

# Wish Park Surgery

## 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



# Key findings

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## Letter from the Chief Inspector of General Practice

### **This practice is rated as Requires Improvement overall.**

Wish Park Surgery was previously inspected on 22 October 2015 and was rated good in all domains and 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

As part of our inspection process, we also look at the quality of care for specific population groups. The provider is rated as requires improvement for providing safe, effective and well-led services. They are rated as good for providing caring and responsive services. The issues identified as requiring improvement overall affected all patients. The population groups are therefore 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 recently 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 Wish Park Surgery on 27 March 2018 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

At this inspection we found:

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice had systems to manage risk, including risk assessments, so that safety incidents were less likely to happen. However, some systems and processes to address risks were not implemented well enough to ensure patients and staff were kept safe. This included the arrangements for processing and

# Summary of findings

storing incoming post from other services, infection prevention and control, completion of staff training, and the security and tracking of blank prescription paper.

- There was an open and transparent approach to safety and a system in place for reporting significant events, although we found the recording processes could be improved and learning was not always shared effectively with staff.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it. The practice ensured patients had good access to care by offering extended hours surgeries, and telephone consultations, as well as offering appointment booking on the practice website.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

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

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

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out the duties.

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

- Strengthen the guidance provided for reception staff to include identification of symptoms for potentially seriously ill patients, such as sepsis.
- Review and improve the process to record and action safety alerts.
- Consider ways to increase the visibility of information for patients that are carers.
- Review and improve the system for recording verbal complaints.

**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> 

# Wish Park 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 advisor, and a practice manager advisor.

## Background to Wish Park Surgery

Wish Park Surgery is located in Brighton and Hove, providing general medical services to approximately 7,250 patients. The practice also provides care and treatment for the residents who are registered at the practice and who live in nearby care homes, which serve individuals with a diagnosis of dementia or who have nursing care needs.

Services are provided from 191 Portland Road Hove East Sussex BN3 5JA.

There are four GP partners and two salaried GPs (five male, one female). There are two practice nurses, one health care assistant and one phlebotomist. GPs and nurses are supported by the practice manager, a services manager and a team of reception/administration staff.

Data available to the Care Quality Commission (CQC) shows the practice serves a higher than average number of patients from birth to 18 years old when compared to the national average. The number of patients aged 85 years and over is slightly higher than the national average. The number of registered patients suffering income deprivation is below the national average.

Wish Park Surgery is open from Monday to Friday between 8:30am and 6:30pm.

Extended hours appointments are offered every Monday evening until 7:30pm and every Friday morning from 7:15am.

Appointments can be booked over the telephone, online or in person at the surgery. Patients are provided information on how to access an out of hour's service by calling the surgery or viewing the practice website.

The practice runs a number of services for its patients including; family planning, chronic disease management, health checks and travel vaccines and advice.

Wish Park Surgery is registered with the CQC to provide the regulated activities; Treatment of disease, disorder or injury; Surgical procedures; Diagnostic and screening procedures; Family planning. At the time of our inspection they were in the process of registering for the maternity and midwifery regulated activity.

# Are services safe?

## Our findings

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

### Safety systems and processes

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

- The practice had a suite of safety policies including adult and child safeguarding policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. Policies were regularly reviewed and were accessible to all staff, including locums. They outlined clearly who to go to for further guidance.
- Children and adults at risk were identified on the practice computer system using an alert on their record, for example those at risk of harm, subject to safeguarding procedures or on a child protection plan. We found that not all staff could demonstrate that these alerts were applied or removed appropriately. For example, we were shown records of two children on the practice system who were on a child protection plan, but the alerts were not present.
- 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 did not provide evidence that all staff had received up-to-date safeguarding appropriate to their role, including some GPs and administrative staff. Staff we spoke with demonstrated that they knew how to identify and report concerns. Reports and learning from safeguarding incidents were available to staff. We saw evidence that all staff who acted as chaperones were trained for the role and had received a DBS check.
- 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).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice had a general cleaning schedule and we saw that all cleaning of the premises was recorded. The practice nurse was the infection prevention and control (IPC) lead. We were told that the practice cleaned clinical equipment after use and logged this on a monthly recording sheet. The practice told us that clinicians were responsible for their own treatment room and this included such tasks as changing the disposable curtains and replacing sharps bins when required. Annual infection control audits were undertaken and we saw evidence of the most recent audit in July 2017; however we were told there was no action plan to address any improvements identified as a result. The practice had an infection control policy and they told us this had been reviewed in 2018, but had not been dated as such.
- The practice did not demonstrate whether staff had received immunisations appropriate for their role. They told us that immunity was confirmed at the time of recruitment. They planned to create a register of staff vaccinations such as Hepatitis B or influenza, and we saw the template they had developed.
- Patient Group Directions (PGD) had been adopted by the practice to allow nurses to administer medicines in line with legislation. We looked at a sample of PGDs and saw that not all PGDs had been signed by a GP and other authorising signatories.
- There were systems for safely managing healthcare waste.
- The practice ensured that facilities were safe.

### 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 approach to managing staff absences and for responding to epidemics, sickness, holidays and busy periods.
- There was an effective induction system for temporary staff tailored to their role.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections

# Are services safe?

including sepsis. We found that reception staff had not been provided with adequate guidance for symptoms for potentially seriously ill patients, in order to highlight these for clinical triage.

- When there were changes to services or staff the practice assessed and monitored the impact on safety.

## Information to deliver safe care and treatment

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

- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. There was a documented approach to the management of test results.
- Referral letters included all of the necessary information.

## Safe and appropriate use of medicines

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

- Most of the systems for managing and storing medicines, including vaccines, medical gases, and equipment minimised risks. The practice had carried out an appropriate risk assessment to identify medicines that it should stock.
- We found the practice was equipped to deal with medical emergencies.
- The practice stored prescription stationery securely once received. However, at the time of inspection the practice was not able to demonstrate that there were systems in place to routinely record, track and monitor prescriptions.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.
- The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.

## Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

## Lessons learned and improvements made

The practice had some systems and processes to ensure they learned and made improvements when things went wrong.

- Although there was a system and policy for recording and acting on significant events and incidents, it was not always clearly recorded when events occurred and what actions had been completed. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were systems for reviewing and investigating when things went wrong. The practice learned and shared lessons. The practice identified themes and took action to improve safety in the practice. For example, an incident occurred in March 2018 that could have resulted in a measles outbreak within the practice. A significant event was recorded, investigated and shared with relevant staff. As a result the practice tested and immunised staff against measles and we saw evidence of meeting minutes where this was discussed with all staff. We saw from the significant event form that a new process for recording staff immunisations was developed as a result of this event.
- There was a system for receiving and acting on safety alerts which required action. The practice learned from external safety events as well as patient and medicine safety alerts. However, we noted that safety alerts that did not require action were not recorded or shared.

# Are services effective?

(for example, treatment is effective)

## Our findings

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

(Please note: Any Quality Outcomes (QOF) data relates to 2016/17. QOF is a system intended to improve the quality of general practice and reward good practice.)

### Effective needs assessment, care and treatment

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

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- The percentages of antibiotic and hypnotics prescribed were in line with local and national averages.
- The practice used technology to improve care and treatment for patients. For example, they had purchased a clinical decision support tool for use on the practice computer system. This included additional templates and reports, which gave access to the latest evidence-based guidelines and best practice.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

#### Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medication.
- Patients aged over 75 were invited for a health check.
- Older patients, where necessary, were referred to other services such as voluntary services and supported by an appropriate care plan. We saw evidence of care plans that met best practice guidelines.
- Patients were able to speak with or see a GP when needed and the practice was accessible for patients with mobility issues.

- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- The practice was taking part in a care home visiting pilot scheme with the Clinical Commissioning Group (CCG). They regularly attended to the residents in a number of nearby care homes; services included medication reviews and health checks. We received feedback from two of these care homes and both stated GPs were kind, polite and attentive to the needs of the residents. They said the reception staff were friendly and helpful. They told us they appreciated the extra support that GPs provided, for example offering advice for medical conditions. They said booking additional visits was occasionally difficult but overall they were happy with the service they received.

#### People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- The practice ran clinics for diabetes, chronic obstructive pulmonary disorder, asthma and hypertension.
- Longer appointments and home visits were available when needed.
- The percentage of patients with chronic obstructive pulmonary disorder (a chronic lung disease) who had a review in the last 12 months (2016/17) was 90%, which was comparable to the CCG average of 83% and national average of 90%.

#### Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in line with the target percentage of 90% or above.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.

# Are services effective?

## (for example, treatment is effective)

- The practice had arrangements for following up failed attendance of children's appointments or their frequent appointments.

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

- The practice's uptake for cervical screening was 74%, which was in line with the 80% coverage target for the national screening programme.
- The practices' uptake for breast and bowel cancer screening was in line the national average.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments to patients who needed them.
- Although there was a dedicated GP practice for those experiencing homelessness within the area, the practice told us they would register such patients.

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

- 74% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was comparable to local and national averages.
- 91% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was comparable to local and national averages.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example 97% of patients experiencing poor mental health had received discussion and advice about alcohol consumption. This was comparable to local and national averages.

- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- Staff had a good understanding of how to support people with mental health needs and dementia.

### Monitoring care and treatment

The practice had a programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. Where appropriate, clinicians took part in local and national improvement initiatives.

The most recent published Quality Outcome Framework (QOF) results were 98% of the total number of points available compared with the clinical commissioning group (CCG) average of 90% and national average of 97%. The overall exception reporting rate was 6% compared with a CC average of 7% and a national average of 6%. (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 percentage of patients with diabetes whose last measured total cholesterol was in the range of a healthy adult (within the preceding 12 months) was 78%. This was in line with the CCG average 77% and national average 80%.
- 78% of patients with asthma had an asthma review in the preceding 12 months which included an assessment of asthma control. This was in line with the CCG average 71% and national average 76%.
- 79% of patients with hypertension had their blood pressure test performed in the preceding 12 months. This was in line with the CCG average 79% and national average 83%.

### 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.

# Are services effective?

## (for example, treatment is effective)

- The practice was aware of the learning needs of staff and provided protected time and training to meet them. Staff were encouraged and given opportunities to develop.
- Staff had access to and made use of e-learning training modules and in-house training. We looked at three staff files and the training records of e-learning. We saw that not all staff, including GPs and administrators, had completed training such as; infection control, safeguarding, basic life support and the Mental Capacity Act 2005. We were provided with evidence that practice nurses had completed all mandatory training assigned by the practice. The practice had a recording system to track the training needs of all staff and they were aware of these requirements.
- 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. The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

### Coordinating care and treatment

Staff did not always work together effectively and with other health and social care professionals to deliver care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients did not always receive effective 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 had developed a workflow protocol for dealing with incoming post and directing this to the most appropriate staff member. We saw that 232 letters had been processed by administrators and were due to be allocated an appropriate code within the practice computer system. The protocol had been followed, which meant that 58 of the 232 had been seen by a GP. All of these letters had been given a generic code and this meant it would not be possible to easily identify

- within the practice computer system whether these letters contained significant information, such as safeguarding information and out of hours reports. We also found there were 14 outstanding medicine changes, as directed by other services. We looked at three in detail and saw they had been actioned by the GP but there were outstanding tasks for administrators, which meant that the patients were not necessarily receiving the prescribed medicine or dose.
- We found that the staff performing the workflow redirection protocol had been trained by the clinical commissioning group. However, if these staff members were absent then the task was given to nurses, who had not received specific training but followed the practice workflow protocol.
  - 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, 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.

## Are services effective?

(for example, treatment is effective)

- Clinicians supported patients to make decisions. Where appropriate, they assessed a patient's mental capacity to make a decision. We looked at a sample of patient records and saw that consent had been recorded.
- The practice monitored the process for seeking consent appropriately.

# Are services caring?

## Our findings

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

### Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- All of the three patient Care Quality Commission comment cards we received were positive about the service experienced. We also spoke with three patients who told us that GPs and nurses were kind, caring and gave them enough time at appointments. They also commented that the service had improved recently. This is in line with the results of the NHS Friends and Family Test and other feedback received by the practice.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. There were 266 surveys sent out and 121 were returned. This represented less than 1% of the practice population. The practice was average 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 88% and the national average of 89%.
- 92% of patients who responded said they had confidence and trust in the last GP they saw or spoke to; CCG - 95%; national average - 96%.
- 79% 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%.
- 84% of patients who responded said the nurse was good at listening to them; (CCG) - 91%; national average - 91%.

- 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%.

### 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. The practice told us they booked longer appointments and printed leaflets in other languages if required. Patients were also told about multi-lingual staff who might be able to support them, for example Urdu and Hungarian speaking staff were available.
- 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 identified patients who were carers. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 104 patients as carers (1% of the practice list).

- The practice had created a pack of written information, which was provided to direct carers to the various avenues of support available to them. However, we did not see any visible information in the waiting room for carers.

Staff told us that if families had experienced bereavement, their usual GP contacted them and offered 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. Results were in line with local and national averages:

## Are services caring?

- 79% 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%.
- 80% 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%.
- 86% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 90%; national average - 90%.
- 82% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 84%; national average - 85%.

### Privacy and dignity

The practice respected patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- Conversations with receptionists could not be overheard by patients in the waiting room.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

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

### Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs. For example extended opening hours, online services such as repeat prescription requests, advanced booking of appointments, advice services for common ailments.
- The practice offered text messaging appointment reminders.
- The practice improved services where possible in response to unmet needs.
- The facilities and premises were appropriate for the services delivered.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

#### Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice.

#### 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. Consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings 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.
- The practice offered contraceptive implants and coil fitting.
- A community midwife provided weekly clinics.
- The practice hosted an on-site GUM (Genitourinary Medicine) clinic where support regarding sexual health and contraception was offered. This was a drop-in service for patients and local residents.

#### 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 hours appointments were offered Monday evenings and Friday mornings.
- Telephone GP consultations were available which supported patients who were unable to attend the practice during normal working hours.

#### People whose circumstances make them vulnerable:

- The practice offered longer appointments for patients with a learning disability where necessary.
- Patients with no fixed address or with temporary residence were registered with the practice.

#### 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 worked closely with the local mental health team and consultants.
- The practice hosted a memory assessment service for patients with suspected dementia

### Timely access to the service

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

# Are services responsive to people's needs?

## (for example, to feedback?)

- 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. This was supported by observations on the day of inspection and completed comment cards. There were 266 surveys sent out and 121 were returned. This represented less than 1% of the practice population.

- 68% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 80% and the national average of 80%.
- 57% of patients who responded said they could get through easily to the practice by phone; CCG – 76%; national average – 71%.
- 61% of patients who responded said that the last time they wanted to see or speak to a GP or nurse they were able to get an appointment; CCG – 83%; national average – 76%.

- 55% of patients who responded described their experience of making an appointment as good; CCG – 78%; national average – 73%.

### 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. We reviewed a sample of complaints and found that they were satisfactorily handled in a timely way. The practice told us they kept a record of verbal complaints received, but they did not provide evidence of this.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care.

# Are services well-led?

Requires improvement 

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

## Our findings

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

### Leadership capacity and capability

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

- Leaders had the experience and skills to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

### Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality, sustainable care.

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- 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.
- 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.
- The practice monitored progress against delivery of the strategy.

### 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, although some staff we spoke to did not know the outcome of issues they had raised.
- There were some processes for providing all staff with the development they need, but we found that gaps in training had not been monitored and resolved. All staff received regular annual appraisals, including development conversations, 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. Staff told us that their workload had been high recently due to a shortfall in staff. However, most staff members told us they were well supported and enjoyed working at the practice. They told us that three new members of staff were joining the practice, and felt positive about the future.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams. The practice held social events and advertised these in the staff room.

### Governance arrangements

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

- The structures, processes and systems to support governance and management were not always 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 not always clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.

# Are services well-led?

Requires improvement 

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

- Practice leaders had established policies, procedures and activities to ensure safety. However, we found that not all policies were dated when they were written or dated if recently reviewed. Therefore the practice was not always providing new or existing staff accessible and up to date guidance in order to deliver safe and effective care and treatment

## Managing risks, issues and performance

There was a lack of clarity around processes for managing risks, issues and performance.

- We found that the processes to identify, understand, monitor and address current and future risks including risks to patient safety were not always effective.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of most national and local safety alerts, incidents, and written complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- 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.

- 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 where staff had sufficient access to information.
- 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. There were plans to address any identified weaknesses.
- The practice submitted data or notifications to external organisations as required.

- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

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

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

- A range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. For example the practice conducted a survey regarding appointments and as a result introduced pre-bookable appointments that could be booked two days in advance.
- There was an active patient participation group (PPG), with 41 members, which had been running for eight years. We heard from four members of the PPG who told us they met regularly and arranged special events, for topics such as cancer and sight issues, and these were held in cooperation with relevant charities. We saw and were told about temporary displays of art within the practice, intended to have a positive impact on the wellbeing of staff and patients. We heard that patient feedback had improved recently although they reported difficulty with making non-urgent appointments. The PPG told us the practice cooperates with them and had been responsive to suggestions or queries raised. For example, the PPG and practice were working together to improve parking and also to help patients who needed extra assistance with more accessibility to the practice.
- The service was transparent, collaborative and open with stakeholders about performance.

## Continuous improvement and innovation

There was some evidence of systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement within the practice. For example, the practice had completed a needs analysis on working hours to determine what staff were needed to meet the needs of the service. We heard that three new members of staff had been recruited to resolve the shortfall in staff.

# Are services well-led?

Requires improvement



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

- Although lessons learned and actions taken were shared with some staff, we found that complaints, significant events and safety alerts were not routinely shared with all staff.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

## 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 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 registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:</p> <ul style="list-style-type: none"><li>• Systems in place to maintain medicines management processes were not effective; the organisation of information within service user's records, and processing of medicine changes from other services medicines.</li><li>• Blank prescriptions were not monitored and tracked throughout the practice.</li><li>• Patient Group Directions were not all completed correctly and in line with legislation.</li><li>• There was a lack of assessment for the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated.</li></ul> <p>Not all of the people providing care and treatment had the qualifications, competence, skills and experience to do so safely. In particular: the practice could not demonstrate that staff were up to date with mandatory training; including child and adult safeguarding, basic life support, the Mental Health Act 2008, and infection control.</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
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This section is primarily information for the provider

## Requirement notices

Diagnostic and screening procedures

Family planning services

Surgical procedures

Treatment of disease, disorder or injury

Regulation 17 HSCA (RA) Regulations 2014 Good governance

**How the regulation was not being met:**

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 had failed to ensure that significant events were documented, discussed, lessons learnt, recorded onto the practice system in a timely manner and shared with all staff.

This was in breach of regulation 12(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.