

# Dr Kim Cheung

## Quality Report

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

### Ratings

Overall rating for this service	Inadequate	
Are services safe?	Inadequate	
Are services effective?	Requires improvement	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Inadequate	

# Summary of findings

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## Overall summary

**This practice is rated as Inadequate.** (This practice was previously inspected in December 2014 and rated as good).

The key questions are rated as:

Are services safe? – Inadequate

Are services effective? – Requires improvement

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Inadequate

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 – Inadequate

People with long-term conditions – Inadequate

Families, children and young people – Inadequate

Working age people (including those recently retired and students – Inadequate

People whose circumstances may make them vulnerable – Inadequate

People experiencing poor mental health (including people with dementia) – Inadequate

We carried out an announced comprehensive inspection at Dr Kim Cheung on 9 January 2018. We carried out a comprehensive inspection as part of our inspection

programme under Section 60 of the Health and Social Care Act 2008. 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:

- The practice had some systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes. However improvements were required.
- 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.
- Overall we found that the leadership lacked the capacity and strategy to provide effective arrangements and systems which led to governance, policies and procedural failures.
- We found systems and processes lacked oversight and governance and as a result the practice had not identified areas of risk within the practice. For example, no risk assessments had been carried out. These included a fire risk assessment, health and safety assessment and a Control of Substances Hazardous to Health assessment (COSHH).
- Staff involved and treated patients with compassion, kindness, dignity and respect.

# Summary of findings

- Patients spoke positively about the care they received from the practice, which was in line with the friends and family test and the national GP patient survey data.
- The practice was clean and tidy however, no infection prevention control audit had been completed within the last 12 months.
- Patient safety and medicine alerts were reviewed and shared amongst the clinical team however they were not actioned and we found patients at risk.
- The system for monitoring patients taking high risk medicines required strengthening.
- The practice were not equipped to deal with medical emergencies as we found they did not have access to oxygen or relevant medicines and there was no risk assessment in place.
- We found staff had not completed training to meet the needs of their patients.
- Practice policies were not unique to the practice and we found that staff did not follow or refer to these policies.
- Clinicians knew how to identify and manage patients with severe infections, for example, sepsis. However there was no current information aids to help staff diagnose these infections.
- The practice carried out annual health checks for patients over 75 years old however the system used did not allow the practice to easily identify who had received a review. We found that some of these patients had received an informal review within the last year.
- The practice had identified 0.6% of its practice list as carers by highlighting them during registration and during clinical consultations.
- Staff were aware of local protocols and had adequate knowledge to safeguard vulnerable adults and children. However the practice did not have a safeguarding vulnerable adult's policy.
- We found clinicians had limited knowledge to assess a patient's mental capacity to make a decision.
- We found that electrical devices had not had portable appliance testing and medical equipment had not been calibrated since June 2014.
- We saw staff treated patients with kindness and respect, and maintained patient dignity and information confidentiality.

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 including in all emergency situations.
- Ensure all premises and equipment used by the service provider is fit for use
- Maintain appropriate standards and documentation of hygiene for premises and equipment.
- 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:

- Ensure there is an effective process to identify carers to enable support and advice to be offered to those that require it.
- Ensure annual health checks for patients over 75 years of age are correctly coded and documented.
- Consider information aids for clinical emergencies such as sepsis.
- Ensure clinical staff receive appropriate training in the Mental Capacity Act.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

Special measures will give people who use the service the reassurance that the care they get should improve.

**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.

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

# Dr Kim Cheung

## Detailed findings

### Our inspection team

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

Our inspection team was led by a CQC lead Inspector and was supported by a GP specialist adviser.

### Background to Dr Kim Cheung

Dr Kim Cheung also known as Ash Tree Surgery is located in Stanford-Le-Hope, Essex. The practice has a General Medical Services (GMS) contract with the NHS.

- The practice provides services at Fobbing Road, Corringham, in Stanford-le-Hope, Essex.
- There are approximately 1939 patients registered at the practice.

- The practice is managed by a lead GP who is supported by a practice nurses and reception staff. The practice is occasionally supported by a long term locum GP.
- The practice has low levels of deprivation amongst children and older people. The life expectancy of the male and female patients within the area in line with national averages.
- The practice is open between 8am and 6.30pm on weekdays with surgeries running from 9.50am to 6pm.
- Weekend appointments are available via 'Thurrock Health Hubs' a service set up by Thurrock Clinical Commissioning Group (CCG). Patients are able to book through the practice.
- When the practice is closed patients are advised to call 111 if they require medical assistance and are unable to wait until the surgery reopens. The out of hour's service is provided by IC24.

# Are services safe?

## Our findings

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

The practice is rated as inadequate for providing safe services as some systems and processes were ineffective and did not mitigate risk.

### Safety systems and processes

The practice had some systems which were ineffective at keeping patients safe and did not safeguard them from abuse.

- The practice had not conducted any safety risk assessments to mitigate risks to patients. Many of the practice policies which were implemented to safeguard patients were not specific to the practice and staff did not follow procedures outlined in these policies.
- The practice had some systems to safeguard children and vulnerable adults from abuse. We found the practice had a safeguarding vulnerable children's policy which had been reviewed but they did not have a policy to safeguard vulnerable adults. The practice nurse and reception team had carried out appropriate safeguarding training; however the GP who was the safeguarding lead had not carried out the appropriate training to carry out the role. The practice had outlined clearly who to go to for further guidance and staff were aware of these details. We spoke to a range of staff members all of which understood their role in the protection of vulnerable adults and children.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out staff checks, including checks of professional registration where relevant, during recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- Staff who acted as chaperones were trained for the role and had received a DBS check.

- There was a system to manage infection prevention and control although some areas required strengthening. The practice told us an informal review was carried out monthly which included documentation of cleaning checks that had been carried out; however, the practice had not carried out an infection control audit to mitigate risks to patients.
- The practice was unable to ensure that facilities and equipment were safe as portable appliance testing (PAT) and calibration tests for equipment was not maintained according to manufacturers' instructions.
- We found there were systems for safely managing healthcare waste.

### Risks to patients

There were some systems to assess, monitor and manage risks to patient safety. However these required strengthening.

- There were some arrangements for planning and monitoring the number and mix of staff needed but staffing issues found on the day demonstrated that this required improvement.
- There was an effective induction system for temporary staff tailored to their role.
- 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, for example, sepsis. However there was no current information aids to help staff recognise a deteriorating patient and then prioritise their care.
- When there were changes to services or staff the practice assessed and monitored the impact on safety. For example, the practice nurse would extend her working hours during periods of high patient demand.

### 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.

# Are services safe?

- Referral letters included all of the necessary information.

## Safe and appropriate use of medicines

The practice had systems which were ineffective for the appropriate and safe handling of medicines.

- We spoke with staff regarding emergency medicines and found that they were kept in a secure area of the practice that was easily accessible to staff in the case of an emergency. However there was no risk assessment to determine what type of emergency medicines the practice required and reasons, if necessary, for not stocking recommended medicines. For example, we found that there were no emergency medicines to treat patients experiencing severe asthma attacks.
- Staff had received training on cardio-pulmonary resuscitation (CPR) and there was a defibrillator available on the premises yet the practice did not have oxygen available in the event of an emergency.
- We found medicines had been stored in accordance with guidance. The fridge temperatures were monitored in line with the practice's cold chain policy.
- 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 audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship. The practice was one of the lowest antibiotic prescribers within their CCG.
- 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. The practice had processes in place to monitor high risk medicines however we found the system was ineffective to ensure all patients were having regular reviews. We reviewed patients being prescribed Methotrexate and found two patients who had not had a blood test within the last three months and two patients who had been given a blood test form but had not had their bloods taken.

## Track record on safety

The practice was unable to monitor their safety records as they did not have adequate processes in place.

- The practice failed to monitor and review activity to enable them to have an accurate picture of safety improvements.
- The practice had not carried out any risk assessments in relation to safety issues. For example, the practice had failed to conduct a health and safety and fire risk assessments. A Legionella assessment had not been considered and a relevant risk assessment for the Control of Substances Hazardous to Health (COSHH) had not been carried out.

## 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.
- 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. For example, staff received confidentiality training following two significant events that occurred.
- There was a system for receiving patient safety and medicine alerts however, we found it was ineffective for mitigating the risks to patients. Safety alerts were acknowledged and discussed at monthly staff meetings however the practice failed to identify patients that may be affected by alerts and take appropriate actions. For example, we found six patients being prescribed medicines which could affect the heart rhythm, had not been reviewed, contrary to national guidance.



# Are services effective?

(for example, treatment is effective)

## Our findings

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

### Effective needs assessment, care and treatment

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

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- The practice were in line with local and national averages for the prescribing of daily quantity of hypnotics.
- The practice were in line with local and national averages for the prescribing of antibacterial prescription items.
- The practice were in line with local and national averages for the prescribing of antibiotic items prescribed that are cephalosporins or quinolones.
- 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:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medication.
- The practice told us 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. Over a 12 month period the practice had offered 32 patients a health check. None of these checks had been recorded correctly on the practice computer system however, we confirmed they had taken place. We discussed this with the provider who agreed to review their coding of 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. They were supported by external organisations to ensure this was done effectively.

#### 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.
- All patients on repeat medicines had an annual review.

#### Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in line with the target percentage of 90% or above.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.
- The practice provided a maternal six week postnatal check with an emphasis on mental health and contraception and an eight week baby developmental check.

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

- The practice's uptake for cervical screening was 88%, which was above the 80% coverage target for the national screening programme.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

#### People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- Vulnerable patients were given priority appointments which are often extended to a twenty minute appointment or longer if required.

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



# Are services effective?

## (for example, treatment is effective)

- 100% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was comparable higher than the CCG average 10% and national average 7%.
- 100% 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 of 90%. Exception reporting in this indicator was 29% which was above the CCG average 9% and national average 13%.
- 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 100%; and the percentage of patients experiencing poor mental health who had received discussion and advice about smoking cessation was 97%. Exception reporting in this indicator was 0% which was below the CCG average 10% and national average 10%.

### Monitoring care and treatment

The practice had a programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. The practice had completed two audits in the last year. Where appropriate, clinicians took part in local and national improvement initiatives. We reviewed both audits, one relating to the prescribing of an antibiotic medicine and the other relating to appointment waiting times. Both audits had highlighted changes to improve clinical performance, overall conclusions showed improvement to their clinical performance.

The most recent published Quality Outcome Framework (QOF) results were 98% of the total number of points available compared with the clinical commissioning group (CCG) average of 94% and national average of 97%. The overall exception reporting rate was 11%; higher than the CCG average of 8% and the 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.) We reviewed the practices

exception reporting and found it was justified and appropriate. We found levels of high exception reporting were due to a small list size which resulted in an increased percentage when patients were excluded from their checks.

This practice was not an outlier for any QOF clinical targets. Data from 2016/2017 showed:

- Performance for diabetes related indicators was higher compared to the CCG and national averages. For example, was 81% compared to CCG average of 78% and national average 78%. Exception reporting in this indicator was 14% which was above the CCG average of 6% and national average 9%.
- Performance for stroke related indicators were comparable to the CCG and national averages. For example, was 95% compared with CCG average of 89% and 88% national average. Exception reporting in this indicator was 5% compared with 8% CCG average and 8% nationally.
- Performance for mental health related indicators was higher compared to the CCG and national averages. For example, The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive care plan documented in the record in the preceding 12 months was 100% compared with CCG average of 93% and national average of 90%. Exception reporting in this indicator was 29% compared with 9% CCG average and 13% nationally.

### Effective staffing

Staff had some skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation had received specific training and could demonstrate how they stayed up to date.

- The practice understood the learning needs of staff and although staff were provided with protected time to carry out training, we found that staff had not completed relevant training to meet the needs of their patients and that it was not being monitored. This included training in infection prevention control for most staff, fire safety, information governance, Mental Capacity Act.
- The practice nurse kept an up to date record of skills, qualifications and training. Staff were encouraged and given opportunities to develop.

# Are services effective?

(for example, treatment is effective)

- The practice provided staff with ongoing support. This included appraisals, clinical supervision and support for revalidation.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

## Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams, 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.
- 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 and flu vaccinations.

## 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 partially assessed a patients mental capacity to make a decision but were unable to support patients fully as they had limited understanding of the core principles.
- 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 20 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. 263 surveys were sent out and 116 were returned. This represented a 44% return rate. The practice was in line with local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 83% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 83% and the national average of 89%.
- 80% of patients who responded said the GP gave them enough time; CCG - 80%; national average - 86%.
- 93% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 92%; national average - 95%.
- 75% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG - 78%; national average - 86%.
- 90% of patients who responded said the nurse was good at listening to them; CCG - 90%; national average - 91%.
- 92% of patients who responded said the nurse gave them enough time; CCG - 90%; national average - 92%.

- 97% of patients who responded said they had confidence and trust in the last nurse they saw; CCG - 96%; national average - 97%.
- 88% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 88%; national average - 91%.
- 85% of patients who responded said they found the receptionists at the practice helpful; CCG - 86%; national average - 87%.

### 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):

- The practice could access interpretation services for patients who did not have English as a first language if needed. Patients were also told about multi-lingual staff who might be able to support them.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available. Information aids were available in larger print leaflets.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them answer questions about their care and treatment.

The practice identified patients who were carers. They had information in reception and highlighted carers during new patient registrations and clinical consultations. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 12 patients as carers (0.6% of the practice list). The whole team helped to ensure that the various services supporting carers were coordinated and effective and that relevant health check-ups were scheduled.

Staff told us that if families had experienced bereavement, the GP would contact the family to offer their support, families were invited in for consultation if needed for advice on how to find a supportive service. The practice was able to refer patients' families to a local hospice for support.

## Are services caring?

Results from the national GP patient survey published in July 2017 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:

- 73% 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 79% and the national average of 86%.
- 68% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 73%; national average - 82%.

- 89% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 88%; 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 - 84%; national average - 85%.

### Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

**We rated the practice, and all of the population groups, as good for providing responsive 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, online services such as repeat prescription requests, advice services for common ailments).
- The practice enabled patients to make advance bookings.
- The practice improved services where possible in response to unmet needs.
- 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, extra nurse's clinics were added during the winter season to accommodate the demand of flu vaccinations.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

#### 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 accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.

#### 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.
- Patients could request a longer appointment if required.

- 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 or directed to other services if needed.

#### 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. The practice currently did not offer extended hours however the clinicians would accommodate urgent requests.

#### 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.
- The practice referred patients to local services if needed.

#### 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 referred patients to two dementia support groups and also undertook visits at a care home dedicated to patients with dementia.
- The practice held a monthly vulnerable adults meeting. Vulnerable patients who did not attend appointment were followed up with a telephone call.

### Timely access to the service

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs. We reviewed the next available appointment and found there were appointments for the GPs and nurses for the next working day.

# Are services responsive to people's needs?

## (for example, to feedback?)

- 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.
- 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 in line with local and national averages. This was supported by observations on the day of inspection and completed comment cards. 263 surveys were sent out and 116 were returned. This represented a 44% return rate.

- 67% of patients who responded were satisfied with the practice's opening hours; CCG - 70%; national average - 76%.
- 97% of patients who responded said they could get through easily to the practice by phone; CCG - 68%; national average - 71%.
- 86% 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 - 79%; national average - 84%.
- 89% of patients who responded said their last appointment was convenient; CCG - 73%; national average - 81%.

- 90% of patients who responded described their experience of making an appointment as good; CCG - 66%; national average - 73%.
- 66% of patients who responded said they don't normally have to wait too long to be seen; CCG - 54%; 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 and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. One complaint was received in the last year. We reviewed the complaint and found that it was satisfactorily handled in a timely way.
- The practice learned lessons from the concerns and complaints. It acted as a result to improve the quality of care. For example, NICE guidance had been implemented as a result of a complaint.



# Are services well-led?

Inadequate 

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

## Our findings

**We rated the practice as inadequate for providing a well-led service.**

### Leadership capacity and capability

Leaders had skills to deliver quality care, however they lacked capacity to provide sustainable care.

- Leaders had the experience and skills to deliver quality care however they did not have the necessary capacity and capability to deliver the practice strategy, we found that staffing shortages had led to risks to patients not being identified.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges they faced but had not addressed them effectively. For example, the practice acknowledged the constraints of the administration workload and attempted to improve their situation however risks were not identified effectively.
- 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. The practice were considering joint working with other local GP practice in the area to help manage work load.

### Vision and strategy

The practice had a vision and strategy to deliver high quality care and promote good outcomes for patients however they was no effective approach to monitor, review or provide evidence of progress against delivery of the strategy.

- The strategy was not underpinned by plans for high-quality and sustainable delivery, and it did not reflect the health economy in which the service works.
- 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.

### Culture

The practice had a culture of high-quality sustainable care. However this did not always translate into the delivery of safe and effective care of patients.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice as 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 needed. All staff had received regular appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Staff were considered valued members of the practice team. Professional development and evaluation of their clinical work was encouraged.
- There was a strong emphasis on staff well-being and there were positive relationships between staff and teams.
- The practice promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff felt they were treated equally.

### Governance arrangements

The governance arrangements and their purpose were unclear. There was no process to review key systems such as the strategy, values, objectives, plans or the governance framework.

- Structures, processes and systems to support good governance and management were not clearly set out or effective in some areas. Risks relating to environmental and clinical emergencies were not identified.
- The governance and management of joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.



# Are services well-led?

Inadequate 

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

- Some staff were unclear of the full extent of their roles and accountabilities. This included infection prevention and control where we found that there was a lack of knowledge in relation to the requirement to conduct infection control audits.
- Practice leaders had established policies, procedures and activities to ensure safety however we found that policies were not specific to the practice and in some cases were not being used appropriately. For example, the practice had a repeat prescribing protocol that was not followed or referred to.

## Managing risks, issues and performance

There was little understanding or management of risks and issues, and there were significant failures in performance management, audit systems and processes. Risk or issue registers and action plans, if they existed at all, were rarely reviewed or updated.

- There was an ineffective process to identify, understand, monitor and address current and future risks including risks to patient safety. For example, the practice had not carried out risk assessments to mitigate potential harm to patients.
- The practice had achieved high clinical patient outcomes. The national GP patient survey results published in July 2017 found patients were satisfied with the care and treatment they had received.
- 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 incidents and complaints. Systems were in place to review MHRA alerts however, we found these were not being actioned therefore were ineffective at identifying patients at risk.
- The clinical audit that they had carried out had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

## Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice 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. For example, the practice had taken the initiative to carry out full diabetic checks including administering insulin as patients wanted the majority of their care to be carried out by their GP and not by the local hospital.
- There was not a formal patient participation group however the practice had recently contacted two patients to create one.
- The service was transparent, collaborative and open with stakeholders about performance.

## Continuous improvement and innovation

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

# Are services well-led?

Inadequate 

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

- There was a focus on continuous learning and improvement at all levels within the practice. For example, the practice had trained their receptionist to conduct and monitor eclipse alerts to encourage an efficient way of highlighting risks.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.

## Enforcement actions

### 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 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk, in particular:</p> <ul style="list-style-type: none"><li>• Safety alerts were not being effectively acted upon;</li><li>• There was a lack of effective systems to ensure appropriate training of staff;</li><li>• Patients taking Methotrexate were not being appropriately monitored;</li><li>• There was no infection control audit;</li><li>• Policies were not all fit for purpose;</li><li>• There was no COSHH, fire or health and safety risk assessments;</li><li>• There was insufficient medicines to deal with medical emergencies;</li><li>• Equipment had not been calibrated or PAT tested;</li><li>• There was no safeguarding vulnerable adults policy.</li></ul> <p>17 (1) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>