

# Yalding Surgery

## Quality Report

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Kent

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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?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



# Key findings

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## Letter from the Chief Inspector of General Practice

**This practice is rated as requires improvement overall.** (Previous inspection 25 July 2016 – Good)

The key questions are rated as:

Are services safe? – Requires improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Requires improvement

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 Yalding Surgery on 22 March 2018, under Section 60 of

the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

At this inspection we found:

- The practice had implemented a system to ensure safety alerts were disseminated and acted on.
- The practice was unable to demonstrate that all appropriate recruitment checks had been undertaken prior to employment of staff.
- Risks to patients, staff and visitors were not always assessed and managed in an effective and timely manner.
- The practice had implemented a system to manage significant events. When incidents did happen, the practice learned from them and improved their processes. However, the completed significant event forms we reviewed lacked detail of the lessons learned and follow-up of the event.
- The practice was equipped to treat patients and meet their needs. However, not all equipment for use in an emergency was sterile and fit for purpose.
- The practice reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.

# Summary of findings

- The practice had used clinical audit to drive improvements in patient outcomes.
- The practice had continued to identify and support more patients who were also carers.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use.
- Governance arrangements were not always sufficient or effectively implemented.

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

- Ensure care and treatment is provided in a safe way 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:

- Continue to ensure that a member of the practice management team completes legionella awareness training.
- Continue to monitor and improve systems for reporting childhood immunisation rates.

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

# Yalding Surgery

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

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

## Background to Yalding Surgery

Yalding Surgery (also known as Burgess Bank Surgery) is a GP practice based in Yalding, Kent. There are approximately 5,800 patients on the practice list. The practice is similar across the board to the national averages for each population group. For example, 21% of patients are aged 65 years of age or over compared to the national average of 17%. The practice is in one of the least deprived areas of Kent.

There are two partner GPs (one male and one female) and three salaried GPs (one male and two female). The GPs are supported by a practice manager, a reception manager, one assistant practitioner, one practice nurse, two healthcare assistants, three dispensers and an administrative team.

There are arrangements with other providers (Integrated Care 24) to deliver services to patients outside of the practice's working hours.

The practice has a general medical service (GMS) contract and also offers enhanced services for example; minor operations, ultrasound scans and joint injections.

The practice is able to provide dispensary services to those patients on the practice list who live more than one mile (1.6km) from or have difficulty accessing their nearest pharmacy premises. This service is delivered by a dispensary team of two dispensers

Services are delivered from;

Yalding Surgery, Burgess Bank, Benover Road, Maidstone, Kent, ME18 6ES.

# Are services safe?

## Our findings

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

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

- Not all appropriate recruitment checks could be evidenced as having been undertaken prior to the employment of a newly appointed staff.
- The infection prevention and control audit did not always include actions to be taken and dates for completion of any actions required.
- Sterile packaging of equipment for use in an emergency had been opened and was therefore not fit for purpose.
- The practice did not comply fully with remedial actions identified following a legionella risk assessment being conducted.
- The systems for reviewing and investigating when things went wrong were not always appropriate.

### Safety systems and processes

The practice's systems did not always keep patients safe and safeguarded from abuse.

- The practice had a suite of safety policies including adult and child safeguarding policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. Policies were regularly reviewed and were accessible to all staff, including locums. They outlined clearly who to go to for further guidance.
- The practice's computer system alerted staff to patients who were vulnerable.
- 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.
- Staff had 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 shared with staff. Staff who acted as chaperones were trained for the 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). Records viewed confirmed this.

- The practice did not always carry out the appropriate staff checks on recruitment. We looked at two staff recruitment files and found that they did not include references. We found that where staff members were registered as patients of the practice, there was policy to govern this.
- Checks of professional registration were carried out, both where relevant and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required.
- There was a system to manage infection prevention and control. However, we found that the infection prevention and control audit did not always include actions to be taken and dates for completion of any actions required. We also found that there were no cleaning schedules for clinical trolleys, medical equipment and the tap in the disabled toilet (as indicated in the legionella report).
- There were systems for safely managing healthcare waste.
- The practice had ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions.

### Risks to patients

There were not always adequate systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed. There was an effective approach to managing staff absences and for responding to epidemics, sickness, holidays and busy periods.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.

# Are services safe?

- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

## Information to deliver safe care and treatment

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

- 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 had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. There was a documented approach to the management of test results.
- Referral letters included all of the necessary information.

## Safe and appropriate use of medicines

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

- The systems for managing and storing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice had carried out an appropriate risk assessment to identify medicines that it should stock. The practice kept prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.
- Patients' 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.

- Arrangements for dispensing medicines at the practice kept patients safe.
- Access to the dispensary was restricted to authorised staff only.
- There was a named GP responsible for the dispensary.
- There were written dispensary procedures that were reviewed regularly to ensure safe practice.
- Prescriptions were signed before medicines were dispensed and handed out to patients.

## Track record on safety

The practice did not always have a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed activity. We received information following the inspection to show that a member of the practice management team had applied to complete this training online within a few days of the inspection visit.

## Lessons learned and improvements made

The practice did not always learn and make improvements when things went wrong.

- There was a system and policy for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- The systems for reviewing and investigating when things went wrong were not always appropriate. For example, we saw that near misses, such as patients being given appointments for a patient with the same name, where not being documented. The practice did not always learn and share lessons, identify themes and take action to improve safety in the practice when things went wrong. For example, we found that there had been an error in the administration of a childhood immunisation. There were clear records of the investigation undertaken but there was no change of policy, to ensure the same incident occurred again. Additionally, there was no review of significant events to monitor for trends and themes and we saw that minutes of practice meetings were not always clear in what discussion took place in relation to events reported.

## Are services safe?

There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

# Are services effective?

(for example, treatment is effective)

## Our findings

**We rated the practice as good for providing effective services. The provider was rated as requires improvement for 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 advised patients what to do if their condition got worse and where to seek further help and support.

#### Older people:

The provider was rated as requires improvement for the safe and well-led questions and rated as good for effective, caring and responsive. The resulting requires improvement overall rating applies to everyone using the practice, including this patient population group.

There were, however, examples of good practice.

- Older patients who were 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.
- The leadership of the practice had a good understanding of the needs of older people, there was good engagement with this patient group and they were continually looking at ways to improve the service for them.
- The practice had a scheme for patients, who lived in one of the three local nursing and/or residential care homes. This involved registering all the patients (with their consent) with one of two lead GPs who were responsible for the care of the patients at the home. Weekly and as required visits to nursing homes were conducted.

#### People with long-term conditions:

The provider was rated as requires improvement for the safe and well-led questions and rated as good for effective, caring and responsive. The resulting requires improvement overall rating applies to everyone using the practice, including this patient population group.

There were, however, examples of good practice.

- 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.

#### Families, children and young people:

The provider was rated as requires improvement for the safe and well-led questions and rated as good for effective, caring and responsive. The resulting requires improvement overall rating applies to everyone using the practice, including this patient population group.

There were, however, examples of good practice.

- Childhood immunisations were carried out in line with the national childhood vaccination programme. The practice was below national and local averages for



# Are services effective?

## (for example, treatment is effective)

results in relation to childhood immunisations. We were told that this was related to an IT/data collection issue. However, the practice had made significant improvements to ensure there were systems and processes to address these.

- 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.

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

The provider was rated as requires improvement for the safe and well-led questions and rated as good for effective, caring and responsive. The resulting requires improvement overall rating applies to everyone using the practice, including this patient population group.

There were, however, examples of good practice.

- The practice's uptake for cervical screening was 83%, which was above the 80% coverage target for the national screening programme.
- The practices' uptake for breast and bowel cancer screening was in line the national average.
- 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:

The provider was rated as requires improvement for the safe and well-led questions and rated as good for effective, caring and responsive. The resulting requires improvement overall rating applies to everyone using the practice, including this patient population group.

There were, however, examples of good practice.

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.

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

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

The provider was rated as requires improvement for the safe and well-led questions and rated as good for effective, caring and responsive. The resulting requires improvement overall rating applies to everyone using the practice, including this patient population group.

There were, however, examples of good practice.

- 94% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was above the national average.
- 97% 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 above the national average.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example, 97% of patients experiencing poor mental health had received discussion and advice about alcohol consumption. This was above the national average.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice provided services to patients who were resident at a nearby alcohol and drug rehabilitation service. All patients admitted to this service for post detox care and treatment had their primary care needs met by the practice. Patients received a new patient check, which included medicines reviews.

### Monitoring care and treatment

The most recent published QOF results were 100% of the total number of points available compared with the clinical commissioning group (CCG) average of 93% and national average of 96%. The overall exception reporting rate was 10% compared with a national average of 10%. (Exception

# Are services effective?

## (for example, treatment is effective)

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 practice used information about care and treatment to make improvements. The practice showed us a comprehensive audit record that included three audits that had been undertaken in the previous twelve months. We saw detailed evidence of completed audits where the improvements made were implemented and monitored. Findings were used by the practice to improve services. For example, an audit of PSA monitoring in patients with a history of prostate cancer, showed that five out of 27 patients had not been monitored appropriately. These patients had subsequently received the blood test and the practice's patient record system had been updated to include alerts on their records. (PSA is a blood test that measures the amount of prostate specific antigen (PSA) in the blood).
- The practice was actively involved in quality improvement activity. For example, after receiving a Medicine and Healthcare Regulatory (MHRA) alert, the practice had routinely reviewed patients on a certain non-steroidal anti-inflammatory drug (NSAID) which had adverse cardiac (heart) side effects. Where appropriate, clinicians took part in local and national improvement initiatives. For example, the practice was piloting the use of medical assistants (non-clinical staff reviewing letters and correspondences sent to the practice). We saw that there was a set list of correspondence items that could be reviewed by medical assistants and a system for GPs to audit records, in order to ensure the system was working effectively.

### Effective staffing

Staff had the skills, knowledge and experience to carry out their 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 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 one-to-one meetings, appraisals, mentoring, clinical supervision and support for revalidation. Staff told us that they received an appropriate induction to working at the practice.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.
- Dispensary staff were appropriately qualified and their competence was assessed regularly. They could demonstrate how they kept up to date.

### 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, services and organisations, were involved 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.
- 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 have been 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.

# Are services effective?

(for example, treatment is effective)

- 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.
- The practice's patient participation group (PPG) were consulting patients with a view to commencing well-being walks which aimed to promote socialisation, fitness and emotional support.

## 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.

# 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 patients' 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 10 patient Care Quality Commission comment cards we received were positive about the service experienced. This was in line with the results of the NHS Friends and Family Test and other feedback received by the practice.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. Two hundred and forty two surveys were sent out and 120 were returned. This represented about 2% of the practice population. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 99% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 90% and the national average of 88%.
- 99% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 97%; national average - 96%.
- 96% of patients who responded said the last GP they spoke with was good at treating them with care and concern; CCG - 87%; national average - 86%.
- 97% of patients who responded said the nurse was good at listening to them; (CCG) - 93%; national average - 91%.

- 95% of patients who responded said the last nurse they spoke with was good at treating them with care and concern; CCG - 92%; national average - 91%.

### Involvement in decisions about care and treatment

Staff helped patients 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):

- Interpretation services were available for patients who did not have English as a first language.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice identified patients who were carers by maintaining a carer's register. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 143 patients as carers (2% of the practice list).

- We saw leaflets in the waiting rooms advertising carer support services.
- Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

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 local and national averages:

- 95% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 88% and the national average of 86%.

## Are services caring?

- 94% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 84%; national average - 82%.
- 97% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 93%; national average - 91%.
- 94% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 87%; national average - 85%.

### Privacy and dignity

The practice respected patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.

Conversations with receptionists could not be overheard by patients in the waiting room.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

**We rated the practice as good for providing responsive services, except for all population groups which were rated as requires improvement.**

### 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. For example; extended opening hours, online services such as repeat prescription requests, advanced booking of appointments, advice services for common ailments.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. For example, providing routine home visits to patients with complex needs.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- The practice provided dispensary services for people who needed additional support with their medicines. For example; a delivery service, weekly or monthly blister packs, large print labels.

#### Older people:

The provider was rated as requires improvement for the safe and well-led questions and rated as good for effective, caring and responsive. The resulting requires improvement overall rating applies to everyone using the practice, including this patient population group.

There were, however, examples of good practice.

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.

- There was a medicines delivery service for housebound patients.
- The practice liaised closely with the local community warden, in order to support older patients with care and treatment, as well as their social needs.

#### People with long-term conditions:

The provider was rated as requires improvement for the safe and well-led questions and rated as good for effective, caring and responsive. The resulting requires improvement overall rating applies to everyone using the practice, including this patient population group.

There were, however, examples of good practice.

- 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:

The provider was rated as requires improvement for the safe and well-led questions and rated as good for effective, caring and responsive. The resulting requires improvement overall rating applies to everyone using the practice, including this patient population group.

There were, however, examples of good practice.

- 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):

# Are services responsive to people's needs?

## (for example, to feedback?)

The provider was rated as requires improvement for the safe and well-led questions and rated as good for effective, caring and responsive. The resulting requires improvement overall rating applies to everyone using the practice, including this patient population group.

There were, however, examples of good practice.

- 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 telephone consultations. The practice had trialled Saturday morning appointments but found that there was no demand. This was evidenced by the lack of uptake for appointments during these sessions.
- Telephone and web GP consultations were available which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

The provider was rated as requires improvement for the safe and well-led questions and rated as good for effective, caring and responsive. The resulting requires improvement overall rating applies to everyone using the practice, including this patient population group.

There were, however, examples of good practice.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice liaised closely with the local community warden, in order to support people whose circumstances make them vulnerable with care and treatment, as well as their social needs. For example, supporting patients to acquire home adaptations in order to help ensure access to their home, should they live alone and be unwell.

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

The provider was rated as requires improvement for the safe and well-led questions and rated as good for effective, caring and responsive. The resulting requires improvement overall rating applies to everyone using the practice, including this patient population group.

There were, however, examples of good practice.

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice held GP led dedicated monthly mental health and dementia clinics. Patients who failed to attend were proactively followed up by a telephone call from a GP.
- Weekly and as required visits to a nearby residential alcohol and drugs rehabilitation service were also conducted.

### Timely access to care and treatment

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages. This was supported by observations on the day of inspection and completed comment cards.

- 86% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 86% and the national average of 75%.
- 90% of patients who responded said they could get through easily to the practice by telephone; CCG – 90%; national average – 71%.
- 93% of patients who responded said that the last time they wanted to speak with a GP or nurse they were able to get an appointment; CCG – 93%; national average – 84%.
- 92% of patients who responded said their last appointment was convenient; CCG – 92%; national average – 81%.



# Are services responsive to people's needs?

(for example, to feedback?)

- 94% of patients who responded described their experience of making an appointment as good; CCG - 94%; national average - 73%.
- 72% of patients who responded said they didn't normally have to wait too long to be seen; CCG - 72%; national average - 58%.

## 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. Five complaints were received in the last year. We reviewed all five complaints and found that they were satisfactorily handled in a timely way.
- 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, following a complaint about the conduct on the treatment patients received from a member of staff, the practice had revised process to reduce the risk of the situation reoccurring and 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.**

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

- Governance arrangements were not always sufficient or effectively implemented.
- There was not always an effective process to identify, understand, monitor and address current and future risks including risks to patient safety.

### Leadership capacity and capability

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

- Leaders had the experience, capability and integrity to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- 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.

- The practice monitored progress against delivery of the strategy.

### Culture

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

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they 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, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- 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 of accountability to support governance and management. However, systems and processes did not always support the practices governance programme.

# Are services well-led?

Requires improvement 

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

- 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.

## Managing risks, issues and performance

There was not always clarity around processes for managing risks, issues and performance.

- There was not always an effective process to identify, understand, monitor and address current and future risks including risks to patient safety. For example, governance procedures had not identified issues relating to staff recruitment files, infection prevention and control management, legionella risk management, the provision of equipment for use in an emergency and significant event policies and procedures.
- 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 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 acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information, with the exception of lessons learnt from significant events investigated.
- 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 practice had gathered feedback from patients through the patient participation group (PPG) and through in-house surveys and complaints received. The PPG met regularly, supported in-house patient surveys and submitted proposals for improvements to the practice management team. For example, introducing Wi-Fi access in the waiting room.
- The service was transparent, collaborative and open with stakeholders about performance.

## Continuous improvement and innovation

# Are services well-led?

Requires improvement



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

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

- Staff knew about improvement methods and had the skills to use them.

- Learning from significant events were not always shared and used to make improvements.
- Leaders and managers encouraged staff 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 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><b>Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe care and treatment</b></p> <p><b>How the regulation was not being met:</b></p> <p>The registered person did not do all that was reasonably practicable to assess the risk of, and prevent, detect and control the spread of, infections. They had failed to take all appropriate action to address areas of risk identified in the infection prevention and control audit as well as the legionella risk assessment. Cleaning schedules failed to include all relevant items and areas.</p> <p>This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Good governance.</b></p> <p><b>How the regulation was not being met:</b></p> <p>The registered person did not always mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. They had failed to take required action in relation to the management of infection prevention and control, legionella risks, recruitment procedures and significant event policies and procedures.</p>

This section is primarily information for the provider

## Requirement notices

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