

# Primrose Surgery

## 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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Requires improvement



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Requires improvement



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

#### **This practice is rated as requires improvement overall.**

(The previous inspection was on 5 November 2014 and the practice was rated as Good.)

The key questions are rated as:

Are services safe? – Requires Improvement

Are services effective? – Good

Are services caring? – Requires Improvement

Are services responsive? – Requires Improvement

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 practice was rated as requires improvement for providing safe, caring, responsive and well led care. The issues identified as requiring improvement overall affected all patients.

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 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 Primrose Surgery on 9 November 2017 as part of our inspection programme.

At this inspection the key findings were as follows:

- We saw Patient Group Directions (PGDs) had been adopted by the practice to allow the nurse to administer medicines in line with legislation but we found that these had not been signed by the authorising body. (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.)
- Significant events were not always discussed, analysed or reviewed in a timely manner at team meetings. We were not assured that when a patient was involved in a significant event, they received an apology and an explanation of what steps had been taken to prevent the same thing happening again.
- Practice meetings were held infrequently at approximately six monthly intervals, as were clinical meetings. We were told that the practice did not hold

# Summary of findings

partners' meetings or meet with members of the multi-disciplinary team, such as health visitors, midwives, and safeguarding colleagues or meet to review those patients with palliative care needs.

- The practice made reasonable adjustments when patients found it hard to access services. For example, the practice had purchased a mobile phone to enable them to communicate effectively by text message with patients who were hard of hearing.
- The provider was unable to demonstrate that staff training, which would ensure that the team were suitably skilled and qualified to carry out their duties, was up to date or completed. We were not assured that regular appraisals were taking place or that they were effective. The staff induction process was poor.
- To support National self-care week the practice had invited a carers' association, a cancer support charity and a local children's centre into the practice to meet and inform patients of additional support services.
- The practice did not keep a record of the immunisation status of the staff team; in line with the guidance 'Immunisation against infectious disease' ('The Green Book' updated 2014.)
- Patient comment cards we received on the day were positive. However, responses to the National GP patient satisfaction survey 2017 were on average, 10% under the national average. Comments from patients we spoke with on the day were mixed.
- The majority of patients we spoke with reported they struggled to contact the practice by telephone to make appointments when they needed them. The practice showed us clear plans to update the system.

- The practice had a good knowledge of the needs of the local population and care was tailored to respond to this.
- Systems that were in place to manage risk were not always effective. For example, the practice had failed to ensure that window blinds in some clinical areas were compliant with the appropriate EU regulation (Directive 2001/95/EC) and posed a choking hazard.
- The practice had a number of policies and procedures to govern activity. However, a small number of these were not dated or were awaiting sign off from the GPs. On the day of inspection the management team had difficulty locating some policies.

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

- The provider must establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- The provider must ensure that care and treatment is provided in a safe way for service users.

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

- The provider should review the management of, and response to, complaints in line with best practice.

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

# Primrose Surgery

## Detailed findings

### Our inspection team

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

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser, a CQC inspection manager and an expert by experience.

## Background to Primrose Surgery

Primrose Surgery is situated within Hillside Bridge Health Care Centre, 4 Butler Street West, Bradford, BD3 0BS. The surgery has good transport links and there is a pharmacy located within the health centre.

The practice provides fully accessible facilities and all services are accessible via a lift. The practice has ample car parking.

Primrose Surgery is situated within the Bradford City Clinical Commissioning Group (CCG) and provides services to 5,232 patients under the terms of a personal medical services (PMS) contract. This is a contract between general practices and NHS England for delivering services to the local community.

There are two male GP partners at the practice, a full time locum advanced nurse practitioner, a part time practice nurse and a healthcare assistant (HCA) all of whom are female. The practice also has a part time pharmacist who works four hours per week.

There is a higher than average number of patients under the age of 39, in common with the characteristics of the Bradford city area, and fewer patients aged over 45 than the national average. The National General Practice Profile states that 73% of the practice population is from an Asian background with a further 8% of the population originating from black, mixed or other non-white ethnic groups.

Information published by Public Health England rates the level of deprivation within the practice population group as one, on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. Male life expectancy is 73 years compared to the national average of 79 years. Female life expectancy is 78 years compared to the national average of 83 years.

Primrose Surgery is open between 8am and 6pm Monday to Friday with GP appointments available between 9am and 5.00pm. The practice is part of an alliance which provides appointments with a number of clinicians including GPs, physiotherapists and wellbeing workers, between 6.30pm and 9pm Monday to Friday.

Out of hours care is accessed by calling the NHS 111service.

During our inspection we saw that the provider was displaying the previously awarded ratings.

# Are services safe?

## Our findings

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

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

- The provider had not ensured that care and treatment was provided in a safe way for service users.

### Safety systems and processes

The practice did not have effective systems in place to keep patients safe and safeguarded from abuse.

- The practice had a number of safety policies which staff told us were regularly reviewed and communicated to them. However, we saw that some of these policies required updating and, in some cases, the management team had difficulty locating their whereabouts. We were not assured that these policies were embedded in the practice.
- Staff were aware of how to safeguard children and vulnerable adults from abuse. Policies were available and accessible to all staff. However, we did not see evidence that a number of staff were sufficiently trained to the appropriate level of safeguarding including administration staff and a GP.
- The practice carried out a number of staff checks, including checks of professional registration where relevant, at both the point of recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken for all members of staff. (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). Following the inspection we were sent evidence of references for one member of newly recruited staff.
- Staff who acted as chaperones were aware of the requirements of the role and told us that they had received in house training.
- There was an effective system to manage infection prevention and control.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

### Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- Staff understood their responsibilities to manage emergencies which may occur on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, such as sepsis, in line with best practice.
- The practice did not keep a record of the immunisation status of the staff team.
- The practice had conducted some safety risk assessments but had failed to ensure that window blinds in some clinical areas were compliant with the appropriate EU regulation (Directive 2001/95/EC).
- After the inspection we were sent evidence of one completed induction checklist for a newly recruited member of staff. Staff told us they had been shown around the practice and had been given some limited information prior to starting their role.

### Information to deliver safe care and treatment

Staff told us that they 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.
- We were not assured that the practice had effective systems in place for sharing information with staff and other agencies, to enable them to deliver safe care and treatment. Meetings were infrequent and we were told that the team communicated by tasks and emails.
- Referral letters included all of the necessary information. We were told that GPs would assist patients to use the NHS e-Referral service (previously known as choose and book) to ensure that they understood their treatment options.

### Safe and appropriate use of medicines

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

## Are services safe?

- The systems for managing medicines, medical gases, and emergency medicines and equipment minimised risks. The practice kept prescription stationery securely and monitored its use.
- We saw that refrigerators used to store vaccines were well stocked and managed correctly. However, they were not hard wired to prevent them being turned off accidentally and only one thermometer was in place in each refrigerator which was not calibrated on a regular basis.
- We saw Patient Group Directions (PGDs) had been adopted by the practice to allow the nurse to administer medicines in line with legislation, but we found that these had not been signed by the authorising body.
- 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 and audits undertaken to support good antimicrobial stewardship.
- 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 took steps to maintain the safety of the environment.

- There were monthly risk assessments undertaken in relation to safety issues.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a current picture that led to some improvements in safety.

### Lessons learned and improvements made

We were not assured that the practice learned or made sufficient improvements when things went wrong.

- Significant events were not always discussed, analysed or reviewed in a timely manner at team meetings. Whilst we saw evidence that some action was taken, we were not assured that when a patient was involved in a significant event, they received an apology or an explanation of what steps had been taken to prevent the same thing happening again.
- There was a system for receiving and acting on safety alerts. However, the practice had not responded fully to EU regulation (Directive 2001/95/EC) and window blinds in some clinical areas presented a choking hazard.

# Are services effective?

(for example, treatment is effective)

## Our findings

**We rated the practice as good for providing effective services overall.**

### 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' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- The practice was comparable to other practices in the Clinical Commissioning Group (CCG) and nationally for the prescribing of medications such as Hypnotics (drugs whose primary function is to induce sleep), antibacterial prescription items (drugs used to kill bacteria) and antibiotic items prescribed that were Cephalosporins or Quinolones. (Antibiotics which have a broader range and can act on fungi, bacteria, and other compounds.)
- 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.

The practice was rated as requires improvement for providing safe, caring, responsive and well led care. The issues identified as requiring improvement overall affected all patients, therefore all of the population groups were also rated as requires improvement.

#### Older people:

- Those identified as being frail had a clinical review including a review of their medication.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs; patients were invited into the practice for a review when necessary.
- Shingles vaccinations were offered to those older patients in the appropriate age group.

#### People with long term conditions:

- Patients with long term conditions had a structured annual review to check their physical and mental health needs and that their medicine needs were being met. For patients with the most complex needs, the GPs discussed individual cases by task or email with other health and care professionals to support delivery of a package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training and were aware of their level of competence and accountability.
- The practice participated in a number of CCG initiatives to enhance the health of patients with long term conditions.

#### Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for 2015/16 were below CCG and national averages. However, unverified data for 2016/17 showed that vaccines were given were in line with the target percentage of 90% or above. The practice proactively contacted parents of children who did not attend and offered additional after school appointments to facilitate vaccinations.
- The practice liaised with the community midwives to identify and review the treatment of newly pregnant women on long term medicines.
- All children up to the age of five were offered a same day appointment or telephone consultation on demand. This was extended to ten years of age during the winter months.

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

- The practice's uptake for cervical screening was 85%, which was better than the 80% coverage target for the national screening programme and higher than the CCG average of 78%.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time and offered catch up vaccinations where necessary.



# Are services effective?

## (for example, treatment is effective)

- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 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.
- Vulnerable patients could appoint a named individual in line with the practice's policy to request and collect their repeat prescriptions.
- The practice registered patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.

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

- 73% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months; compared to the CCG average of 88% and the national average of 84%.
- 89% 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 national average of 93% and the CCG 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% (CCG 94%; national 91%).

### Monitoring care and treatment

The practice had a programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. We were shown examples of audits of antibiotic use and Disease Modifying Anti- Rheumatic Drugs (DMARDs). Where appropriate, clinicians took part in local and national improvement initiatives. For example, the Hep free programme, which involved the targeted assessment of individuals and CCG initiatives such as Bradford Beating Diabetes and the 9 Care Processes, which is a series of tests and measurements in line with the best practice management of patients with diabetes.

The most recent published Quality Outcome Framework (QOF) results for 2016/2017 were 97% of the total number of points available; compared with the clinical commissioning group (CCG) average of 93% and national average of 96%. The overall exception reporting rate was 6% compared with the CCG average of 9% and 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 used information about care and treatment to make improvements. We saw examples of where best practice guidelines were implemented into practice and reviews undertaken.

### Effective staffing

We saw that staff, whose role included immunisation and taking samples for the cervical screening programme, had received specific training and could demonstrate how they stayed up to date.

- The practice understood the learning needs of staff and provided protected time and training to meet them. We did not see evidence that in all cases staff had completed the required training to enable them to have the skills, knowledge and experience to carry out their roles. Gaps in training included fire training, infection prevention and control and information governance.
- Staff told us that the practice provided them with ongoing support. After the inspection we were sent evidence of one completed induction checklist for a newly recruited member of staff. There was evidence of basic appraisals for some staff and we were told of some good examples of mentoring including the support given to the Healthcare Assistant (HCA) by the advanced nurse practitioner.
- The induction process for healthcare assistants included the requirements of the Care Certificate. The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.
- There was a policy in place for supporting and managing staff when their performance was poor or variable.

### Coordinating care and treatment

# Are services effective?

## (for example, treatment is effective)

Staff communicated with other health and social care professionals by tasks and emails to deliver care and treatment.

- We saw records that showed that the appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients usually received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. However, we saw one significant event where a referral to a member of the multi-disciplinary team did not arrive which delayed care and reduced choices for the patient.
- The practice worked with patients to develop personal care plans that were available on the shared records.
- The practice told us they did not hold multi-disciplinary case review meetings for patients on the palliative care register.

### 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.

- Figures for 2015/2016 showed that the practice proactively referred 75% of new cancer cases using the urgent two week wait referral pathway compared to the national average of 50%. Practices with higher detection rates positively impact on the survival rates of their patients.
- Staff encouraged and supported patients to be involved in monitoring and managing their physical and mental health. We saw evidence of referrals to exercise classes and to a benefits advisor.
- Staff discussed changes to care or treatment with patients and their carer's as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and tackling obesity. Patients could see a practitioner through their alliance with other practices to support them with their wellbeing and to stop smoking.

### 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.

# Are services caring?

## Our findings

### **We rated the practice, and all of the population groups, as requires improvement for caring.**

The practice was rated as requires improvement for caring because:

- Feedback from patients regarding the services provided showed that people did not always feel they were treated with compassion, kindness or dignity. Feedback from patients on the day of the inspection was also mixed.

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

Patients told us that they were not always treated with kindness, respect or compassion.

- Staff demonstrated that they had a good understanding of patients' personal, cultural, social and religious needs.
- On the day of inspection we asked 14 patients if they were treated with dignity, compassion and respect, three patients told us they were not. A further four patients told us they were unhappy with the care they received, they said that some consultations were rushed and that the GP did not listen to them.
- One patient told us that when they had tried to discuss their child's health with the GP, their concerns were dismissed.
- 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 11 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients described their experience at the practice as good.
- The Friends and Family test is a feedback tool which asks people if they would recommend the services they have used to their friends and family. Overall results showed that of the 69 patients that had responded, 72% of those patients would be likely or extremely likely to recommend the surgery to their friends and family.

Results from the July 2017 annual national GP patient survey showed patients felt they were generally treated with compassion, dignity and respect. Data showed that 382 surveys were sent out and 63 were returned. This

represented about 1% of the practice population. The practice was generally below the national average for its satisfaction scores on consultations with GPs and nurses. For example:

- 82% of patients who responded said the GP was good at listening to them, which was the same as the clinical commissioning group (CCG) average but lower than the national average of 89%.
- 80% of patients who responded said the GP gave them enough time; CCG average - 78%; national average - 86%.
- 98% of patients who responded said they had confidence and trust in the last GP they saw; CCG average - 94%; national average - 95%.
- 68% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG average - 75%; national average - 86%.
- 79% of patients who responded said the nurse was good at listening to them; CCG average - 85%; national average - 91%.
- 73% of patients who responded said the nurse gave them enough time; CCG average - 84%; national average - 92%.
- 96% of patients who responded said they had confidence and trust in the last nurse they saw; CCG average - 95%; national average - 97%.
- 82% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG average - 83%; national average - 91%.
- 85% of patients who responded said they found the receptionists at the practice helpful; CCG average - 77%; national average - 87%.

Some nursing staff we spoke with were not aware of the GP survey data. The practice had undertaken their own patient survey in March 2017 and the action plan from this included raising awareness with the staff of communication issues and to increase the booking of interpreters when needed. The practice also said they were working with the patient participation group to understand the patients' needs but had they not responded to the July 2017 GP patient survey data.

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

## Are services caring?

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

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception area informing patients this service was available. Patients were also aware of multi-lingual staff who would be able to support them and one member of staff could communicate using sign language.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available. There was a limited number of leaflets available in other languages.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice proactively identified patients who were carers. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 2% of the practice list as carers. Carers were offered a flu vaccination and an annual health check.

- A member of staff acted as a carers' champion to help ensure that the various services supporting carers were coordinated and effective. As part of 'self-care week' in November 2017, the practice had invited a local carers' charity to attend the practice and speak to carers.
- Staff told us that if families had experienced bereavement, their usual GP sent a condolence letter and forwarded bereavement support information. The

GPs would amend their working hours if necessary in recognition of many of the patients' cultural needs, in order to provide the necessary death certification to enable prompt burial in line with families' wishes.

Results from the national GP patient survey showed patients responded less positively than others to questions about their involvement in planning and making decisions about their care and treatment. Results were comparable to CCG averages but consistently below national averages:

- 78% 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%.
- 74% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG average - 75%; national average - 82%.
- 80% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG average - 84%; national average - 90%.
- 76% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG average - 79%; national average - 85%.

On the day of inspection 11 out of the 14 patients we spoke with told us that they felt involved in their care and treatment.

### Privacy and dignity

- The staff told us that they respected and promoted patients' privacy and dignity and recognised the importance of this.
- 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 requires improvement for providing responsive services.**

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

- The provider did not handle or learn from complaints appropriately. Patient feedback on access was poor and there was a lack of response from the provider in relation to this feedback, including the latest national survey results.

### 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. The practice offered extended hours access as part of an alliance with other practices in the area. Appointments were available from 6.30pm until 9pm. However, we were told that very few patients used this service as generally the appointments were already taken.
- The practice offered online services for making appointments and requesting repeat prescriptions. The service regularly reviewed the uptake of these appointments so that they continued to meet demand.
- Patients could also book appointments up to two weeks in advance, request telephone appointments and urgent appointments were available for those who needed them.
- 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, the practice had purchased a mobile phone to enable them to communicate effectively by text with patients who were deaf. A template was used to highlight any adjustments that were required for individuals.

The practice was rated as requires improvement for providing safe, caring, responsive and well led care. The issues identified as requiring improvement overall affected all patients, therefore all of the population groups were also rated as requires improvement.

Older people:

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

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 told us they did not hold regular meetings with the local district nursing team, health visitors or the palliative care team.

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.
- Parents or guardians calling with concerns about a child under the age of five were offered a same day appointment or a triage telephone call when necessary; this was extended to children under 10 during the winter months.

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, the alliance of practices offered extended hours appointments between Monday and Friday for a range of conditions and issues.



# Are services responsive to people's needs?

## (for example, to feedback?)

- Telephone consultations, on line appointments and electronic prescription requests were available which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

- The practice actively registered on request patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice held a register of vulnerable people.
- The Healthcare Assistant (HCA) conducted learning disability health checks, the outcomes of which were then reviewed by the GP.

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 would carry out dementia assessments when necessary. Patients who failed to attend were proactively followed up by a phone call from the practice.
- The practice offered physical health checks for patients with serious mental illness, these would be held in the patient's own home if necessary.

### Timely access to the service

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

- Half of the patients we spoke with on the day of the inspection said it was difficult to make an appointment. The practice had made arrangements for new, more informative telephones to be installed to make this easier.
- Patients had timely access to initial assessment, test results, diagnosis and treatment. On the day of inspection we saw that urgent and pre-bookable appointments were available.
- Waiting times and delays were minimal and managed appropriately. We saw evidence that the practice were reviewing the number of patients that did not attend appointments and were taking steps to reduce this.
- Patients with the most urgent needs had their care and treatment prioritised.

However, results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how

they could access care and treatment was in some cases comparable to local averages but significantly below national averages. This was supported by patients we spoke with on the day of inspection. Data showed that 382 surveys were sent out and 63 were returned. This represented 1% of the practice population.

- 74% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 70% and the national average of 76%.
- 45% of patients who responded said they could get through easily to the practice by phone; CCG average - 55%; national average - 71%.
- 68% of patients who responded said that the last time they wanted to see or speak to someone they were able to get an appointment; CCG average - 72%; national average - 84%.
- 64% of patients who responded said their last appointment was convenient; CCG average - 72%; national average - 84%.
- 55% of patients who responded described their experience of making an appointment as good; CCG average - 60%; national average - 73%.
- 48% of patients who responded said they don't normally have to wait too long to be seen; CCG average - 44%; national average - 58%.

From April 2017, the practice became part of an alliance where patients could access a number of clinicians including GPs and physiotherapists between 6.30pm and 9pm Monday to Friday. However, on the day of inspection we were told that access to these appointments were limited. We were not assured that services always met people's needs. The practice had not responded to the national GP patient survey data for 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 from reception staff and it was easy to do. Staff treated patients who made complaints with respect.
- The complaint policy and procedures were in line with recognised guidance. Three complaints were received in the last year. We reviewed these complaints and found

# Are services responsive to people's needs?

(for example, to feedback?)

that they were initially handled and acknowledged in a timely way. However, actions and comments noted did

not reflect that the person always received an apology or were told of any actions taken to prevent the same thing happening again. Complaints were not used as an opportunity to learn.

# Are services well-led?

Requires improvement 

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

## Our findings

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

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

- The arrangements for governance and performance management were not fully clear and did not always operate effectively.

### Leadership capacity and capability

Not all leaders had the necessary experience, knowledge, capacity and skills to lead effectively.

- Leaders were not always aware of the risks and issues within the practice.
- Leaders at all levels were visible and approachable.

### Vision and strategy

The practice had a vision to deliver quality care and promote good outcomes for patients.

- There was a clear vision within the practice and an understanding of patient needs.
- The practice developed its vision, values and strategy jointly with patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

### Culture

The practice was working towards a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice and there were positive relationships between staff and managers.
- The practice focused on the needs of patients.
- We saw evidence that leaders and managers acted on behaviour and performance inconsistent with the vision and values.

- People did not always receive an apology when something went wrong and they were not consistently told about any actions taken to improve processes and prevent the same thing happening again.
- 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.
- We found that staff training which would ensure that the team were suitably skilled and qualified to carry out their duties, was not always up to date or completed. We were not assured that regular appraisals were taking place and we were told, of those that had been completed; they were not always of high quality. After the inspection we were sent evidence of one completed induction checklist for a newly recruited member of staff. The staff we spoke with described a brief and informal process.
- Clinical staff, including nurses, were considered valued members of the practice team. However, staff development was not always given sufficient priority. We were told that professional development was often undertaken in the clinicians own time.
- Whilst observations and discussions supported that the practice promoted equality and diversity, we saw that only three staff had received equality and diversity training.

### Governance arrangements

The practice had a governance framework to support the delivery of care. These arrangements were not always effective and we were not assured that the provider maintained an oversight of safe systems and processes at the practice.

- Structures, processes and systems to support good governance did not always operate effectively. For example in relation to Patient Group Directions (PGDs) and the immunity status of the staff team.
- Staff were clear on their roles and accountabilities in respect of safeguarding and infection prevention and control. However, we did not see that all staff had received training in these areas.
- Practice leaders had a number of established policies, procedures and activities to enhance safety and direct staff. On the day of inspection we were not assured that



# Are services well-led?

Requires improvement 

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

they were operating as intended. A small number of policies required updating or were not readily accessible to staff. We were told that some still required sign off from a GP.

## Managing risks, issues and performance

There were processes in place to manage risks, issues and performance but these were not always dealt with appropriately or quickly enough.

- The process to identify, understand, monitor and address current and future risks was not effective. For example, on the day of inspection we saw that the practice did not have oversight of a copy of the most up to date fire risk assessment and had difficulty obtaining this.
- The practice had basic processes to manage current and future performance.
- Practice leaders had oversight of alerts from the Medicines and Healthcare products Regulatory Agency (MHRA), incidents, and complaints but we saw that the management of these was sometimes complicated and not always effective. For example, staff told us that they did not document verbal complaints but encouraged all complaints to be made in writing.
- Clinical audit and quality improvement activity was taking place.
- All staff we spoke with were aware of the business continuity plan and were aware of how to manage major incidents and summon help in an emergency. However, we did not see evidence of up to date fire training for a number of staff.
- 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 generally acted on appropriate and accurate information.

- In most cases, quality and operational information was used to ensure and improve performance. However, we saw that significant events were not always discussed with staff at the next available meeting and we were not assured that learning from these events had taken place or was disseminated to the staff team.

- Quality and sustainability were discussed in relevant meetings and staff had access to information.
- The practice used performance information which was reported and monitored and management and staff were allocated actions to improve performance.
- The information used to monitor performance and the delivery of quality care was accurate and useful. We saw that there were plans to address any identified weaknesses. For example, to improve the uptake of childhood immunisations and diabetes checks.
- 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 engaged with staff and some external partners, for example the CCG, in their provision of services. However, the practice did not fully respond to the views of patients.

- Practice meetings were held infrequently at approximately six monthly intervals; as were clinical meetings. We were told that the practice did not hold partners meetings or meet with members of the multi-disciplinary team, such as health visitors, midwives, or safeguarding colleagues or hold meetings to review those with palliative care needs.
- The practice had conducted their own patient survey in March 2017 and we saw that actions were taken to improve the service. For example, changes were to be made to the telephone lines. However, the practice had not responded to the July 2017 national GP patient survey despite responses which were on average 10% below the national average.
- There was an active patient participation group which met every three months. The chairperson of the group told us that the practice acted on their views and were honest and open.
- The service was transparent, collaborative and open with stakeholders about performance.

## Continuous improvement and innovation

# Are services well-led?

Requires improvement



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

There were systems and processes for learning and improvement.

- The practice had succession planning in place to reduce the impact of the retirement of the practice nurse.

- The practice was part of an alliance with other neighbouring practices which were working to improve patient access out of normal surgery hours to a number of clinicians.
- The practice were actively promoting on line access and were reviewing this to ensure that the appropriate number of appointments were available to patients.

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>Care and treatment must be provided in a safe way for service users.</b></p> <p><b>How the regulation was not being met:</b></p> <p>The registered persons had not done all that was reasonable practicable to mitigate risks to the health and safety of service users receiving care and treatment.</p> <p><b>In particular:</b></p> <ul style="list-style-type: none"><li>• Patient Group Directions (PGDs) adopted by the practice to allow the nurse to administer medicines in line with legislation had not been signed by the authorising body.</li><li>• The registered persons had failed to ensure that window blinds in some clinical areas were compliant with the appropriate EU regulation (Directive 2001/95/EC) and therefore posed a choking hazard.</li><li>• The registered persons did not maintain an oversight of the immunisation status of the staff team in line with the guidance 'Immunisation against infectious disease' ('The Green Book' updated 2014).</li><li>• The storage and handling of vaccines by the provider did not fully reflect best practice guidance from Public Health England, protocol for storing and handling vaccines, 2014.</li></ul> <p><b>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</b></p>
Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p>

## Requirement notices

Treatment of disease, disorder or injury

Systems and processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social care Act 2008 (Regulated Activities) Regulations 2014: Regulation 17: Good Governance.

### **How the regulation was not being met:**

The registered person had systems and processes in place that operated ineffectively, in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided.

### **In particular:**

- An accurate training record was not maintained and the provider could not evidence that the necessary training was completed to the required levels for all relevant staff.
- Significant events were not always discussed, analysed and reviewed in a timely manner. When a patient was involved in a significant event they did not always receive an apology and an explanation of what steps have been taken to prevent the same thing happening again.
- Meetings conducted at the practice were held infrequently which did not ensure that information was cascaded and reviewed in a timely manner.
- The registered persons did not always engage with relevant professionals to enable the assessment, monitoring and mitigation of risks to the health, safety and welfare of service users and others who may be at risk.
- The registered persons had not reviewed the results of patient satisfaction surveys and ensured that they could meet the needs of their patient population in the future and improve outcomes.
- Effective systems were not in place to ensure that policies and procedures were always updated as necessary, were relevant to the practice and readily available to staff at all times.

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

This section is primarily information for the provider

## 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.