

The Health Centre Surgery

Quality Report

The Health Centre Surgery
Quality report
The Health Centre Surgery
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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 service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



Summary of findings

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Letter from the Chief Inspector of General Practice

This practice is rated as Requires Improvement overall.

The key questions are rated as:

Are services safe? – RI

Are services effective? –RI

Are services caring? – GOOD

Are services responsive? – GOOD

Are services well-led? - RI

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 rated the population groups as Requires

Improvement overall because the issues identified as inadequate and relating to patient safety, effectiveness and providing a well-led service affected all patients.

We carried out an announced comprehensive inspection at The Health Centre surgery 05 March 2018. Overall the practice is rated as requires improvement.

At this inspection we found:

- Systems and processes in place promoted the safeguarding of vulnerable adults and children.
- Systems to ensure staff recruitment was safe were established. There was a formal induction in place for locum doctors.
- There was an open and transparent approach to safety and a system in place for reporting and recording significant events which was understood by all staff.
- Clinical and nursing staff were aware of current evidence based guidance.
- Patients received care and treatment in keeping with best practice guidance and outcomes for patients was in line with local and national expectations.
- Patients expressed a high level of satisfaction with the practice.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.

Summary of findings

- Patients said they almost always got to see the GP of their choice, and this was confirmed by patients we spoke with and those who completed CQC comment cards. The practice proactively sought feedback from staff and patients.
- Information about services and how to complain was available and patients felt the practice listened to their concerns.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The provider was aware of the requirements of the duty of candour.
- Medical emergency drills had never been completed by staff.
- The practice did not have systems for appropriate and safe management of medicines carried by the doctors.

The areas where the provider must make improvements:

- Ensure that care and treatment is provided in a safe way to patients.
- Ensure that systems and processes are established and operated effectively to ensure good governance in accordance with the fundamental standards of care.

- Ensure that persons employed by the provider in the provision of the regulated activity receive appropriate support, professional development and supervision as necessary to enable them to carry out the duties they are employed to perform.

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

- Review the systems for developing strategies, identifying service priorities, and improvement plans.
- Review staff training needs and how this is to be delivered.
- Review the policy with regards to vetting staff who act as chaperones.
- Review how learning is shared and communicated between all staff.
- Review the system for offering health checks (for the over 75 age group) in keeping with best practice guidance.
- Review the system for providing updated job descriptions when roles change.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

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	

The Health Centre Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC lead inspector. The team included a GP specialist adviser.

Background to The Health Centre Surgery

The Health Centre Surgery also known as Dr Kinloch and Partner occupies a part of the Halewood Centre. The practice was registered with CQC in April 2013. The practice is situated at The Halewood Centre, Roseheath Drive, Halewood, Liverpool, Merseyside. L26 9UH. The website address is: www.DoctorsKM.co.uk

The practice provides a range of primary medical services including examinations, investigations and treatments and a number of clinics such as Ante-natal; well-baby; diabetes and asthma.

- The practice is responsible for providing primary care services to approximately 5,238 patients.
- Data available to the Care Quality Commission (CQC) shows the number of registered patients suffering income deprivation is higher than the national average.
- The majority of patients, approximately 95%, are white British.

The practice provided:

- Two male and one female general practitioners.
- One female practice nurse who has completed training to treat and monitor certain health conditions.
- The practice is open between 8 am and 6.30pm Monday to Friday.
- Appointments are Monday to Friday 8am to 11.30pm; 12.30-2.30pm and 3pm to 6 pm.
- Patients are directed to Urgent Care 24 by phoning NHS111 when the practice is closed.

Are services safe?

Our findings

We rated the practice, and all of the population groups, as requires improvement for providing safe services.

Safety systems and processes

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

- The practice conducted safety risk assessments. It had a suite of safety policies which were reviewed. However there was no formal induction in place for administration and nursing staff to ensure policies and procedures were communicated to all new staff. Adherence to policies and procedures was not monitored.
- The practice had systems to safeguard children and vulnerable adults from abuse. These policies were reviewed and accessible to all staff. They outlined clearly who to go to for further guidance. The safeguarding policy included recent relevant guidance such as information about safeguarding and identifying those at risk of female genital mutilation (FGM).
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (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).
- All clinical staff had received up-to-date safeguarding and safety training appropriate to their role. The safeguarding lead had completed level three adult safeguarding and child protection training and knew how to identify and report concerns. Staff who acted as chaperones had completed relevant training, however, DBS checks had not been carried out for all chaperones.
- Administration staff had completed level one safeguarding in 2015 and plans were in place to provide updated training.

- There were systems to manage infection prevention and control and the practice worked with outside agencies to promote infection control.
- Weekly infection control audits were completed. However staff identified as the lead for infection control were not given clear instructions about their responsibilities.
- The practice ensured that facilities and equipment were maintained according to manufacturers' instructions. However there was no cleaning schedule for stethoscopes and other pieces of clinical equipment.
- There were systems for safely managing most healthcare waste products however an appropriate system for the disposal of sharps contaminated with cytotoxic and cytostatic medicinal products and their residues was not in place.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed. In order to make sure the clinical and administrative demands could be met, the provider was in the process of reviewing; the opening times of the surgery; staff working hours and staff skill mix.
- There was an effective induction system for temporary clinical staff, however formal induction plans were not in place for all staff.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention, however staff had not practised coping with a medical emergency.
- Clinicians knew how to identify and manage patients with severe infections for example, sepsis. Reception and administration staff were informed about recognising serious cardiac symptoms and plans were in place to provide training about recognising the signs of sepsis.
- The practice monitored changes to practice and staff, however the practice had not taken sufficient steps to ensure risks and mitigating action was clearly understood and followed by staff. Not all staff could explain to patients the need to revise and update long

Are services safe?

established processes such as changes to the appointment and repeat prescription systems. Not all staff understood the processes that had been put in place to reduce the risks associated with the changes.

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way. The practice, however, was transitioning to an electronic system from a paper based system and a risk assessment and action plan was not in place to manage the phase out of paper records.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment and referral letters included all of the necessary information.

Safe and appropriate use of medicines

The practice did not have systems for appropriate and safe use management of all medicines, particularly medicines carried by the doctors.

- The systems for managing vaccines, medical gases, emergency medicines and equipment held on the premises was robust and these medicines were all in date and safely stored in keeping with the appropriate best practice guidance. However a significant amount of medicines and equipment held by the GPs were out of date. This was because the provider had not communicated that the role of the practice nurse included reviewing all medication including that held by the GPs and, monitoring checks had overlooked these items.
- The practice kept prescription stationery securely and monitored its use.
- Staff prescribed and administered medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.

- Patient's health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.
- The system for managing and re-authorising repeat prescriptions had been updated and was under review. We found the new processes were not fully understood by staff.

Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues and systems were in place to receive and respond to patient safety alerts.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture. The provider was introducing systems to support and improve safety.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong, however the reasons for change were not always explained in full to all staff.

- There was a system for recording and acting on significant events and incidents. The practice learned from external safety events as well as patient and medicine safety alerts. 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 and improvement made in response. For example in response to an incident which involved patients at the same address with the same name or initials, the provider introduced changes to reduce the risk of a repeat incident. Steps included a change in policy for the level of identification needed when communicating about patients and a specific electronic alert is placed on addresses where this is a concern. However, the administration and clinical staff completed their own investigations and there were no formal processes in place to share learning within and between teams.

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice as require improvement 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.

- Patient's 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 building housed a hearing loop system to assist people who used hearing aids to support their independence.

Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- The practice provided a service to 397 registered patients aged over 75 years. This represented about 8% of the practice population.
- A named GP was allocated to all patients over 75 years. However, these patients were not invited for routine health checks.
- The practice followed up older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any changed needs.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- The practice held fortnightly primary care team meetings with their attached district nursing team and community matrons. However the patients' records were not always updated to reflect the outcomes of these meetings.

- Staff who completed health reviews for patients with long term conditions had received specific training.

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 above the target percentage of 90% and relatively high for all standard childhood immunisations. The practice held a weekly baby clinic. The doctors completed the physical examination part of the assessment and at the same clinic the practice nurse immunised children up to preschool booster age.
- From the sample of documents we reviewed 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.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives, health visitors, and health care professionals such as podiatry were available at the site.

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

- The practice's uptake for cervical screening was 72%, which was comparable to other practices.
- 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:

- Processes were in place to ensure end of life care or a life-limiting condition 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 people living in residential homes or with a learning disability.

Are services effective?

(for example, treatment is effective)

- The practice regularly worked with other health care professionals in the case management of vulnerable patients.

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

- Systems were in place for the practice to carry out advance care planning for patients living with dementia.
- Patients at risk of dementia were identified and offered an assessment.

The practice performed in line with the CCG (local) and national average in relation to reviewing the care of patients diagnosed with dementia.

- The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face to face review in the preceding 12 months was 73% which was comparable to the CCG average of 85% and England average of 83%.

Performance for mental health related indicators was similar to the CCG and national averages.

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the records in the preceding 12 months was 95% which was comparable with the local average of 92% and the national average of 90%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.
- The practice 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 95%; CCG 93%; national 91%);

- The percentage of patients experiencing physical and or mental health conditions who had received advice about smoking cessation was 97%, the CCG average was 97% and the national average was 95%.

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.

- A number of clinical audits had been completed which included antimicrobial prescribing and use of other medicines. These audits had completed two cycles and changes in prescribing had been made as a result.
- Other audits included a cervical cytology audit and changes included additional steps to ensure a suitable sample was always collected.
- The most recent published 2016/2017 Quality Outcome Framework (QOF) results showed the practice attained 98% of available points which was in line with the local average. (QOF is a system intended to improve the quality of general practice and reward good practice.)
- The overall exception reporting rate was 5.5% which compared well with a national average of 9.6%. (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.)
- The data submitted to measure outcomes for patients did not always reflect the positive outcomes achieved by the practice. For example Public Health data indicated that the practice performed worse than the CCG and national averages in relation to the percentage of new cases (among patients registered at the practice) who were referred using the urgent two week wait referral pathway. The practice scored 22%; the local CCG average was 43% and the national average was 52%. However evidence confirmed that patients were appropriately referred using the two week rule and the statistics had also been affected by the small number of patients involved. In addition, many patients were

Are services effective?

(for example, treatment is effective)

already under long term hospital care before diagnosis was made. We saw that all newly diagnosed patients had been referred and seen within two weeks of visiting the surgery.

Effective staffing

- Staff had the skills, knowledge and experience to carry out their professional and clinical roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they maintained their skills. However staff did not have clearly defined job descriptions and clear instructions to support additional responsibilities. Job descriptions were not reviewed and updated to reflect the change in responsibility.
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- The practice understood the learning needs of staff, however protected time and training was not provided.
- Systems in place did not support administration staff to remain up to date with their skills; however a record of skills, qualifications and training was maintained.
- Clinical staff reported they were encouraged and given opportunities to develop.
- Systems had recently been introduced to provide staff with ongoing support. This included one-to-one meetings and appraisals. These were recorded and indicated additional support was provided when the need was identified.
- There was no formal induction program to familiarise new administration and nursing staff into the policies, processes and running of the service and confirm staff were supported to identify the main responsibilities for their role.

Coordinating care and treatment

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

- Records showed processes were in place to involve all appropriate staff, including those in different teams, services and organisations, in assessing, planning and delivering care and treatment.
- 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.

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 at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- 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.
- Staff had completed Mental Capacity Act (MCA) and deprivation of liberty training as appropriate to their roles.

Are services caring?

Our findings

We rated the practice, and all of the population groups, as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patient's personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- 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.
- All of the 21 patient Care Quality Commission comment cards we received were positive about the service provided. Patients said they felt the GPs offered an excellent service; the staff were helpful, caring and treated them with dignity and respect at all times.

Results from the 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. 261 surveys were sent out and 107 were returned. This represented about 2% of the practice population. The practice had outcomes comparable with, or better than the local and national scores for consultations with GPs and nurses.

- 91% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 91% and the national average of 90%.
- 92% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 88%.
- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 96%.
- 88% of patients said the last GP they spoke to was good at treating them with care and concern compared with the clinical commissioning group (CCG) average of 89% and the national average of 87%.
- 97% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 93% and the national average of 92%.

- 97% of patients said the nurse gave them enough time compared with the CCG average of 94% and the national average of 93%.
- 99% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 97% and the national average of 98%.
- 97% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 94% and the national average of 92%.
- 97% of patients said they found the receptionists at the practice helpful compared with the CCG average of 93% and the national average of 90%.

These findings were confirmed by patients who completed the CQC comment cards.

In relation to demonstrating a caring culture the patient satisfaction scores were significantly better than average in a number of areas.

- 92% of patients said they usually get to see or speak to their preferred GP compared to the CCG average of 67% and the national average of 62%.
- 94% of patients said they usually wait 15 minutes or less after their appointment time to be seen compared to the CCG average of 67% and national average of 67%.
- 93% of patients said they find it easy to get through to this surgery by phone compared to the CCG average of 82% and the national average of 75%.

Involvement in decisions about care and treatment

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

Interpretation services were available for patients who spoke English as a second language. We saw notices in the reception areas informing patients this service was available.

- Staff communicated with patients in a way that they could understand, for example, communication aids were available.

Are services caring?

- 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 patients who were carers.

- The practice had a carers register and 60 carers had been identified, approximately 1% of the patient population. Patients on the register were invited for health programs such as influenza injections.
- The practice used a number of methods to identify carers including: asking at registration, advertising information encouraging carers to self-declare and updating information during consultations.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with or better than local and national averages:

- 96% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 90% and the national average of 88%.
- 90% of patients who responded said the last GP they saw was good at involving them in decisions about their care compared with the CCG 86% and the national average of 84%.
- 87% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 92% and the national average of 90%.
- 97% of patients who responded said the last nurse they saw was good at involving them in decisions about their care compared with the CCG average of 92% and the national average of 91%.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the practice and all of the population groups as good for providing responsive care across all population groups.

Responding to and meeting people's needs

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

- Steps had been taken to achieve a seamless handover of clinical care and patients reported that the quality of clinical care was unaffected, however a small number of patients stated accessibility to the doctor of choice was more difficult.
- The practice understood the needs of its population and tailored services in response to those needs. For example additional opening hours and online services such as, advanced appointment bookings.
- The practice improved services where possible in response to unmet needs and made reasonable adjustments when patients found it hard to access services.

Older people:

We rated this population group good in responsive.

- 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.
- Where older patients had complex needs, the practice shared summary care records with local care services.
- Older patients were provided with health promotional advice and support to help them maintain their health and independence for as long as possible.

People with long-term conditions:

We rated this population group good in responsive

- All clinicians cared for vulnerable patients and those with long term conditions during normal consulting sessions.

- Multidisciplinary care and treatment was available, for example diabetic patients could attend a clinic provided by the practice nurse who could refer to another specialist who worked at the clinic.
- Regular health reviews were offered to patients with long term conditions such as chronic obstruction airways disease and asthma.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Families, children and young people:

We rated this population group good in responsive.

- The practices approach was family orientated. The computerised system ensured the individual patient records were interlinked by family.
- There was good joint working to deliver the preschool childhood immunisation program.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.
- 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.
- 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):

We rated this population group good in responsive

- 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.

People whose circumstances make them vulnerable:

We rated this population group good in responsive

- The practice provided a service to people who lived at a nearby supported living establishment.
- The practice had signed up to the Dementia enhanced service. This enhanced service supported the timely diagnosis and support for people with dementia.

Are services responsive to people's needs?

(for example, to feedback?)

- 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 provided longer appointments for patients according to their individual needs, such as those with learning disabilities
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documenting safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- Systems were in place to ensure vulnerable patients such as those with a learning disability or mental health needs received invites for regular health checks.

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

- Staff interviewed including administration staff had an understanding of how to support patients with mental health needs and those patients living with dementia.

The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.

- The percentage of patients with schizophrenia, bipolar effective disorder and other psychoses who have had a comprehensive, agreed care plan documented in their record was comparable to the Clinical Commissioning Group (local) average.
- The percentage of patients with schizophrenia, bipolar effective disorder and other psychosis whose alcohol consumption has been recorded in the preceding 12 months was comparable to other practices.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about access to various support groups and voluntary organisations.

Timely access to the service

In most instances patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Changes had been made to update some processes such as approval for repeat prescriptions and the system was not yet fully embedded.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use.

Results from the July 2017 annual national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to or significantly better than the local and national averages. 261 surveys were sent out and 107 were returned. This represented about 2% of the practice population.

- 92% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 84% and the national average of 79%.
- 93% of patients who responded said they could get through easily to the practice by phone compared with the CCG average of 82% and the national average of 75%.
- 94% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 85% and the national average of 87%.
- 91% of patients who responded said their last appointment was convenient compared with the CCG average of 84% and the national average of 84%.
- 91% of patients who responded described their experience of making an appointment as good compared with the CCG average of 80% and the national average of 77%.
- 91% of patients who responded said they don't normally have to wait too long to be seen compared with the CCG average of 66% and the national average of 63%.

These findings were confirmed by the patients who completed the CQC comment cards about the practice.

Listening and learning from concerns and complaints

Are services responsive to people's needs?

(for example, to feedback?)

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 and it was easy to use. Staff treated patients who made complaints with compassion.

- The complaint policy and procedures were in line with recognised guidance. Three complaints were received in the last year (2017). We reviewed a sample and found that they were handled openly and in a timely way.
- The practice learned lessons from individual concerns and complaints and acted as a result to improve the quality of care.

Are services well-led?

Requires improvement 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

We rated the practice and all of the population groups as requires improvement for providing a well-led service across all population groups.

Leadership capacity and capability

The practice had experienced significant changes in staff as two of the longstanding senior doctors and the longstanding practice nurse retired at the same time. The process of change between the practice nurses had been well managed. Patients reported that the transition had been seamless and they had not experienced a reduction in the quality of care.

The most recently appointed partner oversaw the day to day management of the practice. Although this partner had the skills, capability and vision to lead the practice they did not have the capacity to complete all the tasks required to maintain and deliver high-quality and sustainable care.

Not all leaders were fully accessible in that the registered manager worked part time as a salaried GP. Staff reported that the practice manager worked with them and others to provide information about some changes to the service.

Leaders were knowledgeable about issues relating to the quality and future of services. They understood the challenges and were in the process of addressing them.

- The practice had processes in place to develop leadership capacity and skills, including planning for the future of the practice. However the provider's representative did not have enough time to complete all the planned changes. Tasks identified had not been reviewed or analysed. Priorities had not been set and the provider's representative had responsibility for over-seeing and completing all new initiatives. This responsibility was in addition to their role as a full time GP in the practice.

Vision and strategy

The practice had a vision to deliver high quality care and promote good outcomes for patients. However the strategy was not supported by a detailed plan and goals had not been set.

- The practice developed its vision, values and strategy jointly with patients, staff and external partners.

- Staff were aware of and understood the vision and values of the practice; however they did not have clear instruction about their responsibilities in achieving the vision.
- The strategy was in line with health and social priorities across the region and aimed to provide services to meet the needs of the practice population.
- The practice did not have a system in place to provide an oversight of progress towards the delivering 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 were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- Staff were supported to meet the requirements of professional revalidation where necessary, however clear processes for providing all staff with the development they needed to manage the risk factors identified by the practice, such as change, were not in place.
- Although administration and clinical staff said they felt valued and clinical work was evaluated, staff did not have the capacity to use the processes in place for professional development and training needs had not been formally evaluated.
- The practice actively promoted equality and diversity. Staff felt they were treated equally. Systems were in place to identify and addressed the causes of workforce inequality. The provider identified that gaps in training include equality and diversity training.
- There were positive relationships between all staff.

Governance arrangements

Are services well-led?

Requires improvement 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Responsibilities, roles and systems of accountability needed to be clarified in order to support good governance and management.

- Not all staff were clear about their roles and job descriptions which clearly outlined different roles and responsibilities were not in place.
- Structures, processes and systems to support good governance and management were set out but not always understood by staff.
- The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Practice leaders had established a bank of policies, procedures and activities to promote safety and provide assurance that the service was operating as intended. However these were not formally shared with staff.

Managing risks, issues and performance

- There was an effective, process to identify, understand and monitor current and future risks including risks to patient safety. However, the provider's representative needed additional support to ensure capacity to address current risks.
- Clinical audits had a positive impact on the quality of care and outcomes for patients.
- The practice had plans in place for major incidents.
- Clinicians led and implemented service developments and efficiency changes at the practice.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to promote improved performance.
- Policies and procedures were easy to access, however the availability of policies was not formally shared with staff.
- Formal meetings to discuss quality and sustainability did not take place.
- The practice used performance information which was reported and monitored and the information used to monitor performance and the delivery of quality care was accurate and useful.

- The practice submitted data or notifications to external organisations as required.
- All patient data was managed in line with data security standards. Patient data was accessible as appropriate. Action had been taken to ensure data management systems maintained the integrity of confidential data.
- The practice planned to use an electronic record keeping and communication system for all processes. However there were no clear plans or processes to manage the changes and the use of paper and electronic systems was inconsistent.

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. For example the clinical commissioning group and the patient participation group was supported and encouraged.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement at all levels within the practice, particularly in relation to safe medicines prescribing and access to the service.
- Staff knew about improvement methods but needed additional support to implement the changes.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders, managers and staff did not have the opportunity to take time out to review individual and team objectives, processes and performance.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures 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>(1)(2) (b)(g)(h)</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">• Infection control policies and procedures did not include cleaning and decontamination of all clinical equipment used by the practice.• Sharps contaminated with cytotoxic and cytostatic medicinal products were not correctly segregated to ensure they were disposed of in compliance with legislation and to reduce the risk of injury.• Changes to medicines management were not supported by policies and procedures which were fully understood by the appropriate staff.• Members of staff with responsibility for responding to medical emergencies had not practiced accessing or using the equipment.• Medicines carried by doctors were not in date.
Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Systems or processes must be established and operated to ensure compliance with the requirements in this Part.</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">• Communication of and adherence to policies and procedures was not monitored.• Record management processes did not protect against important patient information getting lost or overlooked.

This section is primarily information for the provider

Requirement notices

- Records did not always provide complete information about decisions taken in relation to the care and of treatment provided.
- The provider did not ensure that governance systems remained effective.

Regulated activity

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

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing
(2)(a)

How the regulation was not being met:

Staff had not received appropriate support, training, professional development, supervision and appraisal as necessary to enable them to carry out the duties they are employed to perform:

- A formal induction programme was not in place for all new staff.
- A training and development plan had not been developed.
- Job descriptions had not been implemented / developed and reviewed and staff were unclear about their roles and responsibilities.
- The provider did not provide appropriate support to staff with management responsibilities.