

# Ravensbury Park Medical Centre

## Inspection report

Ravensbury Lane  
Mitcham  
Surrey  
CR4 4DQ

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

## Ratings

### Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Requires improvement 

# Overall summary

## **This practice is rated as Good overall.**

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? - Requires improvement

We carried out an announced comprehensive inspection at Ravensbury Park Medical Centre on 11 January 2017, when the service was provided by Dr Titus Keyamo. The overall rating for the practice was inadequate and multiple breaches in regulations were identified. The service was placed in special measures for six months. The practice received input from a number of organisations in this time to assist in improving the quality and the safety of the service.

We carried out an announced follow up comprehensive inspection on 26 September 2017 to review if improvements had been made. We found that whilst some improvements were made, there were insufficient improvements overall, such that the practice remained rated as inadequate and breaches in regulations were identified. Therefore, we took action in line with our enforcement procedures to prevent the provider from operating the service and we began the process to cancel the provider's registration.

The service was registered under a new provider, Wide Way Surgery, in January 2018, to ensure that practice services could continue to be provided for patients. The practice received input and support to improve and develop the service under this provider. The service provider is now newly registered as Ravensbury Park Medical Centre, and under this arrangement, improvements are still supported by key partners from the previous provider.

This inspection is an announced comprehensive inspection carried out at Ravensbury Park Medical Centre on 18 September 2018 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was carried out in line with our next phase inspection programme.

At this inspection we found:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- The practice understood the needs of its population and tailored services in response to those needs.
- Most patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- There was a renewed focus on continuous learning and improvement, however governance and communication arrangements required a review to ensure quality improvements could be sustained across the organisation.

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

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

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

- Review and act on performance data, specifically related to patients with high blood pressure, including those with diabetes.
- Review systems used to identify carers in order to further expand the carers' register.
- Monitor the vision for the leadership and management structure to ensure quality can be sustained long-term.

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

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

## Population group ratings

<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 advisor and a practice manager specialist advisor.

## Background to Ravensbury Park Medical Centre

The registered provider of the service is Ravensbury Park Medical Centre. The address of the registered provider is Ravensbury Lane, Mitcham, Surrey CR4 4DQ. The practice is registered as a partnership of four partners with the Care Quality Commission to provide the regulated activities of diagnostic and screening services, family planning services, maternity and midwifery services, surgical procedures and treatment of disease, disorder or injury. One further partner is due to apply to be added to the provider's registration.

Regulated activities are provided at one location operated by the provider. The practice website is .

Ravensbury Park Medical Centre provides services to 5500 patients in Mitcham, Surrey and is one of 23 member practices of Merton Clinical Commissioning Group (CCG).

The practice has an average number of children and young people, although the population of those under 14 is higher than average; a higher than average number of working-age people and a lower than average number of those over 65. Deprivation scores are higher than local and national averages and deprivation affecting children is moderately higher. The practice is in the 6th most deprived decile in England. Of patients registered with

the practice, approximately 41% are White or White British, 34% are Black or Black British, 17% are Asian or Asian British and 8% are other or mixed ethnic backgrounds.

Ravensbury Park Medical Centre operates from a purpose built and accessible medical centre, including five consulting rooms, one treatment room, a reception and waiting area and two patient toilets on the ground floor and the first floor comprises staff offices and facilities. The premises also houses a café and a private flat and is owned by a private landlord.

There are four part-time GPs who are partners and three part-time regular locum GPs. Patients are able to see male or female GPs. The nursing team consists of two part-time practice nurses. The practice employs one part-time clinical pharmacist and a second pharmacist has been recently recruited. In total the doctors provide 26 sessions per week.

The clinical team is supported by a managing partner, a practice manager and nine part-time reception and administrative staff. A social prescriber recently commenced at the practice one day per week.

Out of hours, patients are directed to the local out of hours provider for Merton CCG via 111.

# Are services safe?

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

At our inspection on 26 September 2017 under the previous provider of the service, we rated the practice as inadequate for providing safe services. We found that the system for managing significant events did not ensure that lessons were learned; arrangements to safeguard children and vulnerable adults from abuse were not effective; arrangements for managing medicines, including high risk medicines, did not keep patients safe and arrangements for emergencies and major incidents did not ensure that the practice would be able to respond effectively. We also found there were gaps in systems to manage patient information including referrals and correspondence.

At this inspection we found significant improvements in all areas of safety; however a review of governance arrangements for some safety systems was required. The practice is now rated as good for providing safe services.

### Safety systems and processes

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

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Learning from safeguarding incidents was available to staff. Staff who acted as chaperones were trained for their role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- There was an effective system to manage infection prevention and control.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

### Risks to patients

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

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- There was an effective induction system for temporary staff tailored to 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.
- 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.

- At the previous inspection we found a number of concerns with the management of referrals, results and correspondence into the practice. At this inspection, we found improvements across these systems, which were now safe.
- The care 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.
- Clinicians made timely referrals in line with protocols.

### Appropriate and safe use of medicines

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

- All the systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment were safe and minimised risks.
- Staff prescribed and administered or supplied medicines to patients and gave advice on medicines in

## Are services safe?

line with current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.

- The practice was in line with local and national averages for antibiotic prescribing and they had actively worked to reduce antibiotic prescribing over the previous year.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.

### Track record on safety

The practice had a good track record on safety.

- There were comprehensive 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 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.
- 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.**

At our inspection on 26 September 2017 under the previous provider of the service, we rated the practice as inadequate for providing effective services. We found that data from the Quality and Outcomes Framework showed patient outcomes remained below average in diabetes care and high blood pressure management; rates of child immunisation were below average; there was little evidence of improved care as a result of quality improvement activity; systems to ensure staff had received role-specific training and annual appraisals were not operating effectively and the information needed to plan and deliver care and treatment was not available to relevant staff in a timely and accessible way.

At this inspection we found improvements in the effectiveness of care and treatment demonstrated by performance data and evidence of quality improvement activity. The practice is rated 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 used a number of bespoke protocols and templates on the electronic record system which included automated prompt messages for care plans, referral forms and direct links to guidance and local services, so that GPs were able to ensure patients received standardised, up to date and timely care and treatment at the point of need.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- The practice held registers for patients with frailty, community case management, care home patients, housebound patients and those receiving end of life care.
- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty.
- The practice used a Clinical Commissioning Group (CCG) wide frailty long-term condition protocol for the patient electronic record system. Those identified as being frail had a clinical review including a review of medication. The practice had identified 24 patients with severe frailty and 89 with moderate frailty. Of those with severe frailty, 96% had received a medication review in the previous 12 months.
- The practice held a multi-disciplinary team meeting every two months with community services and district nurses.
- 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.

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 GPs worked with other health and care professionals to deliver a coordinated package of care.
- There were GP and nurse leads for a range of long-term conditions. Staff who were responsible for reviews of patients with long term conditions had received specific training.
- Clinical staff 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.

## Are services effective?

- 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 used computer software to identify electronic record coding errors to proactively identify undiagnosed long-term conditions.
- The practice's performance on quality indicators for long term conditions was mostly in line with local and national averages. Data for diabetes management had improved overall compared with the previous year, however some areas of performance were still lower than averages indicating that not all patients were receiving effective care. The practice had identified areas of lower performance and implemented an action plan to improve treatment and monitoring for these patients, including recent recruitment of a clinical pharmacist to specifically undertake diabetic reviews and commencing a CCG quality improvement project for diabetes.

### Families, children and young people:

- Childhood immunisation uptake rates were in line with or above the target percentage of 90%. The practice was aware of previous childhood immunisation rates being lower and had undertaken an audit of immunisation uptake rates. An action plan had been successfully implemented to improve the numbers of patients attending for immunisations.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation. All failed attendances for both secondary care and practice appointments were monitored by GPs.

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

- The practice's uptake for cervical screening was 71.6%, which was below the 80% coverage target for the national screening programme, however it was above the local CCG average. The practice was aware that previous cervical screening performance data had been lower and had put in place systems to monitor and improve the numbers of patients attending for screening.
- The practice's uptake for breast and bowel cancer screening was in line with 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 40-74. 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 homeless people, travellers and those with a learning disability.
- There was a clinical lead for learning disabilities. Practice data showed that there were 14 patients on the learning disabilities register and 100% had received a health review in the last 12 months. The templates used on the electronic record system had direct links to signpost patients and carers to local resources.
- The practice had undertaken health checks for 48% of patients on the carers' register. Specific carers' protocols were used on the electronic record system which included depression screening and an alert if the carer was a child.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- Vulnerable patients were able to access appointments with a social prescriber who signposted patients to a range of community and voluntary services to meet their non-medical needs.
- All non-attenders of secondary care appointments and practice appointments were audited and followed up by GPs to ensure patients were not at risk.
- The practice held specific safeguarding meetings every two weeks.

### 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,

## Are services effective?

obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. There was a system for following up patients who failed to attend for administration of long term medication.

- The mental health lead GP attended a quarterly multi-disciplinary team meeting with the local community mental health team.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- 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's 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. There were examples of clinicians taking part in local and national improvement initiatives.

- The latest published overall Quality and Outcomes Framework (QOF) results showed that the practice was below local and national averages, although the data relates to the time period where the practice was registered under the previous provider in 2016/17.
- Unverified data obtained from the practice showed that overall, QOF achievements for 2017/18 had improved, particularly in relation to some diabetes indicators. Although some diabetes indicators remained below average. The practice told us that prevalence of diabetes was higher in the practice than locally and nationally and prevalence was particularly high amongst their transient population who spent long periods of time abroad during the year, which caused challenges when trying to monitor their diabetes effectively.
- We found that there were systems designed to monitor and improve quality of care to ensure that patients were monitored appropriately including the use of computer software to automatically identify any data coding issues and patients at risk of long-term conditions.
- The practice used information about care and treatment to make improvements.

The practice was actively involved in quality improvement activity including clinical audit. There had been six clinical audits over the last year since the previous inspection, five of these audits had had a track record of two or more cycles demonstrating ongoing and sustained improvements in quality of care.

### Effective staffing

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

- Staff had appropriate knowledge for their role, for example, to recognise the signs of sepsis, to carry out reviews for people with long term conditions, older people, people experiencing poor mental health and people requiring contraceptive reviews.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- Staff were undertaking specific training in diabetes.
- There was an effective skill mix of staff including a clinical pharmacist.
- 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. All staff were encouraged and given opportunities to develop.
- There was an induction programme for new staff including locum GPs and nurses.
- The practice provided staff with ongoing support. This included one to one meetings, appraisals, coaching and mentoring, clinical supervision and revalidation.
- The practice held clinical meetings every two months and held daily coffee debrief sessions in between morning and afternoon clinics as a forum for staff to seek peer support.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

### Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.

## Are services effective?

- Systems for handling patient information including results, letters and referrals were well-managed. They had improved since the previous inspection and following learning from a recent significant event.
- 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 with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for children who have relocated into the local area.
- Multi-disciplinary team meetings occurred every two months with attendance from the district nursing teams, the palliative care nurse and social worker. The practice also attended quarterly meetings with the community mental health team.
- 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 identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through social prescribing schemes.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.
- The practice actively advertised signposted patients to local lifestyle advisory services, a sexual health clinic, a mental health support cafe and psychological therapies.

### 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.**

### Helping patients to live healthier lives

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

# Are services caring?

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

At our inspection on 26 September 2017 under the previous provider of the service, we rated the practice as good for providing caring services. We found that improvements had been made since the previous report in satisfaction with the nursing service, although improvements were still needed in relation to identifying and supporting carers and managing confidentiality.

At this inspection we found further improvements in satisfaction with care and treatment received and the practice had worked to improve the identification of carers. The practice is rated 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 treat 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 were above or in line with local and national averages for questions relating to kindness, respect and compassion.

### **Involvement in decisions about care and treatment**

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

- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice proactively identified carers and supported them.

### **Privacy and dignity**

The practice respected patients' privacy and dignity.

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

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

# Are services responsive to people's needs?

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

At our inspection on 26 September 2017 under the previous provider of the service, we rated the practice as requires improvement for providing responsive services. We found that there was some dissatisfaction with being able to get through on the telephone, making it difficult to book same day appointments; and the systems to record and manage complaints were not effective.

At this inspection we found there had been significant improvements in satisfaction with appointments and telephone access, the practice had worked to tailor the services offered to the needs of their population, for example diabetic patients, and complaints management systems had improved. The practice is now rated 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 and extended hours appointments were available which supported patients who were unable to attend the practice during normal working hours.
- The facilities and premises were appropriate for the services delivered. The practice had moved to the current purpose-built premises in 2012. The premises were fully accessible to those with restricted mobility and the practice had disabled parking spaces.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice provided effective care coordination for patients who are more vulnerable or who have complex needs. They supported them to access services both within and outside the practice.
- 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 maintained registers for frailty, community case management, care homes, housebound and end of life care.
- The practice was responsive to the needs of older patients, and offered home visits, double appointments and urgent appointments for those with enhanced needs. The GP and practice nurses also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.
- There was a medicines delivery service for housebound patients.
- The service was able to access a Holistic Assessment and Rapid Investigation Service for complex patients for Merton CCG.

### People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing teams to discuss and manage the needs of patients with complex medical issues.
- The practice directly employed a clinical pharmacist who was conducting reviews for diabetic patients during longer appointments. This was in response to the practice identifying that improvements were required for monitoring practice patients with diabetes.
- Nursing staff took blood tests as there was no phlebotomy service at the practice at the time of the inspection.

### 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.
- The practice held specific safeguarding meetings every two weeks.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary. The practice offered specific children's appointment slots in the morning and the afternoon.
- The practice offered combined six to eight week checks for both mothers and babies for convenience.

# Are services responsive to people's needs?

- A chlamydia screening service was provided for those aged 16-24.

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, appointments were offered until 7.30pm on Tuesdays and 8pm on Wednesdays, which suited those of working age.
- The practice actively promoted online services including online appointment booking and an electronic prescription service

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. Those identified as severely frail undergoing case management were also on the vulnerable adult register.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- Those identified as vulnerable, including carers, were provided with timely access to care and treatment via a practice bypass telephone number.
- There was a dedicated learning disabilities lead GP.
- Double appointments were regularly utilised for patients who were vulnerable.
- Systems were in place for interpreting services.
- Chaperone services were available.
- The practice had systems to support carers. A carers' register was kept and the practice had a nominated reception staff member who acted as carers' lead.
- A Clinical Commissioning Group (CCG) funded social prescribing service had recently commenced at the practice one day per week. Clinicians and the local psychological therapies service were able to refer patients directly into this.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.

- Patients were signposted to local psychological therapy services, a local dementia hub and crisis cafes through GP referrals and social prescribing. A psychological therapy service was located in the premises.

## Timely access to care and treatment

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times and cancellations were minimal, however some patients reported that appointments were frequently running behind.
- Patients with the most urgent needs had their care and treatment prioritised.
- Most patients reported that the appointment system was easy to use, however they reported that they were not always able to get online appointments. The practice reviewed this and increased the number of visible online appointments immediately after the inspection.
- The practice's GP patient survey results were above local and national averages for questions relating to telephone access, experience of making an appointment, appointment time and type of appointment offered.

## 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. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints. It acted as a result to improve the quality of care.
- The practice kept a log for verbal concerns and complaints, however this had not yet been utilised.

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

# Are services well-led?

## We rated the practice as requires improvement for providing well-led services

At our inspection on 26 September 2017 under the previous provider of the service, we rated the practice as inadequate for providing well-led services. We found that the governance framework did not support the delivery of good quality care; arrangements for identifying, recording and managing risks and implementing mitigating actions were not effective; communication structures between staff were poor; systems for quality improvement were not adequate; and as a result, there was no evidence of continuous improvement and innovation in the practice.

At this inspection we found there had been positive changes across all areas of leadership and governance, however improvements were still required in relation to governance and the leadership arrangements to ensure that quality could be sustained. The practice is now rated as requires improvement for providing well-led services.

### 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.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- There was some evidence that leaders did not always work cohesively, although this had not impacted on the quality of the service delivered.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

### Vision and strategy

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

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social care priorities across the region. The practice planned its services to meet the needs of the practice population.

- The practice monitored progress against delivery of the strategy.

### Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers challenged 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 had received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was a strong emphasis on the safety and well-being of all staff and measures were in place to promote this which staff felt benefited them.
- 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. There was an inclusive culture and an 'open door' policy for all staff.

### Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management in most cases although some governance arrangements required a review.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective for most, but not all, areas of the service.
- The governance and management of partnerships, joint working arrangements and shared services promoted co-ordinated person-centred care.

# Are services well-led?

- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. There were some instances where these required updating.

## Managing risks, issues and performance

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

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Practice leaders had oversight of safety alerts, incidents, and complaints.
- A range of quality improvement measures including 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.
- 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 and to ensure patients received care and treatment in a timely way.

- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

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

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

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. There was an active patient participation group.
- The service was transparent, collaborative and open with stakeholders about performance.

## Continuous improvement and innovation

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

- There was a strong focus on continuous learning and improvement.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- There were numerous examples where the quality of the service provided for practice patients had improved since the previous inspection.
- There was limited evidence that the practice had engaged with local initiatives or contributed to quality improvement projects within the Clinical Commissioning Group (CCG) so far.

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

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>How the regulation was not being met:</b></p> <p>The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:</p> <ul style="list-style-type: none"><li>• The system for monitoring verbal concerns and complaints was not being utilised.</li><li>• The central resource for reception staff to refer to for key day to day information and protocols was dated 2016; the guidance had not been updated although a number of systems had changed since this time. Staff were not able to locate an electronic copy of the reception protocols.</li><li>• There had been gaps in the governance system for monitoring vaccine refrigerator temperatures, although this had been identified ahead of the inspection. This was specifically linked to lack of arrangements to delegate tasks when nursing staff were on leave.</li></ul> <p>This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>