke to was good at treating them with care and concern, compared with the CCG average of 86% and the national average of 86%.

- 89% of patients who responded said the nurse was good at listening to them, compared with the CCG average of 86% and the national average of 91%.
- 88% of patients who responded said the nurse gave them enough time, compared with the CCG average of 88% and the national average of 92%.
- 97% of patients who responded said they had confidence and trust in the last nurse they saw, compared with the CCG average of 96% and the national average of 97%.
- 90% of patients who responded said the last nurse they spoke to was good at treating them with care and concern, compared with the CCG average of 87% and the national average of 91%.
- 88% of patients who responded said they found the receptionists at the practice helpful, compared with the CCG average of 86% and the national average of 87%.

### Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care.

- Interpreting services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them. Practitioners in British Sign Language could be booked and an induction loop was available for patients with a hearing impairment.
- 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.
- We discussed the Accessible Information Standard, a requirement to make sure that patients and their carers can access and understand the information they are given, for example using easy-read and pictorial materials. The practice did not have a supply of such materials, but agreed to liaise with the CCG to obtain some.

The practice proactively identified patients who were carers. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 101 patients as carers (1.5% of the practice list).

- Information was available to carers to signpost them to advice and support groups.

## Are services caring?

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

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. The practice was above average for its satisfaction scores on consultations with GPs; results for nurses' consultations were in line with local and national averages. For example:

- 91% of patients who responded said the last GP they saw was good at explaining tests and treatments, compared with the CCG average of 86% and the national average of 86%.
- 91% of patients who responded said the last GP they saw was good at involving them in decisions about their care, compared with the CCG average of 80% and the national average of 82%.

- 88% of patients who responded said the last nurse they saw was good at explaining tests and treatments, compared with the CCG average of 86% and the national average of 90%.
- 85% of patients who responded said the last nurse they saw was good at involving them in decisions about their care, compared with the CCG average of 82% and the national average of 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.
- The reception and waiting area was small and confidentiality was sometimes difficult to maintain. However, a private space was available should it be needed.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### We rated the practice as good for providing responsive services across all population groups.

The practice was rated as good for providing responsive services because:

- People's needs are met through the way services are organised and delivered.

### Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs. For example, extended opening hours were operated and online services such as repeat prescription requests and booking of appointments were available.
- The practice improved services where possible in response to unmet needs.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- Text reminders were sent regarding the availability of flu vaccinations and when patients with long term conditions were due for review.
- Saturday morning flu vaccination clinics were offered to patients who could not attend during normal working hours.
- The premises, which were leased, consisted of two converted commercial units. Space was limited, but the practice was actively working on means of expanding them to improve facilities. There were four consultation and treatment rooms which were on the ground floor, with office space on the first and second floors. There was a planned rota to make full use of the treatments rooms.

Because we have rated the practice as requires improvement for the key questions of safe and well-led and overall, the rating for the six population groups is also requires improvement. However, we noted the following:

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 was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. GPs also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.
- The practice offered pneumococcal and shingles vaccinations proactively to older patients.

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.

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.
- Extended opening hours were operated on Monday evenings.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

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



# Are services responsive to people's needs?

## (for example, to feedback?)

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.
- Patients could book weekly appointments of between 30 and 60 minutes with psychological support workers.

### 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.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was generally comparable to local and national averages. This was supported by observations on the day of inspection, patient we spoke with and completed comment cards.

- 70% of patients who responded were satisfied with the practice's opening hours, compared with the CCG average of 72% and the national average of 76%.
- 85% of patients who responded said they could get through easily to the practice by phone, compared with the CCG average of 75% and the national average of 71%.
- 87% 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, compared with the CCG average of 83% and the national average of 84%.

- 79% of patients who responded said their last appointment was convenient, compared with the CCG average of 78% and the national average of 81%.
- 69% of patients who responded described their experience of making an appointment as good, compared with the CCG average of 71% and the national average of 73%.
- 45% of patients who responded said they don't normally have to wait too long to be seen, compared with the CCG average of 56% and the national average of 58%.

The practice had reviewed these results and had devised an action plan to improve waiting times. This included introducing catch up slots between timed appointments and having set 20-minute appointments for patients with long term conditions. It was considering increasing standard appointments to 15 minutes.

### 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. There had been one complaint received in the last year, which we saw had been satisfactorily handled in a timely way. Learning points from it had been used to improve the quality of care, for example by effective coding of patient records.

# Are services well-led?

Requires improvement 

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

## Our findings

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

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

Staff satisfaction was mixed, although we were told it was improving. There was evidence of division between amongst both clinical and non-clinical staff. Frequent clinical and practice meetings had lapsed. Not all staff had protected learning time or regular opportunity for breaks.

### Leadership capacity and capability

The partner GPs had the capacity and skills to deliver high-quality, sustainable care.

- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.
- However, there had been a breakdown in the working relationship between the two partner GPs. This had resulted in a fall in staff morale; we were told that factions had developed and the practice manager had left in August 2017. The practice had worked with both NHS England and the CCG to resolve the differences. The lead partner GP now intended to retire at the end of March 2018. The remaining partner would be applying to take on the GMS contract and for CQC registration as a sole practitioner. A new practice manager was due to start work in mid-December 2017.

### Vision and strategy

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

- The practice developed its vision, values and strategy jointly with patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them. They told us they felt more positive since the partnership issues had been resolved and a practice manager appointed.
- 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.

### Culture

The practice had a culture of quality sustainable care.

- Staff stated they felt respected, supported and valued and were generally positive. The breakdown in relations between the partner GPs had had a detrimental effect on morale, but with the issues now seemingly resolved, and a practice manager appointed, staff told us they felt happier. However, some staff told us they were often rushed and had little opportunity for breaks.
- The practice focused on the needs of patients.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The practice was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. However, not all staff told us they had protected learning time.
- There was a focus on the safety and well-being of all staff. However, there had been issues with ex-staff members which were in the process of resolution.
- The practice promoted equality and diversity. Staff had received equality and diversity training.

### 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 effective. 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.

### Managing risks, issues and performance

There were processes for managing risks, issues and performance.



# Are services well-led?

Requires improvement 

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

- These were generally effective, but there were some issues relating to safety checks and monitoring that required improvement.
- There had been few formal clinical or staff meetings for several months, due to the issues between the partners and the practice manager leaving, and minutes of the meetings were not maintained. However, staff told us that meetings of clinical team were conducted on an informal basis to pass on relevant information. The practice confirmed after our inspection that formal, minuted clinical and staff meeting would be re-instated straight away.
- The practice had processes to manage current and future performance.
- 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, to deal with major incidents.

## Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- 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.
- Staff had received refresher training in information governance.

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

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

- 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. For example, we spoke with a member of the complex care team, who told us they attended formal monthly meetings with the practice and visited it on an ad hoc basis to discuss any ongoing issues. They gave us positive feedback regarding their engagement with the practice.
- There was an active patient participation group (PPG), whose representative was also generally positive in their feedback. The PPG had been aware of the issues between the partner GPs and had been working with them in an effort to resolve the problems.
- The service was transparent, collaborative and open with stakeholders about performance.

## Continuous improvement and innovation

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, a member of the administrative team was to be supported in qualifying as a healthcare assistant and another in developing their practice management skills. However, some staff told us they did not have protected learning time.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.

## 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 Maternity and midwifery services 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 premises being used to care for and treat service users were not used in a safe way. In particular:</p> <ul style="list-style-type: none"><li>• The fire alarm was not tested regularly and nor were fire drills conducted.</li></ul> <p>The equipment being used to care for and treat service users was not used in a safe way. In particular:</p> <ul style="list-style-type: none"><li>• There were no records to confirm that emergency equipment was regularly checked; we found the pads for the defibrillator were two months out of date. There were no logs available to confirm that emergency medicines and the contents of the GPs' home visits bag were monitored.</li></ul> <p>This was in breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services 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> <ul style="list-style-type: none"><li>• The efficiency of effective management systems and processes had been reduced by the breakdown in the professional relationship between the two partner GPs. This had compromised the practice's ability to assess, monitor and improve the quality and safety of the services being provided and to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk.</li></ul>

This section is primarily information for the provider

## Requirement notices

- There were infrequent clinical and practice meetings and their recording had lapsed.

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