

# Undercliffe Surgery

## Inspection report

16 Union Street  
Heckmondwike  
West Yorkshire  
WF16 0HH  
Tel: 01924 403406  
www.undercliffe.gpsurgery.net

Date of inspection visit: 10/10/2018  
Date of publication: 05/11/2018

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

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

# Overall summary

**This practice is rated as Good overall.** The practice was previously inspected on 28 September 2016 when it received a rating of good overall, but requires improvement for providing safe services. A focused follow up inspection was carried out on 24 May 2017, when the identified issues had been resolved, and the practice received a rating of good for providing safe services.

The key questions at this inspection are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? - Good

We carried out an announced comprehensive inspection at Undercliffe Surgery on 10 October 2018, as part of our inspection programme.

At this inspection we found:

- The practice significant incident reporting system was embedded throughout the practice. We saw that staff felt supported to report incidents; and that learning and improvements following incidents were disseminated to all staff.
- There were a number of practice specific policies and protocols which were regularly reviewed, and were accessible to all staff on the practice computer system.

- The practice carried out quality improvement activities which demonstrated improved patient outcomes. Care and treatment was delivered in line with current, evidence based guidance.
- We observed staff dealing with patients in a respectful and considerate manner. Feedback we received from patients confirmed this.
- National GP patient survey results, published in August 2018 showed a high level of patient satisfaction in relation to accessing the service, and in relation to the care and treatment they received.
- The practice had a strong focus on learning and development. Staff were supported to develop in key roles which supported new models of care delivery.

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

- Maintain safe processes in relation to Disclosure and Barring Service (DBS) checks for new recruits, and for non-clinical staff undertaking chaperone duties.
- Continue to ensure that all staff receive safeguarding training and updates at the level appropriate to their role.
- Review staff immunisation status in line with Public Health England guidelines.

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

## Population group ratings

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

## Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector. The team included a GP specialist adviser and a second CQC inspector.

## Background to Undercliffe Surgery

Undercliffe Surgery is situated at 16 Union Street, Heckmondwike WF16 0HH. The website for the practice is [www.undercliffe.gpsurgery.net/](http://www.undercliffe.gpsurgery.net/). The practice is registered with the Care Quality Commission to carry out the following regulated activities:

- Maternity and midwifery services
- Surgical procedures
- Treatment of disease, disorder or injury
- Diagnostic and screening procedures
- Family planning

There are currently 10,994 patients registered on the practice list. The practice provides General Medical Services (GMS) under a locally agreed contract with NHS England.

The Public Health National General Practice Profile shows that around 23% of the practice population are of black or other mixed ethnicity, with around 77% of white origin. The level of deprivation within the practice population group is rated as four, on a scale of one to ten. Level one represents the highest level of deprivation, and level ten the lowest.

The age/sex distribution profile of the practice is in line with local and national averages. The average life expectancy for patients at the practice is 79 years for men and 81 years for women, which is in line with the national average of 79 years and 83 years respectively.

The practice offers a range of enhanced services which include childhood vaccinations and immunisations, and minor surgery.

The clinical team comprises three GP partners, two male and one female, and two salaried GPs, one male and one female. In addition, a regular male locum GP is employed by the practice. There are two practice nurses, one nurse practitioner, one advanced care practitioner and two health care assistants, all of whom are female.

Supporting the clinical team is a practice manager, reception manager and a range of reception, secretarial and administrative staff. The practice manager is a member of the local practice manager forum and sits on the federation board. The reception manager is a member of the local practice manager strategy group.

The practice is a training practice, which means it supports fully qualified doctors wishing to specialise in general practice. In addition, a range of other staff are supported to gain additional qualifications, such as

support to achieve nurse practitioner or clinical practitioner status. The practice is part of the local federation, and one of the GP partners is a founding member of the federation.

The practice is open between 8am and 6.30pm Monday to Friday, with one late opening until 8pm per week which varies between Tuesday and Thursday evening. The practice participates in the extended access scheme, delivered through the local federation. This means that patients are able to access pre-booked appointments at another site between 6.30pm and 9.15pm Monday to Friday, Saturday from 9am to 3.45pm and Sunday from 9am to 12.45pm.

The practice is housed in purpose built premises which is shared with another practice. All patient consulting rooms are located on the ground floor. The building is accessible to patients with mobility problems, or those who use a wheelchair. The site provides adequate parking spaces with dedicated disabled parking spaces, and the practice is accessible by public transport.

Out of hours care is provided by Local Care Direct which is accessed by calling the surgery telephone number, or by calling the NHS 111 service.

When we returned to the practice; we checked, and saw that the ratings from the previous inspection were displayed, as required, on the practice premises and on their website.

# Are services safe?

**We rated the practice as good for providing safe services.**

## **Safety systems and processes**

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

- The practice had systems to safeguard children and vulnerable adults from abuse. We heard of several examples of where staff had acted proactively to liaise with all appropriate agencies to safeguard vulnerable adults and children. Staff had received safeguarding training. At the time of our visit not all GPs had received training to the appropriate level three. Following our visit, the practice provided evidence which showed this would be addressed by 19 October 2018. Staff who acted as chaperones were trained for their role. At the time of our inspection the practice had taken a decision not to carry out Disclosure and Barring Service (DBS) checks for staff acting in this role. We saw that the practice had carried out risk assessments to this effect. Following our feedback, the practice told us they had reviewed their approach in this regard, and ensured that all staff undertaking chaperone duties would receive a DBS check as a priority. In addition, they told us that all staff employed by the practice would have their DBS checks repeated on a three-yearly basis. (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 worked with other agencies to recognise patients at risk of abuse, neglect, discrimination and breaches of their dignity and respect; and took action to address identified issues.
- The practice carried out appropriate staff checks in relation to qualifications and identity, at the time of recruitment and on an ongoing basis.
- There were systems to manage infection prevention and control (IPC). We saw that a recently appointed nurse had been assigned as IPC lead. An audit had been carried out prior to our visit. At the time of our inspection not all identified actions had been completed. Following our feedback, the practice provided evidence which showed immediate actions had been completed. Those requiring action by the building management company had been identified as a priority, and an engineer was scheduled to attend the practice on 16 October 2018 to assess the work required. Additional, higher level training had also been identified for staff acting as IPC lead.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens were appropriate and thorough.

## **Risks to patients**

There were 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. Only one staff member of each discipline was able to take annual leave at one time.
- There was a clear and comprehensive induction system for newly recruited and temporary staff appropriate for their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- 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. Additional awareness raising for non-clinical staff was planned for 18 October 2018.
- The practice responded proactively where there were changes to services or staff, and 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.

## Are services safe?

- The patient records we saw showed that information needed to deliver safe care and treatment was available to staff.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. The practice electronic clinical system was shared with a number of key stakeholders within the local health economy; including community nursing staff and secondary care. This enabled smooth communication and feedback channels to improve co-ordinated care for patients.
- We saw that referrals were made in a timely way, in line with local protocols.

### Appropriate and safe use of medicines

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

- The practice had clear systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment. Signage and labelling was clear in all cases to minimise the risk of accessing the incorrect emergency medicine or vaccine.
- 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, which was slightly higher than local and national averages. We explored the reasons for this with the practice. They told us this was likely to be due to having a number of relatively inexperienced clinicians working at the practice at that time. They told us they would review this through clinical audit in the future.
- The practice had processes in place to confirm the identify of patients during telephone or online consultations.
- The practice had developed a template for high risk drug monitoring processes. This ensured that patients received any necessary tests prior to prescribing of such medicines and their health was appropriately monitored.

### Track record on safety

The practice had a good track record on safety.

- There were a range of risk assessments in relation to safety issues.
- 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.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were clear 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.
- 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.**

# Are services effective?

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

## Effective needs assessment, care and treatment

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

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- The practice made use of e-consultations with secondary care consultants, by means of shared electronic patient clinical record systems, which provided timely access to specialist advice in relation to observations, diagnoses and tests provided by the GPs, in order to reduce the need for the patient to attend hospital out-patient appointments.
- Patients were given advice in relation to what to do if their condition got worse in between appointments, or where to seek further help and support.
- The local federation had developed a 'care navigation' tool for use by non-clinical staff which enabled safe assessment of more urgent clinical need. It provided useful information in relation to alternative sources of treatment or support, when applicable, for less serious, or non-medical concerns or problems.

Older people:

- Older patients who were 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. Those identified as being frail had a clinical review including a review of medication.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

- Feedback we received prior to the inspection from two care homes for older people confirmed that the practice provided effective proactive care to their residents.

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. We were provided with examples from practice where the team worked effectively with the wider multidisciplinary team to co-ordinate care and share information.
- Staff who were responsible for reviews of patients with long term conditions had received specific training. At the time of our inspection two recently recruited nurses were being supported to receive specialised diploma level qualifications in managing long-term conditions appropriate to their areas of interest.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- Adults with newly diagnosed cardiovascular disease were offered statins for secondary prevention. People with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate. The practice hosted an annual abdominal aortic aneurism (AAA) screening service on an annual basis, where patients with higher risk of aortic aneurism were offered screening.
- The practice was able to demonstrate how it identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension. The practice participated in the local enhanced service for diabetes.
- The practice's performance on quality indicators for long term conditions was in line with local and national averages.

Families, children and young people:

- Childhood immunisation uptake rates were higher than the target percentage of 90%, the practice having achieved 95% coverage for all immunisations given to children two years and younger. The local social enterprise organisation which employed community nurses had recently ceased to provide childhood immunisations to children at the practice. This role had been resumed by the practice staff.

## Are services effective?

- The practice had responded to a recent serious case review in relation to children not being presented for treatment; and had developed clear protocols for reviewing and assessing any missed appointments, and discussing these with the wider multidisciplinary team, including health visitors.

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

- The practice's uptake for cervical screening was 77%, which was above the CCG average of 74% and the national average of 72%.
- The practice's uptake for breast and bowel cancer screening was slightly above local and national averages.
- 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 to 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:

- We heard examples from practice which demonstrated that the practice worked with relevant agencies and teams to co-ordinate end of life care; taking into account individual needs and preferences.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. Annual health checks to patients with a learning disability were offered.
- 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):

- 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 smoking cessation services. There was a system for following up patients who failed to attend for administration of long term medication.

- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to liaise with appropriate crisis management teams and key professionals to minimise risk of harm.
- 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.
- The practice performance on quality indicators for mental health was in line with local and national averages.

### 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. Where appropriate, clinicians took part in local and national improvement initiatives.

- In the 2016/17 period the practice had achieved 551 points, out of a maximum of 559. This was above local and national averages of 544 and 539 respectively.
- Exception reporting rates for cancer and cardiovascular disease (primary prevention) were slightly higher than local and national average. We explored this with the practice. They provided evidence to show that patients had been exception reported fully in line with guidance. 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 or review is not 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.

### Effective staffing

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

- 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

## Are services effective?

they stayed up to date. The practice had responded to a recent significant event in relation to cervical screening.

As a result, the practice had reviewed their processes for monitoring training and updates for staff to ensure they were safe and effective, to prevent any such recurrences.

- The practice reviewed the immunisation status of some staff at the point of appointment. We saw that vaccination status of MMR and varicella was not reviewed, in line with Public Health England guidelines. The practice told us they would review their approach in this respect.
- 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. We were provided with examples to demonstrate that staff were encouraged to progress and learn new skills. We saw that some GPs had not received child safeguarding training to the appropriate level three. The practice provided evidence that this would be addressed in the week following our inspection.
- The practice provided staff with ongoing support. There was an induction programme for new staff. This included one to one meetings, appraisals, coaching and mentoring, clinical supervision and revalidation.
- The practice had access to an external human resources company to support them in dealing with matters relating to staff performance or disciplinary issues.

### 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. They shared information, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for children who had 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. 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 those acting in a caring role for family or friends.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health. A comprehensive care navigation template, for use by all staff, including non-clinical staff provided details of local social prescribing schemes and other relevant voluntary and independent services.
- 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 smoking cessation and weight management initiatives.

### 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.

### Please refer to the evidence tables for further information.

# Are services caring?

## We rated the practice as good for providing caring services .

### Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treated people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The practice's GP patient survey results for 2018 were above 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. A hearing loop was available in the practice, and support from British Sign Language

services was available for patients with hearing impairment. Telephone interpreting services were available for patients whose first language was not English. Information was available in large font for patients with some visual impairment.

- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice proactively identified carers and supported them.
- The most recent GP patient survey results were above 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.

- A private room, adjacent to the reception desk was available for patients requiring a higher level of privacy, or when they were distressed.
- Staff told us they recognised the importance of people's dignity and respect, and would challenge behaviour which fell short of this.

### Please refer to the evidence tables for further information.

# Are services responsive to people's needs?

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

## Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours. In addition, those patients who were registered for online services were able to send direct messages to the practice with queries relating to their health or treatment, which were dealt with on the day by practice staff.
- Access to a dedicated telephone line was made available to patients approaching the end of life, or other vulnerable patients, as well as other professionals and key stakeholders, for ease of access to the service.
- 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 were more vulnerable or who had complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

### Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice for health or mobility reasons.
- We received feedback from two care homes for older people before the inspection. Both confirmed that the

practice responded to requests for home visits or medicines reviews, and that they considered the views of family members as well as staff in assessing any changing needs of this group of patients.

### People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. 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. The practice had developed a bespoke template for practice staff to use when referring patients for discussion at any multidisciplinary meetings. We saw that patient records were updated following these meetings.

### 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, or those who failed to be presented for treatment at the practice or at secondary care appointments. In response to a serious case review which involved a child who was not presented for treatment, the practice had developed clear protocols which ensured that any such non-attendances were closely monitored and followed up appropriately.
- All parents or guardians calling with concerns about a child under the age of one year were offered a same day appointment.
- Regular meetings were held with health visitors, where the bespoke template was used to identify presenting issues and desired outcome from any discussions. Information was relayed to school nursing teams, via the 0 to 19 team which was provided by the local social enterprise organisation.

### 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.

# Are services responsive to people's needs?

- 53% of patients were registered for online access to enable them to book appointments, request prescriptions or send instant messages to the practice for advice or information.
- The practice offered extended opening hours one day per week until 8pm. In addition, they were open between 8am and 6.30pm each day.
- Extended access appointments were available via the local federation which provided access to pre-booked appointments at another venue 6.30pm to 9.15pm Monday to Friday, 9am to 3.45pm on Saturday and 9am to 12.45pm on Sunday.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice had been identified as a 'Safer Place' to provide support to people with learning difficulties if they became confused whilst away from home.
- People in vulnerable circumstances were able to register with the practice, including those with no fixed abode.
- Patients undertaking a caring role were identified at the point of registration and opportunistically during consultations. Additional support and information was offered as appropriate. A carers' champion had been appointed from a member of the non-clinical staff team, who acted as a key person to promote awareness of additional support services available to 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. The practice was accredited 'Dementia Friendly'
- We heard examples from practice which demonstrated that the practice responded proactively when patients or their relatives gave information suggesting deterioration in cognitive functioning or mental well-being.

## Timely access to care and treatment

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

- Systems were in place to ensure 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 the appointment system was easy to use, although some stated they were not always able to get an appointment on the day when requested.
- The practice's GP patient survey results were above local and national averages for questions relating to access to care and treatment.

## 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 in the practice leaflet. At the time of our visit a poster advising patients how to raise concerns was not in place. Staff told us they would address this following our visit. From discussion with staff we learned that patients were treated with patience and understanding when making complaints.
- The complaint policy and procedures were in line with recognised guidance. 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.

**Please refer to the evidence tables for further information.**

# Are services well-led?

**We rated the practice as good 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.
- Staff told us that senior staff 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. The practice acknowledged difficulties in GP recruitment. To this end they had developed key roles to support new models of care delivery.

## 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 involved in regular team and clinical meetings. They understood their role in demonstrating the values of the practice and delivering on the strategy of the service.
- 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 told us they felt respected, supported and valued. They were proud to work in the practice.
- Through case study discussion the practice demonstrated a personalised holistic approach to patients' needs.
- The practice was supported by an external human resources company when addressing performance or other disciplinary issues.

- 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 needed. This included fortnightly or monthly one to one meetings, annual appraisal and career development conversations. Staff were supported to meet the requirements of professional revalidation where necessary.
- The safety and well-being of all staff was supported by access to occupational health services. Other staff benefits included access to childcare vouchers, an annual bonus scheme, fully funded Christmas party, and annual team building events.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. We learned that additional needs were accommodated by the practice to enable staff to continue to fulfil their role.
- Staff told us there were positive relationships between staff and 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.
- Identified leads in relation to safeguarding and infection prevention and control had been identified. At the time of the inspection not all staff had received safeguarding training appropriate to their role. Not all GPs had received level three child safeguarding training. However, following our feedback, the leadership team responded promptly and provided evidence that this would be completed in all cases by 19 October 2018.

# Are services well-led?

- Practice leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended and regularly reviewed and updated.

## Managing risks, issues and performance

There were 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. Practice leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice 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. We identified some areas where exception reporting rates were above average in the year 2016/17. The practice provided us with evidence which showed that patients had been exception reported in line with guidance only, and excluded only those patients where review and/or treatment was not appropriate.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- 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. The practice information governance policy had been updated to include the requirements of General Data Protection Requirements (GDPR).

## 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.

- There was an established patient participation group. At the time of our inspection the membership of the group had depleted, and the regularity of meetings had reduced. The practice told us they had plans to revitalise the group and recruit new members in line with the practice demographic. A dedicated notice board had been placed in the waiting area of the practice to this effect.
- Patient feedback was sought via a comments and complaints system, Friends and Family Test (FFT), and informally during interactions with patients.
- 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 strong focus on continuous learning and improvement.
- The practice made use of internal and external reviews of incidents and complaints. We saw that the practice had responded in an open and thorough way following a serious significant event which had occurred in the previous year. Learning was shared and used to make improvements.
- 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.

This section is primarily information for the provider

## Enforcement actions

### 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. We took enforcement action because the quality of healthcare required significant improvement.