

Dr Anis and Anis

Quality Report

Golborne Health Centre
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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?

Requires improvement



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. (Previous inspection 17 November 2016 – Good)

The key questions are rated as:

Are services safe? – Requires Improvement

Are services effective? – Good

Are services caring? – Requires Improvement

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 Dr Anis and Anis on 7 March 2018 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is 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:

- There was evidence of learning and improvement when things went wrong, but the system for this was not clear or consistent.
- Staff recruitment and training records were incomplete.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice had not reviewed the results from the annual national GP patient survey 2017.

Summary of findings

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

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

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

- Develop processes to improve the take up of cervical screening

- Review and consider how best to improve satisfaction scores from the national GP patient survey.
- The practice should take steps to increase awareness of medical emergencies across the clinical team.
- Review the system for appraisals for nursing staff.
- Staff should be made aware of the interpretation services available for patients.
- Introduce easy read materials for those patients that may need them.

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	

Dr Anis and Anis

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC lead inspector. The team included a GP specialist adviser, and a practice nurse specialist adviser

Background to Dr Anis and Anis

Dr Anis and Anis is the registered provider and provides primary care services to its registered list of 4761 patients. The practice delivers commissioned services under the General Medical Services (GMS) contract and is a member of NHS Wigan Borough Clinical Commissioning Group (CCG).

The GMS contract is the contract between general practices and NHS England for delivering primary care services to local communities. The practice is registered with the Care Quality Commission (CQC) to provide the regulated activities of diagnostic and screening procedures; family planning; maternity and midwifery services; surgical procedures, and treatment of

disease, disorder and injury.

Regulated activities are delivered to the patient population from the following address:

Golborne Health Centre

Kidglove Road

Golborne

WA3 3GS

The practice has a website that contains information about what they do to support their patient population and the in house and online services offered:

www.highstreetmedicalcentre.co.uk

The average life expectancy and age profile of the practice population is broadly in line with the CCG and national averages. Information taken from Public Health England placed the area in which the practice is located in the fifth less deprived decile (from a possible range of between 1 and 10). In general, people living in more deprived areas tend to have greater need for health services.

Are services safe?

Our findings

We rated the practice, and all of the population groups, and Requires Improvement for providing safe services.

Safety systems and processes

The practice had some systems in place to 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. Policies were not regularly reviewed but were accessible to staff. They outlined who to go to for further guidance.
- There was a system to highlight vulnerable patients on records.
- 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.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Reports and learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check.
- The practice did not carry out staff checks in a consistent manner on recruitment. Some recently recruited staff had no references on file. 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). However there were three members of non clinical staff still awaiting their checks to return.
- There was not an effective system to manage infection prevention and control. The lead for infection control had received no training and there were no audits completed.
- There were systems for safely managing healthcare waste.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions.
- The practice had a bag valve mask, known as the Ambu bag or generically as a manual resuscitator or "self-inflating bag". This is a hand-held device

commonly used to provide positive pressure ventilation to patients who are not breathing or not breathing adequately. However the practice did not have single use masks available.

Risks to patients

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

- 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.
- There was no effective induction system in place for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis. The patient computer record system had prompts in place to ensure clinicians followed best practice guidelines for these patients. Sepsis management had not been discussed routinely at clinical meetings. Therefore the practice should take steps to increase awareness of medical emergencies across the clinical team.
- 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.
- Referral letters included all of the necessary information.

Are services safe?

Safe and appropriate use of medicines

The practice did not have 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 generally minimised risks. The practice kept the main stocks of prescription stationery securely, but there was no system in place to monitor and audit their issue and use, including those prescriptions that had not been collected.
- 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.
- There was a practice nurse, who prescribed under Patient Group Directions (PGDs). (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.) However we found the current PGDs were not in date at the time of the inspection. We saw evidence the practice had later taken measures to address this shortfall by ensuring these were signed by the appropriate clinicians.
- 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.

Track record on safety

The practice had a good safety record.

- There were risk assessments in relation to safety issues. Specific health and safety assessments concerning the building and facilities were held centrally by the building management team and regularly monitored and updated if required.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system 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. However, the system for recording and acting on significant events and incidents was not clear. The practice did not have a policy on significant events. There was a policy on accidents and incidents, which did not refer any matters relevant to a clinical context and did not describe processes for analysing, learning or sharing lessons from events.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice but the system in place for this was not clear or consistent.
- There was a system for receiving and acting on safety alerts. However not all staff were aware of this. 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 and good for providing effective services to all its population groups.

(Please note: Any Quality Outcomes Framework (QOF) data relates to 2016/17. QOF is a system intended to improve the quality of general practice and reward good practice.)

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.
- The average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (practice 2.21) was above other practices in the CCG and nationally. However current unverified data indicated an improvement on this.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff used appropriate tools to assess the level of pain in patients.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who 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.
- Flu, pneumonia and shingles vaccinations were offered to all older patients.
- 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 practice worked with the community link worker (CLW). The CLW took referrals for patients who need extra help, but not necessarily medical help. It can vary from advice on benefits to social issues such as loneliness and not knowing which services are available and how they can be accessed. This service works in co-operation with Age UK so that patients over 65 will be linked to the services available through them. The practice had not made any referrals to this service for a long time.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 Royal College of Physicians (RCP) questions was 75% (CCG 78%, National 77%).
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 64% (CCG 82%, National 78%).
- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less was 72% (CCG 80%, National 80%). Although these recorded figures were significantly lower than the averages, we saw the practice had already improved upon this in this reporting period by reviewing the current unsubstantiated Quality Outcomes Framework (QOF) data.
- The percentage of patients with Chronic Obstructive Pulmonary Disease (COPD) who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months was 93% (CCG 91%, National 90%).

Are services effective?

(for example, treatment is effective)

- The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less was 79% (CCG 86%, National 83%).
- The percentage of patients with atrial fibrillation in whom stroke risk has been assessed using the CHA2DS2-VASc score risk stratification scoring system in the preceding 12 months (excluding those patients with a previous CHADS2 or CHA2DS2-VASc score of 2 or more) was 88% (CCG 80%, National 88%).
- The percentage of patients with physical and/or mental health conditions whose notes recorded smoking status in the preceding 12 months was 95% (CCG 96%, National 95%).

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% or above.
- The practice worked with midwives and health visitors to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.
- 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 practice's uptake for cervical screening was 68%, which was below the 80% coverage target for the national screening programme but broadly in line with CCG and national averages.
- The practices' uptake for breast and bowel cancer screening was in line the national average.
- The practice did not have systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time, but these were offered on an opportunistic basis.

- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including asylum seekers, military veterans and those with a learning disability.

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

- 89% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was above the CCG average of 86% and the national average of 84%.
- 90% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was comparable to the CCG average of 92% and the national average of 90%.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption was 95%. The CCG average was 93% and the national average 90%.
- 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.

Monitoring care and treatment

The practice had a programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided but this was not a structured programme. The practice worked within the Greater Manchester Primary Care Standards and we saw evidence their performance had demonstrated compliance with these standards. The practice regularly submitted a data return for the Wigan Borough quality and engagement scheme to support these standards.

Are services effective?

(for example, treatment is effective)

The practice had undertaken clinical audits linked to National Institute for Health and Care Excellence (NICE) best practice guidelines. There were some full cycle audits, and some reviews and first cycle audits undertaken by the practice.

The most recent published Quality Outcome Framework (QOF) results were 91% of the total number of points available compared with the clinical commissioning group (CCG) average of 97% and national average of 96%. The overall exception reporting rate was 4% compared with a national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice. 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 practice was not an outlier for any indicators.

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 clinical learning needs of staff and provided training to meet them. Up to date records of skills, qualifications and training were kept but not in a structured manner. Staff were encouraged and given opportunities to develop.
- The practice had become a training practice for FY2 doctors and the GPs in the practice were clinical supervisors.
- The practice provided staff with ongoing support. This included one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. Appraisals for nursing staff were not undertaken internally in the practice. The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.

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 be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Percentage of new cancer cases (among patients registered at the practice) who were referred using the urgent two week wait referral pathway (practice 42%) was comparable with other practices in the CCG (41%) but below the national average (52%).
- 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.

Are services caring?

Our findings

We rated the practice, and all of the population groups, as Requires Improvement 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.
- There were no Care Quality Commission comment cards completed and the practice had not received any NHS Friends and Family Test and other feedback from patients in the last twelve months.
- Patients we spoke with said that staff treated them in a kind, dignified and respectful manner.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. 282 surveys were sent out and 106 were returned. This represented about 2% of the practice population. Satisfaction scores on consultations with GPs and nurses were mixed when compared to the local and national average. For example:

- 75% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 89% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 95%; national average - 95%.
- 76% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG - 85%; national average - 86%.
- 94% of patients who responded said the nurse was good at listening to them; (CCG) - 94%; national average - 91%.
- 94% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 93%; national average - 91%.

The practice had not reviewed the results from the annual national GP patient survey 2017.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and but not all staff 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):

- Staff did not know about or use the interpretation services that were available for patients who did not have English as a first language.
- Staff communicated with patients in a way that they could understand; however there were no easy read materials available.

The practice identified patients who were carers. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 78 patients as carers (just below 2% of the practice list).

- The practice manager was the lead member for carers.
- Staff told us that if families had experienced bereavement, their usual GP contacted them. This call was either followed by a patient 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 below local and national averages:

- 75% 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 86% and the national average of 86%.
- 71% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 83%; national average - 82%.
- 89% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 93%; national average - 90%.
- 82% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 89%; national average - 85%.

Are services caring?

The practice had not reviewed the results from the annual national GP patient survey 2017 and did not have a plan to seek improvement.

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.
- 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 services.

Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs. For example there were online services such as repeat prescription requests and advanced booking of appointments. However the practice did not offer extended opening hours
- 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 there was a hearing loop available.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- The practice was open at the following times:

Monday 8am - 6.30pm

Tuesday 8am - 6.30pm

Wednesday 8am - 4.00pm

Thursday 8am - 8pm

Friday 8am - 6.30pm

- Patients we spoke with told us they found the appointment system easy to use and reported that they were able to access care when they needed it though on occasion had to wait for appointments.
- Patients requiring a GP outside of normal working hours were advised to contact the surgery and they would be directed to the local out of hours service which was provided by Bridgewater NHS Foundation Trust –through NHS 111. Additionally patients could access GP services in the evening and on Saturdays and Sundays through the Wigan GP access alliance at locations across Wigan Borough.

Older people:

- 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.
- There was a medicines delivery service from the local pharmacies for housebound patients.

People with long-term conditions:

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

Families, children and young people:

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

- 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 there were extended opening hours.
- Telephone 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 practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.

Are services responsive to people's needs?

(for example, to feedback?)

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

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

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 below the local and national averages. This was supported by observations on the day of inspection and completed comment cards. 282 surveys were sent out and 106 were returned. This represented about 2% of the practice population.

- 73% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 80% and the national average of 76%.

- 70% of patients who responded said they could get through easily to the practice by phone; CCG - 79%; national average - 71%.
- 74% 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; CCG - 86%; national average - 84%.
- 66% of patients who responded described their experience of making an appointment as good; CCG - 78%; national average - 73%.

The practice had not reviewed the results from the annual national GP patient survey 2017.

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 and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. We reviewed all 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 if there was an identified learning need then this would be cascaded to staff, clinical and non-clinical to improve practice.

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.

Leadership capacity and capability

Clinical leaders had the capacity and skills to deliver high-quality, sustainable clinical care.

- Clinical leaders had the experience, capability and integrity to deliver the practice strategy and address risks to it.
- They were knowledgeable about clinical 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 with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, however there was no succession planning in place for the future leadership of the practice.

Vision and strategy

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

- There was a practice strategy and set of values however not all staff were aware of these. The practice had a strategy but no supporting business plans to achieve priorities.
- The practice had not developed its vision, values and strategy jointly with patients, staff and external partners.
- Some staff were not 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 had not 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.

- 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. 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. However not all staff received regular annual appraisals in the last year and the system for monitoring training was not effective. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Some 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 inconsistent arrangements to support governance and management.

- Structures, processes and systems to support good governance and management were not always clearly set out, understood and effective, and were not applied consistently. The governance and management of partnerships, joint working arrangements and shared services had not consistently promoted interactive and co-ordinated person-centred care. For example managers, clinical and non-clinical, in the practice attended external meetings but there were no actions or outcomes from these.
- All staff were clear on their roles and accountabilities including safeguarding but not infection prevention and control.
- Practice leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. However some were out of date, not fit for purpose and overdue a review.

Managing risks, issues and performance

There were some processes for managing risks, issues and performance.

Are services well-led?

Requires improvement 

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

- There were adequate processes to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes in place to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Some practice staff had oversight of national and local safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place for major incidents but staff had not been trained in this.
- 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.
- The information used to monitor performance and the delivery of quality care was accurate and useful. However there were no plans to address any identified weaknesses.
- The practice submitted data or notifications to external organisations as required.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved some staff and external partners to support high-quality sustainable services but did not engage with the patient population.

- There was no patient participation group.
- The service was transparent, collaborative and open with stakeholders about performance.

Appropriate and accurate information

The practice acted on some appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was not combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- We saw no evidence that the practice used performance information which was reported and monitored and that management and staff were held to account.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement at all levels within the practice. For example the practice nurse was being trained to become a nurse prescriber.
- The practice made use of internal and external reviews of incidents and complaints. Learning was generally shared in meetings, but not all staff were in attendance, and used to make improvements.
- The practice had become a training practice for FY2 doctors.

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>How the regulation was not being met:</p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. This was because:</p> <ul style="list-style-type: none">• Staff records in all cases were not fully complete and did not contain details such as induction received and identity checks.• Temporary staff did not receive a local induction pack tailored to their role.• There was an ambu bag available but no single use masks.• There was a system for receiving and acting on safety alerts. However not all staff were aware of this. <p>There was not proper and safe management of medicines. In particular:</p> <ul style="list-style-type: none">• The practice kept the main stocks of prescription stationery securely, but there was no system in place to monitor use.• Current Patient Group Directives (PGDs) were not in date at the time of the inspection. <p>There was no proper assessment of the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated. In particular:</p> <ul style="list-style-type: none">• Annual infection control audits had not been carried out.• The lead for infection control had received no training. <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Requirement notices

Regulated activity

Diagnostic and screening procedures

Family planning services

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

How the regulation was not being met:

The registered person did not have systems in place to ensure that adequate governance and monitoring systems were in place. This was because:

- The process for identifying and recording significant events or incidents was being implemented inconsistently.
- Annual appraisals had not been completed for some members of staff.
- Staff personal records were not always fully complete and some lacked details including induction received and identity checks.
- The management and authorisation of patient group directives (PGDs) were not effective.
- Some policies and procedures were out of date, not fit for purpose and overdue a review.
- There were no proactive systems in place for getting patient feedback.

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