

The Summitt Practice

Quality Report

East Ham Memorial Hospital
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service	Requires improvement	
Are services safe?	Requires improvement	
Are services effective?	Good	
Are services caring?	Requires improvement	
Are services responsive to people's needs?	Good	
Are services well-led?	Requires improvement	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as requires improvement overall. (Previous inspection 06 2015 – Good)

The key questions are rated as:

Are services safe? – Requires improvement

Are services effective? – Good

Are services caring? – Requires improvement

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 population groups are rated as:

Older People – Requires improvement

People with long-term conditions – Requires improvement

Families, children and young people – Requires improvement

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

People whose circumstances may make them vulnerable – Requires improvement

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

We carried out an announced comprehensive inspection at The Summit Practice on 16 November 2017 as a part of our inspection programme.

At this inspection we found:

- The practice had limited systems to monitor the effectiveness of processes such as infection control, we found that the nurse's room was visibly dirty and there was a full sharps bin left on the floor.
- The processes for monitoring and managing emergency medicines and equipment were not effective, there was no delivery system for the oxygen and the supply of emergency medicines included the wrong adrenaline. This was addressed by the end of the inspection.
- Data from the national GP patient survey showed the practice was mostly rated below the national averages for all aspects of care. The practice had begun to work on ways to improve this.
- Clinical audits demonstrated quality improvement.
- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.

Summary of findings

- The practice did not routinely review the effectiveness and appropriateness of the care it provided. Care and treatment was delivered according to evidence- based guidelines.
- The practice held regular meetings where all staff members were invited and practice achievements and targets were discussed.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- The practice worked closely with the patient participation group (PPG) and had a weekly health walk in a local park with them.

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

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

- Continue to work to improve patient satisfaction with services provided.
- Continue to work to improve the uptake of childhood immunisation rates and bowel screening.
- Continue to work to identify patient carers and provide appropriate care to them.

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

Summary of findings

Areas for improvement

Action the service **MUST** take to improve

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

Action the service **SHOULD** take to improve

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

- Continue to work to improve patient satisfaction with services provided.
- Continue to work to improve the uptake of childhood immunisation rates and bowel screening.
- Continue to work to identify patient carers and provide appropriate care to them.

The Summitt Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser, a practice nurse specialist adviser and a practice manager adviser.

Background to The Summitt Practice

The Summit Practice is located in the London Borough of Newham and is situated on the ground floor of East Ham Memorial Hospital building. The practice is a part of the NHS Newham Clinical Commissioning Group (CCG) and holds a General Medical Services (GMS) Contract (a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract) and provides NHS services to approximately 2600 patients.

The practice serves a diverse population where many patients do not have English as their first language; the main local community language is Turkish. The practice does not have a large older population, only six percent of patients are aged over 65 years and 48% of patients are aged between 18 and 39 years.

The practice has two male GP partners who carry out a total 18 sessions per week; there is a regular female nurse locum who completes two sessions per week and a practice manager along with reception staff members.

The practice is open Monday to Friday between 9am and 6:30pm. Phone lines are answered from 9am and appointment times are as follows;

- Monday 10am to 12:30pm and 1:30pm to 5:45pm
- Tuesday 10am to 12:30pm and 1:30pm to 5:45pm
- Wednesday 10am to 12:30pm and 1:30pm to 5:45pm
- Thursday 10am to 12:30pm (no appointments in the afternoon)
- Friday 10am to 12:30pm and 1:30pm to 5:45pm

The locally agreed out of hours provider covers calls made to the practice whilst the practice is closed, the practice is also a part of the local HUB which provides local GP and nurse appointments to their patients and can be directly booked by the practice.

The Summit Practice operates regulated activities from one location and is registered with the care quality to provide diagnostic and screening procedure, treatment of disease, disorder or injury and maternity and midwifery services.

Are services safe?

Our findings

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

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

- The system for managing infection prevention and control was not effective.
- There were failings in the system for monitoring and managing emergency equipment and emergency medicines.
- There was no documented process for acting on and sharing information for patient safety alerts.

Safety systems and processes

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

- The practice conducted safety risk assessments. It had a suite of safety policies which were regularly reviewed, updated and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance. Safeguarding information and contact details was also displayed in all clinical rooms and in the staff administration areas.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out (DBS
- All staff received up-to-date safeguarding and safety training appropriate to their role, clinical staff completed child safeguarding level three and non-clinical staff completed level one. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- The system to manage infection prevention and control was not effective, issues found were isolated to the

treatment room, which was visibly dirty and there was a used sharps bin on the floor. An infection prevention and control audit had been undertaken but not all actions identified had been completed, for example there was no paper roll holder on the couch in the nurse's room and there was no cleaning schedule for clinical equipment such as the nebuliser.

- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for 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, for example, sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way. However we found that vaccine and immunisation schedule posters on the wall in the nurse's room were out of date (2013 and 2014).
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information.

Safe and appropriate use of medicines

Are services safe?

The practice did not have reliable systems for appropriate and safe handling of medicines.

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment did not minimise risks. The practice kept prescription stationery securely and monitored its use. We reviewed the practices' emergency equipment and found no delivery device for oxygen; however by the end of the inspection this was ordered and delivered. The practice did not have a full complement of emergency medicines, there was no hydrocortisone or water for injection and there was adrenaline 1:10,000 not 1:1000, this was remedied by the end of the inspection.
- There was no documented process for acting and sharing learning from patient safety alerts. A GP took responsibility for monitoring and complying with alerts and a review of the latest alerts confirmed that they had been addressed.
- 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 audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.
- 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 did not demonstrate a good safety record.

- There were comprehensive risk assessments in relation to safety issues; however these were not effectively monitored.
- The practice monitored and reviewed clinical 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 learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.

There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. We reviewed the four documented significant events recorded in the last 12 months and found that they were adequately dealt with in a timely manner. For example as a result of a medicine being prescribed to a wrong patient due to similarities in name, the practice corrected the error notified the appropriate body of the error and discussed in a practice meeting where it was agreed that alerts would be put on all patient records where there was a similar name to alert clinicians to double check and ensure that they are issuing a prescription to the correct patient.

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice as good for providing effective services overall and across all population groups.

Effective needs assessment, care and treatment

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

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- The practice used portable telephones to contact interpreters at least five minutes before the patient was due to be called into their appointment and gave the patient a quiet place to sit and talk to the interpreter beforehand to enable their appointment to run more smoothly.
- 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. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan. Over a 12 month period the practice had offered 179 patients a health check. 175 of these checks had been carried out.
- 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.
- The practice attended regular multi-disciplinary meetings where vulnerable older patients would be discussed.

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.
- Sixty percent of patients with diabetes on the register had an IFCC-HbA1c reading of 64 mmol/mol or less in the preceding 12 months, which was less than the CCG average of 72% and the national average of 78%. The practice was aware that they were an outlier and therefore chose to minimise their exception reporting based on patient risk. The practice's exception reporting rate was 4% compared to the CCG average of 7% and the national average of 13%. We were told that there was a compliance issue with patients and that when they received normal test results they would stop taking their medicines, we saw examples of information leaflets that were given to patients and discussions that were had to help to prevent this. All other QOF areas were above or in line with local and national averages.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for vaccines given were not always in line with the national target percentage of 90%. For example, in three out of the four immunisation indicators for children aged under two, the practice achieved 90% and in one indicator 81% was achieved and immunisation rates for five year olds was 84% and 94%, which was higher than the CCG averages of 77% and 93%. The practice was aware of their immunisation rates and told us that they experienced refusals to receive final doses of immunisations and due to the mobile population many families moved away before completing their immunisation schedule. We saw immunisation information leaflets that were used to encourage uptake of immunisations, we also looked at a random sample of patient records and saw examples of where immunisations were advised and encouraged.
- 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)

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

- The practice's uptake for cervical screening was 64%, which was lower than the 80% coverage target for the national screening programme. The practice was aware of its low cervical screening uptake and told us that this was due to the cultural and religious views of their patients. We viewed alerts on patient records which highlighted that screening was due and to discuss, we also saw records where screening was discussed and refused.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- There were alerts on the patients' electronic records highlighting their vulnerable status, this ensured that reception staff members were more attentive to their needs and provided them with priority appointments.

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

- 100% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This is above the national average of 84%. The practice had a 0% exception reporting rate, which was below the national average of 7%.
- 95% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This is comparable to the national average of 89%. The practice had an exception reporting rate of 5%, which was below the national average of 10%.
- The practice specifically considered the physical health needs of patients with poor mental health and those

living with dementia. For example the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption (practice 95%; CCG 89%; national 89%).

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. For example, the practice was aware that it had a high referral rate for ear nose and throat (ENT) referrals, so the GPs carried out a review of their referrals and peer reviewed each other's referrals to ensure they were appropriate and met the referral standards. Clinicians took part in local and national improvement initiatives. For example one of the GPs provided musculoskeletal appointments for all Newham registered patients that their GP could refer into.

The most recent published Quality Outcome Framework (QOF) results were 90% of the total number of points available compared with the clinical commissioning group (CCG) average of 91% and national average of 95%. The overall exception reporting rate was 3% compared with 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 practice used information about care and treatment to make improvements. For example the practice used care plans for all long term conditions and edited them to ensure that all the information that patients needed was included in them.
- The practice was actively involved in quality improvement activity. For example the practice carried out an audit which looked at the appropriate use of antidepressants in line with NICE guidelines. The first audit found that 33% of patients who were prescribed antidepressants had a documented indication for the medicine in their records, 67% of patients had a record of the severity of their depression and 67% of patients had received a review of their medicine and compliance. These results were discussed in a clinical meeting where the NICE guidelines were reviewed and the practice standards agreed. The second audit found 100% of patients who were prescribed antidepressants had a

Are services effective?

(for example, treatment is effective)

documented indication for the medicine in their record, 83% of patients had a record of the severity of their depression and 83% of patients had received a review of their medicine and compliance.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with
- 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, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs

of different patients, including those who may be vulnerable because of their circumstances. The practice was aware that there was a coding issue with palliative care patients and we saw evidence that they were working with the CCG to resolve this.

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.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Are services caring?

Our findings

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

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

- Data from the national GP patient survey showed patients rated the practice below average for several aspects of care; however we saw that the practice had begun to address patient concerns.
- Information for patients about services available was accessible.
- We saw that patients were treated with kindness and respect and maintained patient confidentiality.

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 nine patient Care Quality Commission comment cards we received were positive about the service experienced. 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 did not always feel they were treated with compassion, dignity and respect. Three hundred and fifty three surveys were sent out and 84 were returned. This represented about 3% of the practice population. The practice was mostly below average for its satisfaction scores on consultations with GPs and nurses. For example:

- 76% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 82% and the national average of 89%.

- 69% of patients who responded said the GP gave them enough time; CCG - 78%; national average - 86%.
- 75% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 91%; national average - 95%.
- 71% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG - 77%; national average - 86%.
- 76% of patients who responded said the nurse was good at listening to them; CCG - 83%; national average - 91%.
- 82% of patients who responded said the nurse gave them enough time; CCG - 83%; national average - 92%.
- 93% of patients who responded said they had confidence and trust in the last nurse they saw; CCG - 92%; national average - 97%.
- 69% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 81%; national average - 91%.
- 76% of patients who responded said they found the receptionists at the practice helpful; CCG - 78%; national average - 87%.

The practice was aware of its low patient satisfaction scores and had discussed this with the PPG to look at ways in which the practice could improve.

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. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.

Are services caring?

- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice proactively identified patients who were carers. There was a carers' champion who ensured that carers details were entered and updated on the practice's computer system, they maintained a carers display wall in the practice patient waiting area. Carer information was included in the registration process. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 14 patients as carers (less than 1% of the practice list). The practice was aware that they had a low number of registered carers, they told us that they discussed this with patients they know are carers but due to cultural reasons they did not want to be labelled as such as they saw their role as carrying out their family duties.

- Practice staff worked together to ensure that the various services supporting carers were coordinated and effective.
- Carers were offered an annual flu vaccination and received priority appointments.
- Staff told us that if families had experienced bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were mostly below local and national averages:

- 74% 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 79% and the national average of 86%.
- 71% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 74%; national average - 82%.
- 84% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 81%; national average - 90%.
- 79% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 77%; national average - 85%.

The practice carried out its own in-house patient survey and 97% of patients stated they felt involved in decisions made about their care. We saw evidence that the practice was working with the PPG to look at ways in improving patient satisfaction as identified in the GP patient survey.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs. (Local HUB access for GP and nurse appointments, online services such as repeat prescription requests, advanced booking of appointments, advice services for common ailments.
- 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 also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.
- The GPs worked with multi-disciplinary teams to give an enhanced package of care.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- These patients had care plans, which were regularly reviewed.

- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of five were offered a same day appointment when necessary.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, the practice was a part of the local HUB which provided out of hours and weekend appointments with a GP and nurse.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- These patients were given priority appointments.
- Patients were invited to the practice for an annual review.

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.
- These patents were given priority appointments.
- Patients who did not collect their prescriptions were followed up by a phone call from a GP.

Timely access to the service

Are services responsive to people's needs?

(for example, to feedback?)

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. (We saw that there were appointments available with the GP every day for the preceding two weeks).
- 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 averages and mostly below national averages. This was supported by observations on the day of inspection and completed comment cards. Three hundred and fifty three surveys were sent out and 84 were returned. This represented about 3% of the practice population.

- 64% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 73% and the national average of 76%.
- 69% of patients who responded said they could get through easily to the practice by phone; CCG – 56%; national average – 71%.
- 71% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG – 73%; national average – 84%.
- 66% of patients who responded said their last appointment was convenient; CCG – 67%; national average – 81%.
- 58% of patients who responded described their experience of making an appointment as good; CCG – 62%; national average – 73%.

- 65% of patients who responded said they don't normally have to wait too long to be seen; CCG – 41%; national average – 58%.

The practice was aware of its low patient satisfaction scores and had carried out an in-house patient survey in response to this, where the results were similar to that of the national GP patient survey. For example, the survey was completed by 68 patients and 71% said they were able to get an appointment when they wanted one. We saw that the results had been discussed with the PPG who were working with the practice in looking at how to address concerns. As a result of patient satisfaction with the practice's opening hours, the practice now opened on a Thursday afternoon and is expecting that this will be reflected in the next survey.

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. Two complaints were received in the last year. We reviewed both complaints and found that they were satisfactorily handled in a timely way.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. For example, we viewed a complaint regarding a patient who was not given a same day appointment to get a referral letter. We saw that the patient received an apology and explanation, this was also discussed in a practice meeting where all appointment options were reviewed and explained and the appointment policy was updated and also displayed for patients to see in the patient waiting area.

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.

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

- There was limited monitoring, management and oversight of safety systems such as infection control and emergency medicines and equipment management.
- There was no documented process in place for sharing of learning and acting on patient safety alerts.

Leadership capacity and capability

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

- Leaders had the experience, capacity and skills to deliver the practice strategy.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them, for example they were in talks with the CCG and a neighbouring practice about a possible merger.
- 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 effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice. This was demonstrated in their appointing of the new practice manager, who they were training.

Vision and strategy

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

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- The GPs developed its vision and this was adopted by practice staff.
- 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 told us they would act on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- The safety and well-being of all staff was discussed and considered.
- 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.

Governance arrangements

There were clear responsibilities, roles but systems of accountability to support good governance and management was not always effective.

- Structures, processes and systems to support governance and management were clearly set out and

Are services well-led?

Requires improvement 

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

understood. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.

- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control, however we found issues with the infection control processes.
- Practice leaders had established proper policies, procedures and activities to ensure safety, however there was a lack of monitoring to assure themselves that they were operating as intended.

Managing risks, issues and performance

There were clear processes for managing issues and performance, however the processes for managing risks were not effective

- The process to identify, understand, monitor and address current and future risks including risks to patient safety was not always effective.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through their identification of clinical areas where they were outliers or had the potential to be outliers and the auditing of their consultations, prescribing and referral decisions.
- There was no documented process for acting and sharing learning from patient safety alerts. A GP took responsibility for monitoring and complying with alerts, however a review of the latest alerts confirmed that they had been addressed.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had training plans in place and had trained staff for major incidents.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.

- 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.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- 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.

- We were told that the views and concerns of patients', staff and external partners were encouraged and would be acted upon.
- One hundred percent of patients that the practice surveyed stated that the practice provided them with up-to-date information on services and opening hours.
- There was an active patient participation group.
- The service was transparent, collaborative and open with stakeholders about performance.
- The practice worked alongside the PPG to address the low GP patient survey satisfaction scores and had begun their own internal survey. They also set up a healthy walking group on a Monday afternoon where the patients and the GPs go for a half an hour walk in a local park.

Continuous improvement and innovation

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

Are services well-led?

Requires improvement



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

- There was a focus on continuous learning and improvement at all levels within the practice. For example an administration staff member was promoted to practice manager and the practice used role play with staff members to demonstrate and train good customer service skills.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of reviews of incidents and complaints. Learning was shared and used to make improvements.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The provider did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users.</p> <p>How the regulation was not being met:</p> <p>The supply of emergency medicines in practice was not sufficient or effective for its intended use, there was no hydrocortisone or water for injection and the practice had Adrenaline 1:10000 in the emergency medicines kit instead of Adrenaline 1:1000 as advised by the Resuscitation Council.</p> <p>This was in breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment</p> <p>How the regulation was not being met:</p> <p>The practice did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users in relation to infection control.</p> <p>The nurse's room was visibly dirty including equipment such as the couch, cytology table, and curtain rail.</p>

This section is primarily information for the provider

Requirement notices

This was in breach of regulation 15 (1a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Diagnostic and screening procedures
Maternity and midwifery services
Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

How the regulation was not being met:

The process for acting on and sharing learning from patient safety alerts were not effective.

The practice did not monitor the cleaning schedule to ensure it was being followed correctly by the cleaning staff.

The practice did not have effective systems and processes to ensure equipment was in date and was fit for use, including sterilising tablets, nebulas and oxygen masks and emergency medicines, where we found the practice had no hydrocortisone or water for injection and how the wrong adrenaline.

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