Sutherland Lodge Surgery

Inspection 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 location	Requires improvement
Are services safe?	**Requires improvement**
Are services effective?	**Requires improvement**
Are services caring?	**Good**
Are services responsive?	**Good**
Are services well-led?	**Requires improvement**

Overall summary

This practice is rated as requires improvement overall. (Previous rating December 2017 – Inadequate)

Sutherland Lodge Surgery was previously inspected in December 2017 and received a rating of inadequate overall. We found the practice was inadequate for providing safe, effective, responsive and well-led services. As a result of the risk identified at this inspection, we asked the provider to take immediate action to mitigate the risks. We then carried out a focused inspection on 10 January to check whether the provider had taken appropriate action to lower the risk. We found that they had done so. We then issued a warning notice for regulation 17, good governance, to ensure the practice made appropriate improvements.

We reviewed the areas covered within the warning notice during an unrated focused inspection in July 2018 and found that they had complied with the warning notice.

We carried out an announced comprehensive inspection at Sutherland Lodge Surgery on 13 November 2018 to follow up on breaches of regulation.

The key questions at this inspection are rated as:

Are services safe? – Requires improvement

Are services effective? – Requires improvement (for patients with long-term conditions, those experiencing poor mental health and those who were vulnerable)

Are services caring? – Good

Are services responsive? – Good

Are services well-led? - Requires improvement

At this inspection we found:

- Since the previous inspection where the practice was rated inadequate, systems and processes had been strengthened to provide patients with safe care and treatment.
- There was stronger leadership and governance in place and the leaders had clear oversight of clinical performance and risks to patients.
- Staff we spoke with on the day felt the leaders of the practice shared and informed them of relevant information.
- The practice had strengthened their systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, lessons learnt were shared with staff. Although lessons learnt had been documented and shared there was minimal evidence to portray changes that had been implemented as a result of safety incidents.
- Practice leaders had oversight of incidents, and complaints. We found that actions had been implemented following a complaint or incident however the actions were not reviewed to ensure they reduced the likelihood of the same events occurring again.
- The practice had completed most actions required from environmental risk assessment however we found that the health and safety risk assessment was difficult to follow and did not document actions that had been completed.
- The practice had implemented systems to safeguard patients from abuse, however, we found there were areas within their process that required strengthening.
- The practice took consent appropriately. We found that consent had been documented on patient notes and written consent was being taken appropriately for surgical procedures.
- The practice reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Although the practice carried out multiple audits to monitor care, we found that there was an inconsistent approach to NICE guidelines.
- We found occasionally information from discharge letters had not always been followed up.
- Patients with complex needs such as learning disabilities were not receiving their care in line with guidance.
- We found that there was an inconsistent approach to carrying out annual health checks. QOF data published in 2017/18 found the practices clinical performance indicators for patients with long term conditions and mental health were below local and national averages. The practice was aware of their clinical performance and had implemented a process to improve their performance indicators.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients reported that they were able to access care when they needed an appointment however there was mixed reviews regarding the telephone access. Survey data for 2017/18 was comparable with local and national averages.

Overall summary

- There was a focus on continuous learning and improvement at all levels of the organisation.

We saw one area of outstanding practice:

The practice had gained funding from the provider to create 'positivity packs' which were designed to help vulnerable patients such as those with mental health conditions and the homeless. Staff at the practice were proud of the work they had achieved and had received feedback from patients that the packs had helped them through vulnerable situations.

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

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care

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

- Continue to develop systems to ensure that learning from safety events and complaints results in change where required.
- Improve systems to document risk assessments and actions taken.
- Continue to strengthen process to improve workflow management for reviewing and actioning incoming correspondence.

I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by this service.

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

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

Population group ratings

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

Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector, a GP specialist adviser and a practice manager specialist adviser. The team was also supported by a second CQC inspector.

Background to Sutherland Lodge Surgery

Sutherland Lodge is a GP practice located in Chelmsford and is part of the Mid Essex Clinical Commissioning Group. The practice is managed by the provider organisation Virgin Care Services Limited who took over the contract in July 2016. The company currently manages 18 primary care services across the country, including GP practices, walk in centres and urgent care centres. The practice has an Alternative Provider Medical Services (APMS) contract with the NHS.

- There are approximately 11,095 patients registered at the practice.
- The practice provides services from 113-115 Baddow Road, Chelmsford, Essex.
- The practice is registered to provide the following regulated activities: treatment of disease, disorder or injury; diagnostic and screening procedures, family planning and Maternity and midwifery services.
- The clinical team comprises of three salaried GPs, two female advance nurse practitioners and a range of clinical locums. The practice had recently employed a health care assistant who had not yet started. The clinical team are supported by a practice manager, a team of reception and managerial staff.
- The practice is open from Monday to Friday between the hours of 8am and 6.30pm and provides extended clinics on Tuesday and Thursday evenings until 8pm.
- On evening, weekends and bank holidays out of hours care is provided by IC24, another healthcare provider. This can be accessed by patients dialling 111.
- The practice has a slightly higher elderly population than the national averages with 32% of the practice list aged over 65 years compared to the national average of 27%.
- The practices population is in the fourth decile for deprivation, which is on a scale of one to ten. The lower the decile the more deprived an area is compared to the national average.
- Ethnicity based on demographics collected in the 2011 census shows the patient population is predominantly white British with; 1.8% mixed, 3.4% Asian, 1.4% black.

Requires improvement

Are services safe?

What we found at our December 2017 and July 2018 inspection

In December 2017 we found the practice were inadequate for providing safe services. It was not possible to establish if there was an effective system in place to safeguard service users from abuse and improper treatment. Staff had not been trained to an adequate level in safeguarding. The process for highlighting vulnerable patients on the information systems was unclear to staff. There were no formal systems or processes in place to ensure regular safeguarding information sharing meetings took place. There were no processes in place to ensure new clinical staff had the appropriate training, qualifications or indemnity cover. There was a lack of clinical and non-clinical meetings to discuss issues, learning or to receive feedback from staff regarding safety events.

In July 2018 we found the practice had established governance arrangements to improve the safety and mitigate the risks identified.

What we found at this inspection

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

Safety systems and processes

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

- The practice had implemented an appropriate system to safeguard children and vulnerable adults from abuse.
- All staff had received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Learning from safeguarding incidents was available to staff. Staff who acted as chaperones were trained for their role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, discrimination and breaches of their dignity and respect.
- Although a system to highlight vulnerable patients had been implemented and there was a formal process to ensure regular safeguarding information sharing meetings took place monthly, we found there were areas that the practice had not included. For example, siblings of vulnerable children were not highlighted as potential safeguarding risks and children that attended A&E frequently were not monitored or followed up.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- There was an effective system to manage infection prevention and control.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

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

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics. The practice had recognised this as a challenge and actively monitored their staffing levels. They told us they had difficult recruiting clinical staff which had resulted in higher number of locums. They had used regular locums to ensure continuity of care for their patients.
- There was an effective induction system for temporary staff tailored to their role. There was now a process to ensure new clinical staff had the appropriate training, qualifications and indemnity cover.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures. The practice was able to evidence this through an incident they had managed and had made changes following the incident to ensure they dealt with the emergency more efficiently in the future.
- 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 including sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

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

Requires improvement

Are services safe?

- We previously found that there were ineffective systems to ensure information relating to people who use the service was up to date, accurate and had been properly analysed. We found that the care records we saw showed that information needed to deliver safe care and treatment was available to staff and was updated, accurate and appropriately analysed.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

Appropriate and safe use of medicines

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

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- Staff prescribed and administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its antibiotic prescribing and acted to support good antimicrobial stewardship in line with local and national guidance.
- There was a process for the management of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately.

Track record on safety

The practice had a good track record on safety.

- We previously found there was an ineffective system to identify levels of risk to patients who use the service. During this inspection we found there were comprehensive risk assessments in relation to safety issues. For example, the practice had carried out fire safety and legionella risk assessments. The practice had completed a health and safety assessment but it was unclear whether the actions had been completed.
- The practice monitored and reviewed safety using information from a range of sources.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong. Previously we found this process was ineffective however some improvements had been made:

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. We previously found there was a lack of clinical and non-clinical meetings to discuss issues, learning outcomes. The practice had implemented a system to ensure lessons learned were shared, identified themes and took action to improve safety in the practice. However, in some cases it was not clear that the learning had led to improvements as there was no system to monitor that the learning had been effective.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

Please refer to the evidence tables for further information.

Requires improvement

Are services effective?

What we found at our December 2017 and July 2018 inspection

In December 2017 we found the practice was inadequate for providing effective services. There was no clear or effective system or process in place for evidence based guidelines and standards to be shared with staff. The process for the review of patients with a long-term condition was not effective. There was no central training record for staff and the provider failed to identify that non-clinical staff had not received up to date training in key areas. There was no programme of clinical or internal audit to monitor quality and operational processes; there were no systems to identify where action should be taken. There was no clinical oversight to ensure that tasks assigned to clinical staff were completed. The practice was failing to collate accurate and up to date information about clinical effectiveness.

In July 2018 we found systems and processes had been embedded to improve the efficiency of care and treatment.

What we found at this inspection

We rated the practice as requires improvement for providing effective services overall and across all population groups except for older people and families, children and young people population groups which we rated good.

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

- The process for the review of patients with a long-term condition was still not effective.
- Patients whose circumstances make them vulnerable had not had annual health checks to ensure safe care and treatment.
- The process for the review of patients experiencing poor mental health was still not effective.

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. There was a programme of clinical and non-clinical audits to monitor quality and operational processes.

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- The practice used telephone consultation to support patient's needs.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. The practice held a frailty register and held monthly multidisciplinary meetings.
- The practice followed up on patients ages 75 or above being discharged from hospital. We found, in most cases, staff acted on discharge information to ensure patients care plans and prescriptions were updated to reflect any extra or changed needs.
- The practice care for patients in local care homes and planned to implement a weekly ward round for these patients.
- Patients over 75 years of age were offered a health check. The practice increased the number of health checks carried out since the previous inspection. We found 220 had been completed.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions:

This population group was rated requires improvement for effective because:

- The practice did not have a consistent approach for carrying out annual reviews on patients with long-term conditions which had led to below average performance data. They were aware of this and had implemented an action plan to ensure patients health and medicines needs were being met.
- Hospital discharge and A&E attendance letters were reviewed by the GPs and patients were invited in where follow up treatment or referral is indicated. We found

occasionally information from discharge letter had not been followed up. The practice told us this had been because tasks had not been sent when receiving and filling the incoming correspondence.
- The practice's performance on quality indicators for patients with long term conditions was below local and national averages. For example, the percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less was 58%, compared with the local average of 70% and the national average of 78%.
- The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control was 49%, compared with the local average of 73% and the national average of 76%.
- We reviewed current unverified data for the first seven months of this year and found that the practice had improved on their performance since the 2017/18 data had been published. The practice had implemented a plan to ensure clinicians were responsible for individual long-term conditions.

The practice had supported patients with long-term conditions:

- For patients with the most complex needs, the GP worked monthly 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 held specific long-term condition clinics to review their patients. For example, specific INR monitoring clinics, COPD, asthma and diabetes clinics.

Families, children and young people:

- The practice had a dedicated child immunisation clinic. Childhood immunisation uptake rates were in line with the target percentage of 90% or above.
- Since July 2018, the practice had strengthened arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation however we reviewed recent records where appointments had not been followed up.
- The practice carried out postnatal reviews, baby checks and immunisations during the same appointment where appropriate.

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

This population group was rated requires improvement for effective because:

- The practice's uptake for cervical screening was 71%, which was comparable to the 80% coverage target for the national screening programme.
- The practice's uptake for breast and bowel cancer screening was below local and the national averages.

The practice had supported working age people:

- 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.
- The practice sign post patients to local services when appropriate.

People whose circumstances make them vulnerable:

This population group was rated requires improvement for effective because:

- The practice had not completed health checks for the majority of their patients on the learning disability register.

The practice had supported vulnerable patients:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

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

This population group was rated requires improvement for effective because:

- The practices performance on quality indicators for mental health was below local and national averages. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other

psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 66%, compared with the local average of 85% and the national average of 90%. For patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months the practice had achieved 13%, compared with the local average of 79% and the national average of 90%.

- We reviewed current unverified data for the first seven months on this year and found that the practice had improved on their performance since the 2017/18 data had been published.

The practice had supported patients with poor mental health:

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe. The practice had a designated quiet room for patients who were in crisis and offered them support during this time, they had created 'positivity packs' to help patients through difficult times. The packs included positive phrases, inspirational sayings and other supportive tools to help patients during crisis. The homeless pack contained items such as a toothbrush, hand warmers and socks. The practice had received feedback from patients who had said that packs were useful.
- 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.

Monitoring care and treatment

The practice now had a programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided however we found there were still areas that needed reviewing. Where appropriate, clinicians took part in local and national improvement initiatives.

- The practices QOF performance was below average for patients with long term conditions and those experiencing poor mental health. The practice was aware and had implemented a plan to ensure clinicians were responsible for carrying out patient reviews. QOF performance was regularly discussed at team meetings.
- The overall exception rates were below local and national average. We reviewed the process for exception reporting and found it to be appropriate.
- The practice used information about care and treatment to make improvements.
- The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives.
- We found that the practice had an inconsistent approach for reviewing patients as recommended by NICE guidelines. Although the practice had carried out audits, we found there were areas which required reviews. For example, we found women who had been diagnosed with gestational diabetes had not been followed up as per NICE guidance.

Effective staffing

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

- There was now a central training record for staff to ensure they had received up to date training in key areas.
- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained, including mental capacity training for clinical staff. Staff were encouraged and given opportunities to develop.
- Staff were given the opportunity to attend training courses. For example, two members of the non-clinical team had been on care navigation training.

Requires improvement

Are services effective?

- The practice provided staff with ongoing support. There was an induction programme for new staff. This included one to one meetings, appraisals, clinical supervision and revalidation.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when discussing care delivery for people with long term conditions and when coordinating healthcare for care home residents. The practice had actively communicated with care homes where their patients were registered to enable them to provide greater quality of care. As a result, the practice had established weekly care home visits.
- They shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for children who have relocated into the local area.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. There was better clinical oversight to ensure that tasks assigned to clinical staff were completed however we found that in some cases changes in discharge summaries had not been actioned. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

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

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through social prescribing schemes.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision. Clinical staff had received mental capacity act training to support their roles.
- The practice monitored the process for seeking consent appropriately. The practice had carried out an audit reviewing consent for minor surgery procedures, the audit found that consent had been obtained for all patients.

Please refer to the evidence tables for further information.

Good

Are services caring?

What we found at our December 2017 inspection

In December 2017 we found the practice were requires improvement for providing caring services particularly for the involvement patients had in decisions about their care and treatment.

What we found at this inspection

We rated the practice as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people. Patient we spoke with told us the care they had received by the staff at the practice was always carried out professionally and in a caring manner.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The practices GP patient survey results were in line with local and national averages for questions relating to kindness, respect and compassion.

Involvement in decisions about care and treatment

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

- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice proactively identified carers and supported them. Two members of the administration and reception team had carried out care navigation training and as a result they had implemented changes in the practice to help identify new carers and support existing ones.
- The practices GP patient survey results were in line with local and national averages for questions relating to involvement in decisions about care and treatment.

Privacy and dignity

The practice respected patients' privacy and dignity.

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

Please refer to the evidence tables for further information.

Good

Are services responsive to people's needs?

What we found at our December 2017 and July 2018 inspection

In December 2017 we rated the practice inadequate for providing responsive services. We found the system or process relating to complaints handling was not effective. Complaints were not handled in a timely manner; investigation did not identify what caused the complaint and no action was taken to prevent similar complaints. Complaints were not monitored to identify trends or potential areas of risk. There was no system or process to learn from mistakes.

In July 2018 we found that systems had been implemented to handle complaints effectively.

What we found at this inspection.

We rated the practice as good overall for providing responsive services.

Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice provided effective care coordination for patients who are more vulnerable or who have complex needs. They supported them to access services both within and outside the practice. For example, they had set up
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services. However, we found that an organised system was not used to collect data for special notes. For example, there was no organised method to collect data from Electronic Palliative Care Co-ordination Systems (EPaCCS). This meant that information was not always organised effectively.

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 due to limited local public transport availability.

People with long-term conditions:

- Multiple conditions could be 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 was an ineffective system 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.
- 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 promoted disease prevention clinics and smoking cessation clinics with their healthcare assistant.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours and Saturday appointments.
- The practice offered two extended evening clinics for the working age population.
- Extra weekend long-term condition clinics had been organised to ensure patients had access to the service during the winter period.

People whose circumstances make them vulnerable:

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

Good

Are services responsive to people's needs?

- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode. Staff we spoke with were aware of the process to register patients with no fixed abode.
- The practice had organised a carers event for December 2018 to improve the identification of young carers.

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. Clinical staff had carried out mental health training. The patient participation group had offered to carry out training for reception and administration staff which the practice was due to organise. Dementia training had been carried out.
- The staff at the practice had created packs for vulnerable patients that included positive information such as inspirational thoughts and feelings. The practice had found that it had reduced the number of patients going into crisis and attending A&E.
- The practice worked with the local memory assessment service to co-ordinate the care of their dementia patients.

Timely access to care and treatment

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that accessing the appointment system via telephone was sometimes difficult.
- The practices GP patient survey results were in line with local and national averages for questions relating to access to care and treatment.

Listening and learning from concerns and complaints

Previously we found the system relating to complaints handling was not effective. However, during this inspection, we found that the complaints process had improved although there were still areas that were not handled appropriately.

- We found complaints were now handled in a timely manner, appropriately investigated and some actions were taken. However, we found that in some cases no changes were made and when actions were taken they were not reviewed to ensure it reduced the likelihood of similar complaints.
- The practice had implemented a system to learn from complaints and shared them with staff.
- Staff treated patients who made complaints compassionately.

Please refer to the evidence tables for further information.

Requires improvement

Are services well-led?

What we found at our December 2017 and July 2018 inspection

In December 2017 we found the practice were inadequate for providing well-led services. The system for ensuring compliance with the regulations was not effective. There were no structures, processes or systems at the practice that identified clinical accountability and there was a lack of focus on leadership and governance. The provider did not have systems in place to enable them to regularly assess and monitor the quality of the services provided in the carrying on of the regulated activity.

In July 2018 we found there was stronger leadership and governance in place and the leaders had a clear oversight of clinical performance and risks to patients. The overall culture was improving however, some staff spoken with did not feel their views were always listened to.

What we found at this inspection

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

Leadership capacity and capability

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- The leadership and capacity of the practice had increased and improved over time and we acknowledge the improvements made since the practice was placed in special measures. The provider and local managers had responded to the issues found at previous inspections and had made considerable progress, although some areas required further strengthening.
- The central team had supported the practice by increasing the number of clinical staff available to patients. At the time of the inspection, many of the members of the team were new to their roles. We found the sustainability of the changes made since the last inspections was unclear.
- The provider had implemented systems to enable them to regularly assess and monitor the quality of the services provided in the carrying on of the regulated activity.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. Staff we spoke with on the day confirmed this.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice. For example, the practice had contacted a local university with the hope to support a physician associate through training in the future.

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.
- 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 care 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 staff at the practice now had a greater focus on the needs of patients, they were aware of their challenges and were addressing them. Support was provided to practice staff from a central Virgin care team.
- The practice and providers leaders and managers acted on behaviour and performance inconsistent with the vision and values. For example, they had reviewed the behaviours of locum staff following complaints and they were not consistent with the vision of the practice and had decided not to use them again.
- 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.

Requires improvement

Are services well-led?

- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was an emphasis on the safety and well-being of all staff.
- 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. We spoke with staff from different teams on the day of the inspection and found that they were encouraging about their interactions with other teams.

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 co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance, including improving their management of patients with long-term conditions, vulnerable patients and those suffering with poor mental health. Practice leaders had oversight of safety alerts, incidents, and complaints, although we found that actions implemented following a complaint or incident were not reviewed to ensure they reduced the likelihood of the same events occurring again.
- 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. For example, the practice had carried out a number of medicine audits which ensured patients were not at risk.
- The practice had plans in place and had trained staff for major incidents.
- The practice considered and understood the impact on the quality of care of service changes or developments.

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 all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account. For example, staff were responsible for individual long-term conditions to improve performance.
- 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 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 full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.

Requires improvement

Are services well-led?

- There was an active patient participation group (PPG). The practice had seen changes within their PPG over the past year however the current members had worked hard to build a strong active relationship with the practice. They had also increased the number of virtual PPG members they had.
- 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.
- 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 however these improvements were not reviewed to monitor effectiveness.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

Please refer to the evidence tables for further information.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **The provider had not identified all risks relating to patients with potential safeguarding issues.** **The provider did not have an effective system to carry out health check for patients with long term condition, experiencing poor mental health and for patients with learning disabilities.** **Continue to develop systems to ensure that learning from safety events and complaints results in change where required. Improve systems to document risk assessments and actions taken.** **Continue to strengthen process to improve workflow management for reviewing and actioning incoming correspondence.** **This was in breach of regulation 17, good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**