

# Dr N Driver and Partners

## Inspection report

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

## Ratings

### Overall rating for this location

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive?

Requires improvement



Are services well-led?

Good



# Overall summary

**This practice is rated as Requires improvement overall.** (Previous inspection 31 May 2016 – Good)

The key questions are rated as:

Are services safe? – Requires improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Requires improvement

Are services well-led? – Good

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Requires improvement

People with long-term conditions – Requires improvement

Families, children and young people – Requires improvement

Working age people (including those 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

We carried out an announced comprehensive inspection at Dr N Driver and Partners on 18 May 2018. We inspected the provider as part of our inspection programme.

At this inspection we found:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.

- However, there were no failsafe systems in place for patients cervical screening (smear) test results.
- Medicines were safely and appropriately used and managed, with the exception of Patient Specific Directions (PSDs) for vitamin B12 injections. (PSDs are written instructions from a qualified and registered prescriber for a medicine or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis.)
- The practice routinely reviewed the effectiveness of the care it provided and ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use but reported that they were not able to access care easily when they needed it or appointments were delayed.
- The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.
- There was a focus on continuous learning and improvement at all levels of the organisation.

The areas of practice where the provider **must** make improvements are:

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

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

- Review and improve recording of patients chaperoning arrangements.

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

## Population group ratings

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

## Our inspection team

Our inspection team was led by a lead CQC inspector and included a GP specialist adviser, a practice manager specialist adviser, and a member of the Newham area Health watch team.

## Background to Dr N Driver and Partners

Dr N Driver and Partners is situated within NHS Newham Clinical Commissioning Group (CCG) area at Lord Lister Heath Centre, 121 Woodgrange Road, Forest Gate, London E7 0EP which we visited as part of our inspection. The practice is one of three GP practices based within Lord Lister Health Centre. It is situated adjacent to a train station and is well served by local bus routes. Parking is available on the surrounding roads.

The practice patient list size is approximately 7023. The practices' opening hours are 8am to 6.30pm Monday to Friday except Thursday when it closes at 12.30pm. GP appointments are available:

- Monday, Tuesday, Wednesday and Friday 8:30am to 12:30pm and 2pm to 5pm
- Thursday 8:30am to 12:30pm

Outside of these hours services are available through the Newham out of hours GP service. In addition to pre-bookable appointments that can be booked up to six weeks in advance, urgent appointments are also available for people that needed them.

The staff team at Dr N Driver and Partners includes three GP partners (two male and one female collectively

providing six clinical sessions and four management sessions per week), three female salaried GPs collectively working sixteen sessions per week, one male locum GP working seven sessions per week, two female practice nurses collectively providing three sessions per week, two female health care assistants collectively providing five sessions per week, and a male clinical pharmacist working ten sessions per week. Non-clinical staff included an operations manager working 40 hours per week, a reception manager working 30 hours per week and a team of reception and administrative staff working a mixture of full and part time hours. The practice is a teaching practice.

The Information published by Public Health England rates the level of deprivation within the practice population group as three on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. The local ethnicity demographic is approximately White 33%, Mixed race 5%, Asian 36%, Black 23%, Other race 3%. The CCG area population has a lower proportion of people aged 65 years or over at 7% compared to 17% nationally.

# Are services safe?

**We rated the practice as requires improvement 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. Staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Reports and learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for their role and had received a 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.) Clinicians offered patients a chaperone where needed and we found most clinicians recorded this offer and outcome on the patients notes, with the exception of one practice nurse. We noted the practice policy stated the chaperone should also make a note on the patients file following consultations but this had not been implemented.
- 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 carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- There was an effective system to manage infection prevention and control.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

## Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety, with the exception of cervical screening test results.

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

- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.
- There were no systems to ensure results were received for all samples sent for the cervical screening programme. We asked staff to run a report which showed since 2003 there were 98 patients with no cervical screening test result. The practice immediately treated this incident as a significant event and took all necessary actions to ensure patient safety.

## Information to deliver safe care and treatment

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

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff. There was a documented approach to managing test results.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

## Appropriate and safe use of medicines

The practice had reliable systems for appropriate and safe handling of medicines, with the exception of Patient Specific Directions (PSDs). PSDs are written instructions from a qualified and registered prescriber for a medicine or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis.

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- Staff generally prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. However, there were no PSDs in place as required for health care assistants administering patient's injectable vitamin B12. After our inspection the practice treated this as a

## Are services safe?

significant event and immediately changed arrangements so B12 injections would be administered by clinical pharmacist and GP staff only. The practice shared this information with staff and updated the protocol accordingly.

- The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.

### Track record on safety

The practice had a good track record on safety.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture of safety that led to safety improvements.

### Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

**Please refer to the Evidence Tables for further information.**

# Are services effective?

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

## Effective needs assessment, care and treatment

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

- Patients' 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.
- Staff used appropriate tools to assess the level of pain in patients.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

### Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. 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.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

### People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the 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.
- Some of the practice performance data for patients with asthma and for patients with atrial fibrillation showed a significantly positive performance. For example, patients who had an asthma review in the preceding 12 months was 95% compared to 78% in the CCG and 76% nationally. The percentage of patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more treated with anti-coagulation drug therapy was 100% compared to 91% in the CCG and 88% nationally. This was also a significant positive variation. (The CHA2DS2-VASc score is a clinical prediction rule for estimating the risk of stroke in patients with non-rheumatic atrial fibrillation).
- The practice had arrangements for adults with newly diagnosed cardiovascular disease including the offer of high-intensity 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 was able to demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension)

### Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in line with the target percentage of 90% or above with the exception of the percentage of children aged 1 with completed primary course of 5:1 which was very slightly below target at 89%. However, data showed the practice slightly exceeded the 90% target for children by the time they were aged 2 years.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.



# Are services effective?

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

- The practice's uptake for the cervical screening (smear testing) programme was comparable to local and national averages.
- The practices' uptake for breast and bowel cancer screening was in line 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:

- 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 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):

- 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.
- 82% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months. This was comparable to the CCG average of 85% and the national average of 84%.

- 98% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was comparable to the CCG average of 89% and the national average of 90%.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption (practice 96%; CCG 92%; national 91%); and the percentage of patients experiencing poor physical or mental health who had received discussion and advice about smoking cessation (practice 98%; CCG 97%; national 95%).

The most recent published Quality Outcome Framework (QOF) results were 99% of the total number of points available compared with the clinical commissioning group (CCG) average of 95% and national average of 97%. (QOF is a system intended to improve the quality of general practice and reward good practice.) The overall exception reporting rate was 6% compared with the CCG average of 7% and national average of 10%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate).

## 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. For example:

- There had been a number of clinical audits undertaken in the last two years; at least three of these were completed audits which we looked at in detail and showed improvements made were implemented and monitored by the practice. For example, the practice undertook an audit to find out whether groups of patients with Chronic Obstructive Pulmonary Disease (COPD) were grouped properly and prescribed related medicines in line with best practice guidelines. In the first audit cycle, a random sample of 14 patients were analysed to see if they had been grouped properly and none (0%) were. The practice clinical team met to discuss these results and initiate a refreshed process for

# Are services effective?

patients with COPD grouping and the medicines these patients were prescribed. In the second cycle, seven of 14 patients (50%) were correctly grouped and the remaining seven (50%) did not attend for their review appointment. All patients that did attend were grouped correctly for treatment which demonstrated significant improvement.

- The practice had also undertaken on-going audits of patient "inadequate" test results rates of cervical screening which were low and indicated clinicians were undertaking cervical screening competently and appropriately.
- The practice participated in local audits and local and national benchmarking. Findings were used by the practice, such as to ensure appropriate use of antibiotics in order to reduce the spread of antimicrobial resistance.
- Newham has the highest level of tuberculosis (TB) in the country and the practice took part in a CCG funded research project called the 'CATAPULT' trial which screens and treats patients for latent TB.

## 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.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, clinical supervision and support for revalidation. All salaried GPs received an in-house annual appraisal as well as an external appraisal through NHS England. The induction process for healthcare assistants included the requirements of the Care Certificate and a GP partner was a registered Care

Certificate assessor. The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, such as through regular GP audits of clinical pharmacist appointments.

- 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 deciding care delivery for people with long term conditions and when coordinating healthcare for care home residents. The 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.



## Are services effective?

- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

### **Consent to care and treatment**

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

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

**Please refer to the Evidence Tables for further information.**

# Are services caring?

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

### **Kindness, respect and compassion**

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people, with the exception of some GP patient survey scores that were below average for patients experiences of practice nursing care. The practice was aware of its GP Patient survey results and had discussed them with staff but not specifically to address the lower scores for nursing staff. Immediately after our inspection the practice sent us evidence it had discussed our initial inspection findings with all staff, including role specific scores and a plan to include patient feedback in appraisals for reflection and objectives setting purposes, where appropriate.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.

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

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

- Staff communicated with people in a way that they could understand, for example, communication aids and some easy read materials were available such as the out of hours care information sheet.

- 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.
- One of the GP partners had served for several years as the GP champion for carers in Newham, helping organise, support and present at Carers Week across Newham, promoting GPs awareness of carers, and assisting with developing new initiatives such as the carers card which offers a number of privileges and discounts to carers in Newham. We saw the GP partner had received a letter of thanks from an Executive Director of Strategic Commissioning on behalf of Newham Carers Strategy Group for their tireless work improving outcomes for carers in Newham and ensuring the Carers' agenda remained at the forefront of service delivery in primary care.

### **Privacy and dignity**

The practice respected patients' privacy and dignity.

- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect.

### **Please refer to the Evidence Tables for further information.**

# Are services responsive to people's needs?

**We rated the practice, and all of the population groups, as 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 which supported patients who were unable to attend the practice during normal working hours.
- The facilities and premises were appropriate for the services delivered.
- The practice 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:**

- Patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a 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.
- There was a medicines delivery service for housebound patients via local pharmacists.

### **People with long-term conditions:**

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

### **Families, children and young people:**

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- 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):**

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours and Saturday appointments were available through a network hub of local GP practices.
- The practice had a website offered online appointment booking and prescription requests through the online national patient access system.

### **People whose circumstances make them vulnerable:**

- The practice held a register of patients living in vulnerable circumstances including homeless people 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):**

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- Patients who failed to attend an appointment were proactively followed up by a phone call from a GP.

## **Timely access to care and treatment**

At our previous inspection 31 May 2016 the practice GP Patient survey data was below average for patient's telephone access as 52% of patients said they could get through to the practice easily by phone compared to the national average of 73%. The practice was in the process of installing a new telephone system at that time which included a message informing patients where they were in the queue for answering. After our May 2016 inspection we

# Are services responsive to people's needs?

reported the practice should continue to review telephone access for patients following the installation of the new telephone system, to ascertain if patient's satisfaction had improved in this regard.

At this inspection 18 May 2018 GP patient survey reflecting the period 1 January 2017 to 31 March 2018 showed patients satisfaction had worsened as 38% of patients said they could get through to the practice easily by phone compared to 56% within the CCG and 71% nationally.

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

- Most GP patient survey results regarding patient's timely access to care and treatment were below average; this was in keeping with feedback from CQC patient comment cards and patients we spoke to on the day of our inspection.
- Patient feedback indicated waiting times and delays were not minimal or managed effectively.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use but accessing timely appointments was not easy.
- The practice had a website offered online appointment booking and prescription requests through the online national patient access system.

The practice had also received feedback following Healthwatch visits during July and August 2017, and mystery shopping visits during January and February 2018 that conveyed concerns regarding patient's access. (Healthwatch is an independent champion for consumers and users of health and social care in England, its purpose is to understand the needs, experiences and concerns of people who use health and social care services and to speak out on their behalf).

The practice was aware of its below average GP Patient survey scores and Healthwatch feedback had implemented a range of improvement actions including increased reception staff cover at peak call times, keeping telephone lines open during lunchtime, promoting patient online access, and improved communication of opening hours, and 'out of hours' services available to patients.

We saw evidence the practice had exceeded the target for patient online access as 25% of patients had an activated account compared to the target of 15%. We also noted outcomes of these improvements in terms of patient experiences would not yet be reflected in the most recent data and that the provision of appointments overall was adequate. However, the majority of GP patient scores for timely patient access were below average, patient feedback had indicated dissatisfaction regarding access for in excess of a year, and the most contemporaneous patient feedback available gathered during our inspection indicated patient access remained unsatisfactory. The practice had not taken action to ascertain whether improvement actions it had taken were effective in terms of patient's experiences.

## **Listening and learning from concerns and complaints**

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. For example, the practice sent a patient an appointment cancellation text which the patient did not receive. The practice apologised to the patient and offered an alternative appointment. Staff met to discuss the issue and decided to change the system to stop the text message notification method in the event of an appointment cancellation. The practice followed up with the patient, including to signpost the patient to NHS England and / or the Parliamentary and Health Service Ombudsman (PHSO) if they remained dissatisfied with the outcome.

**Please refer to the Evidence Tables for further information.**

# Are services well-led?

**We rated the practice and all of the population groups as good for providing a well-led service.**

## Leadership capacity and capability

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them but had not assessed the outcomes of improvement actions for patient access.
- 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.

## Vision and strategy

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

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

## 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 were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff were considered valued members of the practice team.
- 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 partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- Practice leaders recognised there had been a shortage of management cover that had been covered by lead clinicians and had recently taken steps to recruit more practice management staff cover.

## Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance; with the exception of systems for patient specific directions and patient's cervical screening (smear) test results.

## Are services well-led?

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of national and local safety alerts, incidents and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

### Appropriate and accurate information

The practice had and acted on appropriate and accurate information; with the exception of ensuring specific follow up of some GP Patient scores for patient access or practice nursing care.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.

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

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

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

- 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.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

**Please refer to the Evidence Tables for further information.**



This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:</p> <p>Patient Specific Directions (PSDs) Cervical screening.</p> <p><b>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</b></p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:</p> <p>Below average GP Patient survey results.</p> <p><b>This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</b></p>