The Fryent Way Surgery

Inspection report

22 Fryent Way
London
NW9 9SB
Tel: 02082069910
www.thefryentwaysurgery.nhs.uk

Date of inspection visit: 28 June 2018
Date of publication: 06/09/2018

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

Overall summary

This practice is rated as requires improvement overall. (Previous rating 7 January 2016 – Good)

The key questions are rated as:

Are services safe? – Requires Improvement

Are services effective? – Requires Improvement

Are services caring? – Good

Are services responsive? – Requires Improvement

Are services well-led? – Requires Improvement

We carried out an announced comprehensive inspection at The Fryent Way Surgery on 28 June 2018 as part of our inspection programme.

At this inspection we found:

- The practice had ineffective systems to manage risk. This included induction, emergency medicines, equipment, fire safety, infection control and significant events.
- Systems to keep people safe and safeguarded from abuse were in place.
- Staff recruitment practices were not in line with legal requirements.
- Systems had not been implemented effectively to ensure that all health and safety risk assessments such as Legionella risk assessments were completed.
- Care and treatment was delivered according to evidence-based guidelines.
- Patients did not always find the appointment system easy to use and reported that they were not always able to access care when they needed it.
- The practice was actively addressing recent challenges and making positive changes.
- The practice achievement for childhood immunisations were above the 90% target and highlighted as positive outliers.
- Staff involved and treated patients with compassion, kindness, dignity and respect.

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

- Ensure care and treatment is provided in a safe way for patients.
- Establish effective systems to and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure staff employed receive such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.
- Ensure recruitment procedures are established and operated effectively.

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

- Take action to highlight appointment and attendance details on the two-week referral log.
- Take action to ensure that all staff have read the newly updated safeguarding policies.
- Review and amend policies to ensure they contain up to date staff details.
- Consider incorporating the discussion of evidence based guidelines into educational meetings.
- Review and improve on clinical indicators where performance is not as expected.
- Introduce regular audits and share findings with all staff.
- Improve the sharing of information with all staff.
- Review and improve patient satisfaction with interactions with staff.
- Implement the Accessible Information Standard protocol.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Population group ratings

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

Our inspection team

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

Background to The Fryent Way Surgery

The Fryent Way Surgery is located at 22 Fryent Way in Kingsbury, London. The practice premises comprise of a semi-detached purpose-built three-storey house, with a front and side entrance. There is wheelchair access, ground floor reception and waiting room, five clinical rooms as well as toilet facilities. The first floor comprises of a waiting room and five clinical rooms with no lift access, while the third floor comprises of the staff kitchen, and administration offices. The practice website can be found at: thefryentwaysurgery.nhs.uk

The practice patient list is approximately 8,660 patients, which includes 50 patients in a local nursing home. The practice area is rated in the sixth most deprived decile of the national Index of Multiple Deprivation (IMD). People living in more deprived areas tend to have a greater need for health services. The practice has an ethnically diverse population and includes a higher than average proportion of young and working age population aged 16 and 75 and a lower proportion of patients aged over 75.

The practice is open between 8.45am and 6.30pm on Monday to Friday, except for a Wednesday, when the practice closes at 1pm. Appointments are offered between 9.00am and 6.00pm on Monday to Friday, except for Wednesday when the last appointment is offered at 12.40pm. The practice does not offer any extended hours. The GP's out of hours provider is Care UK. Outside of these hours, patients are redirected to NHS 111.

The practice is a member of K&W healthcare, a GP led organisation made up of 28 GP practices across the Brent localities. The service aims to improve the care provided to patients in the Brent locality and they offer hub appointments during weekday evenings and weekends.

The practice is a single-handed GP practice run by a male GP. The practice is supported by five female and three male salaried GPs who provide a combination of 31 sessions a week. They are also supported by a clinical pharmacist who provides 20 hours a week, a practice nurse who provides 29 hours a week, a phlebotomist and a part-time healthcare assistant/administration staff. Also employed are a part-time practice manager, 11 reception and administration staff and a cleaner. The practice is a teaching practice supporting GP trainees.

The practice operates under a General Medical Services (GMS) contract and is commissioned by the Brent CCG. The practice is registered with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures, treatment of disease, disorder or injury, surgical procedures; family planning and maternity and midwifery services.

Services provided include chronic disease management, 24-hour blood pressure monitoring, NHS health checks, child health surveillance, flu immunisations, screening, minor ailments, insulin initiation, joint injections, phlebotomy, ECG monitoring, spirometry and ear irrigation.

Requires improvement

Are services safe?

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

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

- Staff had not received all training relevant to their role.
- Appropriate recruitment checks had not been carried out and there was no evidence of completed induction records for temporary or new staff.
- Emergency medicines and equipment were not appropriately managed.
- Actions identified in the fire risk assessments and infection control audits had not been carried out.
- Safety alerts were not acted on in a timely manner.
- Significant events were not shared or discussed at practice meetings despite being a standing agenda.

Safety systems and processes

The practice had systems to keep people safe and safeguarded from abuse; however, some required monitoring.

- Staff understood their responsibilities in keeping people safe and safeguarded from abuse and we saw good practice in relation to dealing with safeguarding concerns. We saw evidence that vulnerable children had a child protection alert code on their record and there was a child protection and vulnerable adults register in place.
- At the time of inspection, the safeguarding policies had recently been updated; however, not all staff had read the new policies.
- The practice did not keep a clear and accurate record of all mandatory staff training. We found gaps in both child and adult safeguarding training for clinical and non-clinical staff, except for the lead GP and nurse practitioner who had both received up to date level three child safeguarding training from the CCG.
- Reports and learning from safeguarding incidents were available to staff.
- There was no evidence that all staff responsible for chaperoning had received training or had up to date Disclosure and Barring Service (DBS) checks (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). After the inspection, the provider provided evidence to show that DBS checks were in the process of being carried out for all staff that required them.
- We saw evidence that staff took steps, including working with other agencies, to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice had not carried out all appropriate staff checks at the time of recruitment and on an ongoing basis. When we reviewed recruitment records for three new non-clinical staff and one clinical staff, we found that for one new member of the management team, the practice had not obtained an application form or Curriculum Vitae (CV), a full employment history, a signed contract, references or an induction checklist. References were not obtained for three of the clinical and non-clinical staff.
- The system to manage infection prevention and control was not monitored effectively. The practice had carried out their own infection control audit but the recommended actions had not been completed. There was no evidence that the practice worked together with the local infection control adviser to ensure compliance with best practice requirements.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order. However, not all recommendations from the equipment test had been carried out.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

The systems to assess, monitor and manage risks to patient safety were not all adequate.

- Arrangements such as a staff rota were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, and epidemics.
- Although there was an induction system for temporary or new staff tailored to their role, there was no evidence of any completed induction records in temporary or new staff files.
- The practice was not always equipped to deal with emergencies and staff had not received up to date training to ensure they were suitably trained in emergency procedures, such as anaphylaxis training,

last completed three years ago by some clinical staff. However, when we spoke to staff, they were able to clearly explain what they would do in the event of an emergency situation.
- 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.

Information to deliver safe care and treatment

Staff generally had the information they needed to deliver safe care and treatment to patients in a timely manner.

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff. However, the documented approach to managing test results required updating as the policy referred to an ex-staff member as the designated lead for managing test results.
- The practice had systems for sharing information with 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 did not have all the systems for appropriate and safe handling of medicines.

- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance. QOF data showed that they were positive outliers for antibiotic prescribing. For example, the prescribing rate for the practice was 0.62, which was better than the local average of 0.71 and 0.98.
- 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.
- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment were not effectively implemented to minimise risks. This was in relation to managing vaccines, emergency medicines and emergency equipment.

Track record on safety

The practice did not have a good track record on safety.

- There were limited comprehensive risk assessments in relation to safety issues. A legionella risk assessment had not been carried out.
- The practice did not always monitor and review activity. This did not always ensure that they understood risks and establish a clear, accurate and current picture of safety that led to safety improvements.

Lessons learned and improvements made

The practice processes in place to learn from and share significant events required improvement. Further improvement was required when managing safety alerts.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- The systems for reviewing and investigating when things went wrong was not effective. There was no evidence that the practice always shared lessons with all staff.
- The practice did not always act on and learn from external safety events in a timely manner; for example, the valproate for pregnant women alert. At the time of inspection, there had been no action taken to identify and recall all women who were prescribed this medicine.

Please refer to the Evidence Tables for further information.

Requires improvement

Are services effective?

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

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

- Unplanned admissions were not regularly reviewed or monitored.
- Staff one to one records did not provide feedback of staff performance in their role.
- Staff were not always clear on roles and responsibilities.

Effective needs assessment, care and treatment

Although there was a system of weekly educational meetings, it was not clear how best practice evidence based guidelines were shared between clinical staff. 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 information technology systems to monitor and improve the quality of care. For example, clinicians had the use of a laptop when undertaking weekly ward rounds at the nursing home.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

Although we saw examples of some good care, the practice is rated as requires improvement for providing safe, effective, responsive and well-led services, which affects all six population groups. This population group is rated as requires improvement overall.

- 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. Those identified as being frail had a clinical review including a review of medication.
- Although the practice told us that they followed up on older patients discharged from hospital, any unplanned admissions were not regularly reviewed or monitored. They told us that care plans were updated when they received the hospital letters.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- Weekly ward rounds were carried out for the nursing home patients.

People with long-term conditions:

Although we saw examples of some good care, the practice is rated as requires improvement for providing safe, effective, responsive and well-led services, which affects all six population groups. This population group is rated as requires improvement overall.

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- 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 could demonstrate how it identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension).
- The practice held monthly dietitian and diabetes clinics and offered a smoking cessation and weight reduction programme.
- The practice's performance on quality indicators for long term conditions was in line with local and national averages, except for atrial fibrillation which was below average and highlighted as an outlier. Data showed that 74% of patients with atrial fibrillation were treated with anti-coagulation drug therapy and this was below the

local average of 82% and the national average of 88%. However, the exception reporting average for this indicator was 5%, below the local average of 14% and the national average of 8%.

Families, children and young people:

Although we saw examples of some good care, the practice is rated as requires improvement for providing safe, effective, responsive and well-led services, which affects all six population groups. This population group is rated as requires improvement overall.

- Immunisation uptake rates were above the target percentage of 90% or above and highlighted as positive outliers. The practice had achieved a target range between 95% and 97% for all childhood immunisation indicators.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.
- The practice had access to a paediatric registrar who held monthly clinics at the practice.
- Sexual health screening was provided for 16 to 18-year olds.

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

Although we saw examples of some good care, the practice is rated as requires improvement for providing safe, effective, responsive and well-led services, which affects all six population groups. This population group is rated as requires improvement overall.

- The practice's uptake for cervical screening was 66%, which was below the 80% coverage target for the national screening programme. There was a designated staff member responsible for screening recalls. The practice encouraged uptake by sending out three letters, a text message and telephone call. Patients who decided to opt out of screening were invited to sign a disclaimer.
- The practice's uptake for breast and bowel cancer screening was in line with the national average.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

Although we saw examples of some good care, the practice is rated as requires improvement for providing safe, effective, responsive and well-led services, which affects all six population groups. This population group is rated as requires improvement overall.

- 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. Homeless patients could register using the practice details.
- 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):

Although we saw examples of some good care, the practice is rated as requires improvement for providing safe, effective, responsive and well-led services, which affects all six population groups. This population group is rated as requires improvement overall.

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. 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 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 offered annual health checks to patients with a learning disability.

Requires improvement

Are services effective?

- The practices performance on quality indicators for mental health was mostly above average. For example, 100% of patients with mental health conditions on the register who had a comprehensive care plan documented in their notes was 100%, which was above the local average of 92% and the national average of 90% and highlighted as a positive outlier.

Monitoring care and treatment

There was a programme of quality improvement activity; however, this was not a comprehensive programme, as most of the audits had been carried out in 2016. We saw one example of a recent medication monitoring in care homes audit but this was not a completed audit. We saw evidence that other clinicians carried out their own audits but these were not shared with the practice, whilst a salaried GP told us that they had not been involved in any clinical audits at the practice.

- The practice was a high QOF achiever, with an achievement of 100% of the available points for the most recent results. There was an effective recall system in place.
- The overall exception rate for clinical indicators was 10%, which was similar to the CCG average of 9% and the national average of 10%.
- Although the practice used information about care and treatment to make improvements, this was not always effectively implemented. For example, they could not demonstrate what plans were in place to address and improve underperforming areas such as individual atrial fibrillation indicators.
- Where appropriate, clinicians took part in local and national improvement initiatives. For example, the locality had the second highest prevalence of Tuberculosis (TB) in London and the practice, together with other GPs, took part in the initiative to reduce the rate of patients affected with this disease. We saw evidence of a TB screening protocol at the practice that offered screening and treatment.

Effective staffing

- Although staff had the skills, knowledge and experience to carry out their roles, there were gaps in training which the practice had identified as mandatory such as, safeguarding, infection prevention and control, confidentiality, and information governance training.
- 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. We saw that staff responsible for undertaking immunisations and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice understood the learning needs of staff and provided protected time and training to meet them. The practice carried out educational meetings every week to discuss a range of clinical topics. Staff were encouraged and given opportunities to develop. The practice nurse had completed her nurse practitioner training and could carry out minor illness clinics. She was currently working towards achieving her nurse prescribing certificate.
- We did not see evidence of a completed induction programme for new staff who had been in post since 2015. The induction checklist provided by the practice as part of their evidence submission was blank.
- There was no clear approach for supporting and managing staff when their performance was poor or variable. When we reviewed the most recent staff one to one meeting records, we saw staff were not provided with any feedback on their performance and there was no evidence to show that concerns raised by individual staff members were acted on. Staff felt that due to the recent changes at the practice, they were not clear about newly allocated responsibilities in the practice. Staff felt that some duties were not explicitly clear and had requested appropriate consideration of time allocated to tasks; however, there was no evidence of what measures had been put in place to address these issues.
- We saw evidence of clinical supervision, revalidation and daily training logs for medical students.

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 with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for children who have relocated into the local area.

- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

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

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

Consent to care and treatment

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

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making; however, not all clinicians had received up to date mental capacity act training.
- 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.

Good

Are services caring?

We rated the practice as goo d for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was mostly positive about the way staff treat people, although some patients highlighted issues with some staff attitude.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The practices GP patient survey results were in line with local and national averages for questions relating to kindness, respect and compassion for consultations with GPs and nurses.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment. Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.

- Although there was no evidence of the Accessible Information Standard policy (a requirement to make sure that patients and their carers can access and understand the information that they are given), there was evidence that 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 practices GP patient survey results were in line with local and national averages for questions relating to involvement in decisions about care and treatment.

Privacy and dignity

The practice respected patients' privacy and dignity.

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

Please refer to the evidence tables for further information.

Requires improvement

Are services responsive to people's needs?

We rated the practice, and all the population groups, as requires improvement

The practice was rated as requires improvement for responsive because:

- We identified patient concerns related to phone access, opening hours and the lack of extended hours.
- Complaints not always handled appropriately or shared with the wider team to ensure learning.

Responding to and meeting people's needs

The practice organised much of its services to deliver services to meet patients' needs.

- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice provided effective care coordination for patients who are more vulnerable or who have complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

Although we saw examples of some good care, the practice is rated as requires improvement for providing safe, effective, responsive and well-led services, which affects all six population groups. This population group is rated as requires improvement overall.

- 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.

People with long-term conditions:

Although we saw examples of some good care, the practice is rated as requires improvement for providing safe, effective, responsive and well-led services, which affects all six population groups. This population group is rated as requires improvement overall.

- 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 team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

Although we saw examples of some good care, the practice is rated as requires improvement for providing safe, effective, responsive and well-led services, which affects all six population groups. This population group is rated as requires improvement overall.

- 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.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

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

This population group is rated as requires improvement.

- Patients who worked and needed to see a GP or nurse did not have access to any extended hours appointments for ongoing care, which needed to be provided within the practice.
- There was a local GP led hub service for patients who needed to a GP out of hours out of routine hours for any acute issues.

People whose circumstances make them vulnerable:

Although we saw examples of some good care, the practice is rated as requires improvement for providing safe, effective, responsive and well-led services, which affects all six population groups. This population group is rated as requires improvement overall.

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

Requires improvement

Are services responsive to people's needs?

- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.

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

Although we saw examples of some good care, the practice is rated as requires improvement for providing safe, effective, responsive and well-led services, which affects all six population groups. This population group is rated as requires improvement overall.

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice held GP led dedicated monthly mental health and dementia clinics. Patients who failed to attend were proactively followed up by a phone call from a GP.

Timely access to care and treatment

Patients were not always able to access care and treatment from the practice within an acceptable timescale for their needs.

- The practice told us that patients with the most urgent needs had their care and treatment prioritised. Patient comments, as well as written comments reported difficulties accessing appointments due to poor telephone access and lack of appointment availability. One patient told us that they were unable to get an urgent appointment if they needed one.
- Patients generally had timely access to initial assessment, test results, diagnosis and treatment.
- Patients reported that the appointment system was not always easy to use.
- The practices GP patient survey results were mostly below the national average for questions relating to access to care and treatment. For example, 54% of patients found it easy to get through the practice by phone and this was below the local average of 65% and the national average of 71%.
- The GP patient survey results also showed that 67% of patients said they were able to get an appointment the last time they tried, which was below the local average of 77% and the national average of 84%.
- 36% of patients said they usually wait 15 minutes or less after their appointment time to be seen and this was below the local average of 52% and the national average of 64%. We saw evidence that waiting times and delays were not kept to a minimal or managed appropriately. The practice told us that this system was in place as they preferred to spend time with patients. However, patients raised concerns that there was a minimum wait of 30 minutes to be seen and some patients told us this was not always the case as some consultations were limited to 10 minutes only and one condition. We saw six notices displayed around the practice advising patients that the 30-minute waiting time was normal for the practice.

Listening and learning from concerns and complaints

The practice did not always respond to complaints and concerns appropriately.

- Whilst we saw that there was written complaints protocol in place and that they were recorded as a standing agenda in their practice meetings, we were not assured that they were being discussed or lessons shared with the wider team. When we reviewed their meeting minutes dated between March and June 2018, we found that although as standing agendas, the five complaints recorded for that period had not been shared or discussed.
- The complaints procedure in place was not robust. Although the complaints policy provided a contact number for the relevant ombudsman, there were no details provided of where patients could send a written complaint.

Please refer to the evidence tables for further information.

Requires improvement

Are services well-led?

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

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

- There were gaps in governance structure.
- Risk management was not consistently implemented or monitored. Mitigating actions had not been effectively implemented to address all identified risks.
- There was limited evidence of shared learning following identification of significant events and complaints.

Leadership capacity and capability

At the time of inspection, the practice had recently changed from a partnership to an individual GP practice. There had been a period of high staff turnover, including the loss of key senior management staff. A lack of embedded governance structures hindered leaders in demonstrating they had the capacity and skills to deliver high-quality, sustainable care.

- There was a lack of clarity related to staff individual roles since roles were reassigned from previous staff members no longer employed at the practice. Staff contracts had recently been updated.
- Staff were generally knowledgeable about clinical issues and priorities relating to the quality and future of services, although recent management changes had led to some shortfalls in clinical oversight. They understood the challenges the practice faced and were actively looking at how best to address these.
- Leaders at all levels were visible but staff did not always find them approachable.

Vision and strategy

The practice had a vision to improve and provide high quality, sustainable care; however, improvement was required.

- Although the practice had a documented vision and set of values, not all staff were aware of the vision and strategy or their role in achieving them.
- There was a business plan and strategy recently implemented that was in line with health and social care priorities across the region, with clear timelines of when to achieve priorities. We saw evidence that they understood most of the challenges and were addressing them, except for the identification and management of safety risk, which was not addressed in the strategy.
- Two new GPs had been recruited by the practice and were due to commence employment in August 2018.

Culture

The practice was experiencing staffing challenges within the leadership team, which hindered a positive culture of high-quality sustainable care. Further improvement was required.

- Recent staffing challenges and the loss of team members meant that not all staff felt that there was an open-door policy or that they could raise concerns. Some staff did not always feel respected, supported and valued. However, the leaders of the practice had taken steps to actively address these issues, in order to improve the relationships between staff and senior management. They had recently applied for funding to extend the premises, as well as to build a 'garden of tranquillity', that staff and patients could use if they required. Their business development plan had a vision to implement annual development days for staff.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- There were processes for providing all staff with the development they need. This included career development conversations. For example, one administrative staff member had their role developed into that of a clinician.
- Staff were supported to meet the requirements of professional revalidation where necessary.
- The practice promoted equality and diversity. However, not all staff had received equality and diversity training.

Governance arrangements

The systems of accountability to support good governance and management were not delivered effectively.

- Structures, processes and systems to support good governance and management were not clearly set out or well embedded in the practice.
- Staff were clear on their roles and accountabilities in respect of safeguarding and infection prevention and control. However, not all staff had completed their mandatory training in areas such as safeguarding, fire safety, information governance, mental capacity act,

basic life support, anaphylaxis and chaperone training. There was no system in place at the time of inspection to monitor what training was due and when it had taken place.
- Practice leaders had recently updated established policies and procedures. Although monitoring systems were in place, not all staff had read the newly updated safeguarding polices. Some newly implemented policies required amending as they referred to former members of staff as designated leads. For example, the incident policy and the policy for managing test results.
- The process to share learning from complaints and significant events were not in place.
- The governance and management of partnerships, joint working arrangements and shared services promoted co-ordinated person-centred care

Managing risks, issues and performance

The processes for managing risks, issues and performance were not effectively implemented.

- There were some systems to identify and monitor risks to patient safety. However, some of the arrangements were not always well implemented or followed up. During the inspection, we identified risks in relation to recruitment and induction, emergency medicines and emergency equipment, safety risk assessments, fire safety and infection control.
- The practice processes to manage current and future performance were not effectively implemented. Practice leaders did not have robust oversight of safety alerts, incidents, and complaints.
- Although there was evidence of quality improvement activity such as clinical audit, they were not systematic for the practice. Some of the audits had taken place two years prior and were CCG led.
- The practice did not have robust plans in place and not all staff had been trained for major incidents.

Appropriate and accurate information

The practice did not always act on appropriate and accurate information.

- We were not assured that performance information was always combined with the views of patients. For example, the last patient survey recorded by the practice was in 2014 and there was no active Patient Participation Group (PPG).
- Quality and sustainability were discussed in relevant meetings where we were told staff had sufficient access to information. However, documentation recording these discussions was not always thorough and evidence that learning was shared with the team not always available. For example, weekly educational meeting minutes lacked sufficient detail about what learning had taken place.
- Performance information which was reported but it was not always monitored to ensure management and staff were held to account.
- The practice used information technology systems to monitor and improve the quality of care. For example, clinicians had the use of a laptop when undertaking weekly ward rounds at the nursing home.
- The practice submitted data or notifications to external organisations as required.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

Although the practice sought to involve the patients, the public, staff and external partners to support high-quality sustainable services; this required improvement.

- There was no active PPG. The practice and patients we spoke to on the day told us that the group was dissolved in June 2017 when one senior partner left the practice. We saw evidence of a strategy in place to have set up the PPG and patient led focus groups by March 2019. Various patients had already been invited to be patient champions and to lead in different areas such as diabetes and exercise for the elderly.
- The practice told us that the views of a diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. While we saw evidence of a compliments folder and a notice encouraging feedback in the reception area, the last practice survey had been completed in 2014 and staff surveys were not carried out. The practice had not acted on the most recent GP patient survey results.
- The service was transparent and open with stakeholders about performance. The lead GP had monthly meetings with the CCG.

Requires improvement

Are services well-led?

Continuous improvement and innovation

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

- While there was some focus on continuous learning and improvement, we did not see evidence of this with regards to complaints and significant events. There was no evidence that complaints and significant events were always discussed at meetings or learning shared with the wider team to make improvements. Other clinicians carried out their own audits but these were not shared with the wider team.
- Staff knew about improvement methods and had the skills to use them.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance. However, in some cases such as one to one performance reviews, there was no evidence that staff were provided with feedback on their performance.

Please refer to the evidence tables for further information.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not met:** **The provider did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks in particular:** • Fire risk assessment recommended actions were not completed in a timely manner and not clearly implemented. • Recommended actions from the infection control audit had not been carried out. • Recommended actions from the calibration tests in relation to the defibrillator had not been carried out. • The practice did not hold all recommended emergency medicines and risk assessments were not in place to determine the range of medicines held. • They did not always act on patient and medicine safety alerts. **This was in breach of regulation 12 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not met:** **Governance and monitoring systems were not established and operated effectively.** • The provider did not ensure that their governance systems remained effective. • Complaints and significant events were not discussed at meetings or learning shared to make improvements.

This section is primarily information for the provider

Requirement notices

- Identified risks to patient safety were not continually monitored and appropriate action was not taken where a risk was identified. This was in relation to the Legionella risk assessment carried out in 2015 and the premises risk assessment.
- There were gaps in staff mandatory training and the system in place to monitor that all mandatory training was completed was not effective.
- There was no active Patient Participation Group.

This was in breach of regulation 17 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed **How the regulation was not met:** **The provider had not ensured that recruitment procedures were established and operated effectively.** • Recruitment checks for three new non-clinical staff and one clinical staff had not been carried out in full. For one new member of the senior management team, the practice had not obtained an application form or Curriculum Vitae (CV), a full employment history, a signed contract, references or an induction checklist. • References were not obtained for three of the clinical and non-clinical staff and there were no completed induction records on file for temporary or new staff. **This was in breach of regulation 19 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**