

Frinton Road Surgery

Inspection report

68 Frinton Road
Holland On Sea
Clacton On Sea
Essex
CO15 5UW

Tel: 01255 814936

www.frintonroadmedicalcentre.co.uk/

Date of inspection visit: 07/08/2018

Date of publication: 24/12/2018

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?

Good



Are services effective?

Requires improvement



Are services caring?

Requires improvement



Are services responsive?

Requires improvement



Are services well-led?

Requires improvement



Overall summary

We carried out an announced comprehensive inspection at Frinton Road Surgery on 01 August 2017. The overall rating for the practice was requires improvement. The full comprehensive report on this inspection can be found by selecting the 'all reports' link for Frinton Road Surgery on our website at www.cqc.org.uk.

This inspection was an announced comprehensive inspection carried out on 07 August 2018 and 02 October 2018 as part of our inspection programme and to follow up on breaches of regulations found at our previous inspection in August 2017. This report covers our findings in relation to those requirements and additional improvements made since our last inspection.

The provider of this location is Anglian Community Enterprise and they have four GP practice locations registered with the Care Quality Commission.

Overall the practice is now rated as Requires improvement

The key questions at this inspection are rated as:

Are services safe? – Good

Are service effective? – Requires improvement

Are services caring? – Requires improvement

Are services responsive? – Requires improvement

Are services Well-led – Requires Improvement

Our key findings were as follows:

- The practice had improved the system to act on patient safety and medicine alerts (MHRA) to ensure patient safety.
- The practice business continuity plan had been updated and reviewed to include relevant information.
- Data for the year 2017/18 reflected poor performance for patients with long term conditions and suffering from

poor mental health. Most areas had not improved since the previous year. Unverified data shows a trend of improvement in care for patients with mental illness and diabetes but not for respiratory conditions.

- Recording, and the system to identify patients that were carers registered at the practice had improved. Further support was offered to assist carers.
- The practice had carried out their own patient survey to understand their patient's level of satisfaction for their service and acted on the findings. We saw an action plan with actions taken that showed an improvement in patient's opinions when they ran the survey six months later. However data from the national GP patient survey from August 2018 reflected low patient satisfaction in many areas.
- Leaders had the capacity and skills to deliver high-quality, sustainable care.
- Staff stated they felt respected, supported and valued.
- The practice had a realistic strategy and supporting business plans to achieve their priorities.

The areas where the provider must make improvements are:

- Ensure care and treatment is provided in a safe way to patients, by improving the effective management and care of patients with long term conditions and mental health.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care, to improve patient satisfaction with telephone access and appointments.

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

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

Population group ratings

Older people	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 Care Quality Commission (CQC) lead inspector and the team included a GP specialist adviser.

Background to Frinton Road Surgery

Frinton Road Surgery is part of a larger organisation known as Anglian Community Enterprise (ACE). ACE have four GP practices in this part of Essex, one in Clacton, one in Holland-on-sea, one in Frinton, and another in Jaywick. ACE, provide community care, health and well-being, primary care, and learning disability services in Essex. ACE is a not-for-profit staff owned social enterprise that delivers services under NHS contracting regulations. They have greater access to organisational resources than other local practices. This includes access to clinical staff leadership, information governance, risk, and health and safety management at an organisational level provided across the four practice locations.

Frinton Road Surgery provides primary care services for approximately 5,500 patients in Holland on sea and the surrounding areas. The practice has an Alternative Provider Medical Services (APMS) contract to provide Primary Care Services. The APMS contract is commissioned by NHS England and performance managed by NHS North East Essex CCG. This location population has a higher than average level of retired older people. The life expectancy of patients within the practice area is comparable with local and national averages.

The clinical team comprises two full-time salaried GPs one female, one male, and regular locum GPs for sessions three times a week. There is also a clinical pharmacist, nurse practitioner/prescriber, a practice matron, a practice nurse, a healthcare assistant, and a

phlebotomist all female working at the practice. The administrative team of two include a receptionist, and a prescribing clerk. All other administrative duties are delivered from the main hub office for the four practices in Clacton.

The surgery opening hours are:

Monday, Wednesday and Friday 8am until 6.30pm and Tuesday 7am until 6.30pm and Thursday 7.30am until 6.30pm.

The surgery appointment times are:

Monday 8.30am to 12 noon and 3pm to 6pm. Tuesday 7am to 12 noon and 3pm to 6pm.

Wednesday 9am to 12 noon and 3pm to 6pm. Thursday 8.30am to 12 noon and 4pm to 6pm.

Friday 8.30am to 12 noon and 4.30pm to 6pm.

The practice has opted out of providing GP out of hour's services. Patients calling the practice outside practice

working hours are advised by the answerphone message to contact the 111 non-emergency services. Patients requiring urgent treatment are advised to contact the out of hour's service provided by Care UK.

The regulated activities carried by the location were:

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

Are services safe?

At our previous inspection on 01 August 2017, we rated the practice as requires improvement for providing safe services as the arrangements to act on patient safety and Medicines and Healthcare Products Regulatory Agency (MHRA) alerts was not effective. Also, the business continuity plan to cover major incidents did not include emergency contact details for all practice staff members.

These arrangements had significantly improved when we undertook a follow up inspection on 07 August 2018 and 02 October 2018. The practice is now rated as good for providing safe services.

We rated the practice 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 had received up-to-date safeguarding and safety training appropriate to their role. Staff knew how to identify and report concerns. Learning from safeguarding incidents were 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 worked 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 were effective processes 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 effective systems to assess, monitor and manage risks to patient safety.

- When there were changes to services or staff the practice assessed and monitored the impact on safety.

The system to act on patient safety, medicines, and healthcare products regulatory agency (MHRA) alerts had been reviewed and updated to ensure patients were safe.

Information to deliver safe care and treatment

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

- The records seen showed information needed to deliver safe care and treatment was accessible for to staff.
- The practice had procedures to share information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

Appropriate and safe use of medicines

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

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- Staff prescribed and administered or supplied medicines to patients and gave advice on medicines in line with current national guidance.
- The practice supported good antimicrobial stewardship in line with local medicines management and national guidance.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately.
- Patients were regularly reviewed to ensure their medicines to meet their needs.

Track record on safety

The practice had a good track record on safety.

- There were comprehensive risk assessments in relation to safety issues. These showed that risks were well managed and actions were taken when needed.
- The practice monitored and reviewed safety using information from a range of sources.

Lessons learned and improvements made

The practice learned and made improvements.

- The practice acted on and learned from external safety events as well as patient and medicine safety alerts. Additionally, the practice reviewed the alerts monthly to ensure newly registered patients received safe care.

Are services safe?

- The practice business continuity plan had been updated and reviewed. All staff members contact details had been added to the plan which was accessible from any site if a site could no longer operate their service.

Please refer to the evidence tables for further information.

Are services effective?

We rated the practice requires improvement for providing effective services.

Effective needs assessment, care and treatment

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

The practice was aware they needed to improve their long-term condition management (LTC). An action plan was developed and supported by the North-East Essex Diabetic Service (NEEDS) team and was initiated in January 2018. They also wrote action plans for their other LTCs and for patients suffering from poor mental health and dementia, for example:

- An increased number of appointments made available for all LTCs
- Extra administrative resources were provided to allow greater access to the existing system to manage, administer, recall, and review patients with LTCs
- Additional specialist nurse time provided to lead the increased LTC management.
- Quarterly status audits of the Quality Outcomes (QOF) data to ensure patients clinical outcomes were showing improvement.
- We saw evidence of improved provision of care for all LTCs including those suffering from poor mental health and dementia.

To evidence the effect of the actions taken to improve quality performance, the practice provided us with non-verified data for April to October 2018 for all areas of quality performance. The non-verified data in the majority showed performance to be better at the half year point, than for the entirety of the previous year.

We looked closely at the improvements that had been implemented and were satisfied that progress was being made and that more resources had been made available to achieve improvements for patients with long-term conditions and those suffering with poor mental health.

Older people:

We rated this population group as good, we found;

Older patients who were frail or 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.

- There was a procedure to follow up older patients discharged from hospital. This 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:

We rated this population group as requires improvement, we found;

- The practice was not assessing and monitoring patients with long term conditions effectively. Data for the period 2017/18 was not comparable with local and national averages and this was a repeat issue from the last inspection. Unverified data for the first six months of the current year reflected a trend of improvement.
- The practice had identified the need for specific clinics to provide patients with long-term conditions with one stop shop appointments. Specialist nurses had recently been employed and work had been carried out with specialist teams, for example, the North-East Essex Diabetic Service, local team.
- Some 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.

Families, children and young people:

We rated this population group as good, we found;

- Childhood immunisation uptake rates seen in the current unverified data on the practice computer system were in line with the target percentage of 90%.

Are services effective?

- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

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

We rated this population group as good, we found;

- The practice's uptake for cervical screening was 90%, which was above 80% coverage target for the national screening programme.
- The practice had a procedure 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:

We rated this population group as good, we found;

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

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

We rated this population group as requires improvement, we found;

- The practice was not assessing and monitoring patients suffering from poor mental health effectively. Data for the period 2017/18 was not comparable with local and national averages and this was a repeat issue from the last inspection. Unverified data for the first six months of the current year reflected a trend of improvement. However, the exception recording was high.
- When assessments were carried out, the practice 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 were arrangements to follow-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.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. Where appropriate, clinicians took part in local and national improvement initiatives.

- The practice had developed an action plan to improve long term condition (LTC) patient outcomes. They had increased the number of appointments available for patients with long-term conditions, additional audit resources and the employment of additional specialist clinical time.
- The practice used information about care and treatment to make improvements.
- The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives.

Effective staffing

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

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

Are services effective?

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff told us they were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. There was an induction programme for new staff. This included one to one meetings, appraisals, coaching and mentoring, clinical supervision and revalidation.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when discussing care delivery for people with long term conditions and when coordinating healthcare for care home residents. 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. For example, this was seen in the minutes of multi-disciplinary meetings.
- 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 considered the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

Staff were proactive in helping patients to live healthier lives.

- The practice identified patients who may need 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 staff told us they supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

Consent to care and treatment

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

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Please refer to the evidence tables for further information.

Are services caring?

At our previous inspection on 01 August 2017, we rated the practice as requires improvement for providing caring services, as the arrangements in respect of identifying patients that were carers required strengthening. The number of carers identified was 0.76% of their patient population, which was lower than other local and national averages. Patient satisfaction results published in the July 2017 national GP patient survey also reflected that patients were not satisfied with the practice across a number of caring indicators.

These arrangements had improved in some areas when we undertook a comprehensive inspection on 07 August 2018 and 02 October 2018. However, the patient satisfaction results published in the July 2018 national GP patient survey still reflected that patients were significantly unsatisfied with the practice across a number of caring indicators. We rated the practice as requires improvement for providing caring services.

We rated the practice as requires improvement for caring.

Kindness, respect and compassion

During the inspection, we found all staff members courteous and helpful to patients, this included treating people with dignity and respect.

- The number of patients now identified as carers was 132 this equates to 2.4% of the practice population.
- The practice hosted weekly carers sessions that are organised and run by Tendring Community Voluntary Services (CVS).
- There were posters and information available in the waiting room and on the practice website regarding the services available for carers.
- Receptionists asked patients they thought maybe carers to fill out a carers information form when people visited the practice.
- The CVS used the information collected to provide the support and advice carers needed. This included visiting people in their own homes for those unable to visit the practice.

In response to the low national GP patient satisfaction survey results from 2017, the practice performed their own survey using 23 of the same questions asked, that showed a poor response in comparison to local and national averages.

- In January 2018 the survey was given to all patients on arrival at the practice when seeing a GP or a nurse over a period of a month. Patients were asked to return completed surveys to receptionists before leaving the practice. These results were used as a base line and an action plan was developed to improve satisfaction.
- In July 2018 the survey was performed again. We saw that 20 of the 23 questions asked had showed improvement in patient satisfaction.
- The practice showed us actions they were undertaking to improve the three indicators in the survey that had not shown improvement.

Involvement in decisions about care and treatment

Staff supported 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 they could understand, for example, with communication aids and easy read materials that 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.
- The practice 2018 GP patient survey results were comparable with local and national averages for questions relating patients having confidence and trust in the GP, or the nurse being good at listening to them and the nurse treating them with care and concern. There were negative responses to questions relating to recommending the GP surgery, that the GP was good at listening to them and the GP was good at treating them with care and concern.
- The practice conducted their own survey in July 2018, that asked patients the same questions as those in the national survey. The results, showed only three of the questions did not show an improvement.

1. Lack of practice appointment times available.
2. Not easy to get though on the phone.
3. Low satisfaction of their experience of making an appointment.

Are services caring?

- We were shown the action plan with the actions to be undertaken to improve responses in these areas.

Privacy and dignity

The practice respected patients' privacy and dignity.

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

Please refer to the evidence tables for further information.

Are services responsive to people's needs?

At our previous inspection on 01 August 2017, we rated the practice as requires improvement for providing responsive services. We found that the national GP patient survey data indicated that patients were not satisfied with some of the services provided and that data was lower than the local and national averages. There was low satisfaction for access to the practice by phone, the appointment system and general satisfaction with the GP services provided.

We undertook a comprehensive inspection on 07 August 2018 and 02 October 2018. We rated the practice requires improvement 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 GP consultations were available and supported patients who were unable to attend the practice during normal working hours.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice provided effective care coordination for patients who are more vulnerable or who have complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

We have rated all the population groups as requires improvement as low satisfaction data affects all these patients.

Older people:

We rated this population group as requires improvement, we found;

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent

appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.

People with long-term conditions:

We rated this population group as requires improvement, we found;

- 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 met patient's specific needs.
- The practice held regular meetings with the local multidisciplinary team to discuss and manage the needs of patients with complex medical issues.
- Some actions taken by the practice to improve the health of this population group needed time to show sustained improvement.

Families, children and young people:

We rated this population group as requires improvement, we found;

- We found children living in disadvantaged circumstances and at risk were followed up, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Monitoring and safeguarding checks confirmed this.
- 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):

We rated this population group as requires improvement, we found;

- The needs of this population group had been recognised and the practice had modified the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, telephone consultations and/or advice from a healthcare professional.

People whose circumstances make them vulnerable:

We rated this population group as requires improvement, we found;

Are services responsive to people's needs?

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

We rated this population group as requires improvement, we found;

- Staff confirmed they 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 mental health and dementia clinics. Patients who failed to attend were proactively followed up by a phone call from a GP.
- Some actions taken by the practice to improve the health of this population group needed time to show sustained improvement.

Timely access to care and treatment

Patients could access care and treatment from the practice within an acceptable timescale for their needs. However, although the people we spoke with on the day of inspection told us access had improved recently, the actions undertaken by the practice to improve access was not reflected in the national survey data published in July 2018. This latest survey was sent to practice patients in January 2018 and 121 surveys were returned.

- Since the last inspection, the practice had carried out their own patient survey to understand their patient's level of satisfaction of the services provided. We were shown an action plan that had been developed from the responses collected in January 2018. For this survey, the 23 questions asked in the national GP patient survey for 2017 that showed a lower national or local average response, were given to patients on arrival at the practice when seeing either a GP or a nurse. Patients were asked to return completed surveys to receptionists before leaving the practice. There were 18 returns from the January 2018 practice survey and these were used as a base line figure of patient satisfaction.
- When the survey was re-run in July 2018, using the same 23 questions from the national GP patient survey,

responses showed an improvement in the level of patient's satisfaction when making an appointment. The results showed only three of the questions did not show improved satisfaction.

- The practice told us a further action plan was being developed to improve satisfaction in these areas.

We acknowledge the efforts made by the practice to improve patient satisfaction because of the findings from the last inspection. They had undertaken their own patient surveys and implemented a plan of action to improve. However, we found that the small number of patients surveyed did not assure us that patients were now satisfied and further improvements were required. We were aware that the practice had action plans to make improvements in patient satisfaction.

Patient satisfaction data from the national GP patient survey published in July 2017 found the practice comparable for indicators relating to responsiveness against local and national averages. However, in July 2018 patient satisfaction was significantly lower. The practice told us this was due to the introduction of their new phone answering system introduced in January 2018. The areas of greatest dissatisfaction were:

- Lack of practice appointment times available.
- Not easy to get though on the phone.
- Dissatisfaction of the type of appointment offered.
- Low satisfaction of their experience of making an appointment.

In conclusion, we acknowledge the improvement plans that the practice had implemented to improve patient satisfaction and some impact was seen on patient satisfaction. However, due to the very low satisfaction rates in the national GP patient survey, we found that further improvements were required.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately, and in a timely manner to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints sympathetically.

Are services responsive to people's needs?

- The complaint policy and procedures were consistent with recognised guidance. The practice learned lessons from individual concerns and complaints and from analysis of trends. The practice produced actions to improve the quality of care because of the analysis.

Please refer to the evidence tables for further information.

Are services well-led?

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

Leadership capacity and capability

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

- Leaders both within the practice and the wider ACE organisation were knowledgeable about issues and priorities relating to the quality and future of the practice services. They understood the challenges and were addressing them.
- The leaders at the practice had taken positive action to improve the care and treatment provided to patients, because of the findings at our last inspection. We found an upward trend across most areas and action plans implemented where required. Patient satisfaction in relation to access for patients remained an issue but progress was being made, which may take time to reflect the necessary improvements. However a number of these actions needed time to embed within the practice to show continuous and sustained improvement.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice. For example, recent appointments of a GP clinical lead and a skilled nurse lead to drive clinical quality within the practices

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 their 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 acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

There were clear responsibilities, roles, and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnership, joint working arrangements and shared services promoted co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. However these were not sufficiently embedded in practice yet to see sustained improvement.

Managing risks, issues and performance

Are services well-led?

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 acted on findings from our last inspection.
- The practice had processes to manage current and future performance. Practice leaders had clear oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was 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. The practice had a comprehensive intranet from which staff had easy access to information and guidance such as; policies and procedures, rota information and safety alerts. Detailed minutes were available to all appropriate staff.

- 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 focus on continuous learning and improvement. The practice and staff told us that staff development was prioritised.
- Staff knew about improvement methods and had the skills to use them.
- One-stop shop appointments for patients with multiple long-term conditions (LTC) to reduce attendances for condition reviews at the practice.
- Employment of specialist LTC management staff to improve the quality of patient outcomes.

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 Treatment of disease, disorder or injury Transport services, triage and medical advice provided remotely	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met: Evidence for the practice showed negative quality performance for the effective and responsive care and treatment of patients, with long term conditions, and mental health.
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury Transport services, triage and medical advice provided remotely	Regulation 17 HSCA (RA) Regulations 2014 Good governance How the regulation was not being met: Systems and processes established at the practice had not improved patient satisfaction as highlighted in the areas identified in the national GP patient survey. In particular, telephone access, appointments and satisfaction with the services provided by the GPs and nurses.