

Queens Road Surgery

Inspection report

252 Queens Road
Halifax
West Yorkshire
HX1 4NJ
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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 location

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Requires improvement



Overall summary

This practice is rated as Requires Improvement overall. Specifically we rated the practice as requires improvement for providing safe and well led services. The previous inspection, carried out on 21 April 2015 rated the practice as Good for providing safe, effective, caring, responsive and well led services.

The key questions are rated as:

Are services safe? – Requires Improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Requires Improvement

We carried out an announced comprehensive inspection at Queens Road Surgery on 25 April 2018. We carried out this inspection as part of our inspection programme.

At this inspection we found:

- The practice had systems in place to report incidents and near misses. Lessons learned were shared, and changes to systems and processes were implemented when appropriate.
- Risk assessments relating to health and safety in the practice were not always completed in a timely way. We saw that a fire risk assessment was out of date and that fire drills were not carried out in accordance with government requirements. We also saw that a legionella risk assessment action plan had not been implemented.
- There were gaps in relation to systems and process relating to infection prevention and control, vaccine refrigerator monitoring and childhood immunisation management.
- Clinicians delivered care and treatment in line with up to date local and national evidence based guidance. They regularly reviewed the effectiveness and appropriateness of care provided. They benchmarked their performance in relation to prescribing patterns and other variables against other practices in the locality.

- The practice had a number of policies in relation to staff grievances, bullying and harassment and whistleblowing. Feedback we received from a number of sources indicated that these policies were not always implemented effectively.
- Staff training and induction systems were in place. We learned of examples where staff had been encouraged to develop in their role and enhance their skills.
- The provider had adapted their appointment system to offer a range of appointment options to accommodate routine and urgent appointments. Patients told us they were able to get appointments when they needed them, although not always with their GP of choice.
- Regular clinical and staff meetings were held, where key governance areas such as significant events and complaints were discussed.
- We heard of examples where staff had worked effectively with the multidisciplinary team to support and plan care for vulnerable patients.
- Staff involved and treated patients with compassion, kindness, dignity and respect.

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

- The provider must do all that is reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of patients who use services.

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

- Effectively employ policies in relation to bullying and harassment, grievance and whistleblowing processes in order to provide staff at all levels with a voice within the practice.
- Review and improve staff immunisation screening in line with Department of Health recommendations.
- Review and improve systems for following up patients whose repeat prescriptions are not collected.

Population group ratings

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

Our inspection team

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

Background to Queens Road Surgery

Queens Road Surgery is situated at 252 Queens Road, Halifax, HX2 4NJ, approximately one mile west of Halifax town centre.

There are currently 6,439 patients registered on the practice list. The practice provides General Medical Services (GMS) under a locally agreed contract with NHS England.

The practice is housed in a single storey building, which was purpose built in 1988. The building is accessible to people with disabilities, or those using a wheelchair. Car parking is available on site. The practice is accessible by public transport.

The Public Health General Practice Profile shows that approximately 59% of patients are of black or mixed ethnic origin. The level of deprivation within the practice population is rated as one on a scale of one to ten. Level one represents the highest level of deprivation, and level ten the lowest. People living in more deprived areas tend to have greater need of health services, and have shorter life expectancy on average. The average life expectancy for patients at the practice is 75 years for men and 80 years for women, compared with the national average of 79 years and 83 years respectively. The age/sex profile of the practice shows a higher proportion of patients aged

under 18 years, at 34% compared with 22% locally and 21% nationally. Eighteen percent of the practice population are unemployed, compared to 6% locally and 5% nationally.

The practice is a training practice which means it supports newly qualified doctors wishing to gain experience in general practice, as well as medical students in training.

The clinical team comprises three GP partners, all male, and two female practice nurses. At the time of our visit two practice nurses had recently left the practice, and a newly recruited practice nurse was being inducted into the role. The practice were seeking to recruit an additional practice nurse to complete the clinical team. Supporting the clinicians is a practice manager and a range of administrative, reception and secretarial staff.

Out of hours care is provided by Local Care Direct which is accessed by calling the surgery telephone number, or by calling the NHS 111 service.

Queens Road Surgery is registered by CQC to carry out the following regulated activities, Maternity and midwifery services, Family planning services, Treatment of disease, disorder or injury, Surgical procedures and Diagnostic and screening procedures.

When we returned to the practice for this inspection we checked, and saw that the ratings from the previous inspection were displayed, as required on the practice website and in the practice premises.

Are services safe?

We rated the practice as requires improvement for providing safe services. This was because:

- **Vaccine fridge monitoring processes for temperature sensitive vaccinations and immunisations were not thorough enough.**
- **Oversight of patient group directions was not assured.**
- **Infection prevention and control measures and Control of Substances Hazardous to Health (COSHH) were not implemented appropriately.**
- **Health and safety risk assessments, such as fire and legionella were not fully implemented and completed in a timely way.**

Safety systems and processes

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

- The practice carried out some safety risk assessments to confirm that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. However we identified some gaps. A legionella assessment had been carried out, but we checked and saw that the action plan had not been implemented. (Legionella is a bacterium which can affect water supplies). A fire risk assessment had been carried out in 2015 and was out of date. In addition, fire drills had not been carried out in line with government requirements. Before we left the building the provider had contacted the appropriate agency to carry out a fire risk assessment, and told us they would implement regular fire drills.
- Staff received safety information for the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff provided clear examples where they had worked with other relevant agencies to assess need and plan care in order to protect vulnerable adults and children from harm.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment

and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check. At the time of our inspection, clinicians recorded the name of the chaperone present during a consultation. Following our feedback the practice told us they would improve this system to ensure that the chaperone also made an entry into the patient record to confirm their presence during the appointment.
- Systems to manage infection prevention and control (IPC) were not sufficiently thorough. We noted that the cleaning equipment was stored in an unlocked cupboard, that mops used to clean floors appeared soiled, and that Control of Substances Hazardous to Health (COSHH) safety data sheets were not in place for all cleaning products in use. Before we left the building the provider made contact with their cleaning contractor, and had begun to address the shortfalls we identified. We saw that not all sharps bins were signed and dated as recommended by the Health and Safety Executive (HSE). At the time of our inspection a non-clinical member of staff was acting as infection prevention and control (IPC) lead. The provider told us that the newly recruited nurse would adopt this responsibility once they were fully inducted. We noted that logs to evidence cleaning of medical equipment such as ear syringing equipment were not held. The practice told us they would implement this system.
- Systems for managing healthcare waste were appropriate.

Risks to patients

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

- The practice told us they had recently undergone a time of challenge where a number of key staff were absent due to ill health, or had left their employment. At the

Are services safe?

time of our visit most posts, other than one practice nurse post, had been filled. The provider described appropriate arrangements for planning and monitoring the number and mix of staff needed.

- Temporary staff were not routinely employed, however when appropriate we saw that an induction process was in place appropriate to the role in question.
- 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. The clinical system triggered prompts to remind clinicians to assess for the risk of sepsis when certain presenting symptoms, such as raised temperature, were recorded on the patient record.
- When there were changes to services or staff the practice assessed and monitored the impact on safety and introduced processes to manage and run the service safely.

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.
- We saw an example of patient referral letters. We saw that they included all of the necessary information.

Safe and appropriate use of medicines

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

- The systems for managing vaccines were not thorough enough. Vaccine fridge temperatures were not monitored and recorded daily. We identified many gaps over the preceding six weeks where no temperatures had been recorded. The provider did not have back-up systems, for example in the form of a data logger, in place to monitor temperature fluctuations over a period of time. This meant that the integrity of the vaccines could not be assured. Following our feedback the

- practice told us they would seek appropriate advice, and improve their systems. Emergency medicines and equipment and medical gases were appropriately stored and monitored. The practice kept prescription stationery securely and monitored its use. The practice did not routinely monitor all uncollected repeat prescriptions. Following our feedback they told us they would re-visit their procedures in this regard.
- We saw that not all patient group directions (PGDs) were in date. One had expired in January 2018 and a replacement was not available. Following our feedback the practice located some communication received in March, from the CCG advising that the PGD in question had been extended. However, the provider had not noted the expiry date had passed in January and had been continuing to administer the vaccination in question. PGDs are written instructions for the supply and administration of medicines to groups of patients who may not be individually identified before presentation for treatment.
 - Staff prescribed, administered or supplied other 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. We saw evidence that the practice had reduced their antimicrobial prescribing levels to a level in accordance with other practices locally.
 - There were clear systems for monitoring patients' health and ensuring that medicines, including high risk medicines, including those requiring additional checks and tests, were being used safely and followed up appropriately. The practice involved patients in regular reviews of their medicines.

Track record on safety

There were some gaps in the practice's safety record.

- Some risk assessments were in place in relation to safety issues. The fire risk assessment was out of date at the time of our visit. In addition, a legionella risk assessment had been carried out but we checked, and saw, that the action plan had not been implemented. The practice told us they were in the process of engaging an external agency to help with their health and safety risk assessments in the future.

Are services safe?

- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Staff told us they felt confident to report issues.
- There were clear 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, an error had occurred where a letter had been scanned onto the incorrect patient record. This had resulted in the patient being given information which did not apply to them. The error was discovered, and a clear explanation and apology was given to the patient. As a result of this, the practice introduced a system of intermittent auditing of all scanned documents, to ensure that they were checked to match with the correct patient.

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

Please refer to the Evidence Tables for further information.

Are services effective?

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

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

Effective needs assessment, care and treatment

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

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- Prescribing rates for hypnotics were in line with national averages. Hypnotics are a range of medicines which work on the central nervous system to relieve anxiety, aid sleep or have a calming effect.
- Prescribing rates for antibacterial items were in line with national averages.
- Prescribing rates for antibiotics which were Co-Amoxiclav, Cephalosporins and Quinolones were in line with national averages. These are 'broad spectrum' antibiotics which should only be used when other antibiotics have failed to prove effective in treating infection.
- We saw no evidence of discrimination when making care and treatment decisions.
- The practice encouraged patients to register for online access to request prescriptions and book appointments. Signs in the waiting room were available in different languages to accommodate the languages appropriate for their patient group. Free Wi-Fi was also provided in house.
- Staff provided patients with information relating to when they needed to seek further help and support. They advised patients what to do if their condition worsened.

Older people:

- Older patients who were identified as frail were assessed by the GP and reviewed if appropriate.
- 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.

- Home visits were available to older patients who were housebound or had difficulty accessing the surgery.
- The practice met regularly with members of the district nursing and palliative care nursing team to assess need and plan care for this group of patients.

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.
- At the time of our visit due to the recent loss of practice nursing hours, and whilst the newly recruited practice nurse was being inducted, some patients with long term conditions, such as diabetes, were being reviewed by GPs. Training was provided to nursing staff to ensure they had the necessary expertise to carry out these reviews effectively.
- 78% of patients with diabetes, on the register, had a recorded cholesterol reading which was within normal limits, compared to the CCG average of 78% and national average of 80%.
- 97% of patients with atrial fibrillation were recorded as being treated with anti-coagulant drug therapy, compared to the CCG average of 86% and the national average of 88%.
- 77% of patients with asthma, on the register, had an asthma review completed in the preceding 12 months, compared to the CCG average of 70% and the national average of 76%.

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.
- Meetings with health visitors to discuss the needs of children and families with additional needs were held. At the time of our visit there had been a period of time where the meetings were not occurring due to changes within the health visiting team structure. However a meeting was scheduled to take place within two weeks of our visit to the practice.

Are services effective?

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

- The practice's uptake for cervical screening was 72%, which was in line with the 80% coverage target for the national screening programme.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- 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.
- The practice held a register of patients living in vulnerable circumstances including asylum seekers and those with a learning disability. At the time of our visit 91 asylum seekers were registered with the practice and there were 30 patients on the learning disabilities register.

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

- 84% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was comparable to the CCG average of 82% and the national average of 84%.
- 92% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was comparable to the CCG average of 91% and the national average of 90%.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption was 92% which was the same as the CCG average of 92% and comparable to the national average of 91%.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. For example, the effectiveness of detecting post-natal depression was explored by comparing the incidence of the detection of post-natal depression through normal clinical assessment, compared with the incidence of detection using a recognised scoring tool. The findings at this time showed that there was no significant difference in the detection rate, using either method. Where appropriate, clinicians took part in local and national improvement initiatives. For example the practice participated in a CCG initiated audit of urinary tract infections (UTI), exploring hospital admission rates for patients with a diagnosed UTI. The conclusion was that the diagnostic, investigative and treatment methods employed by the practice were appropriate, and that the hospital admissions had been appropriate in all cases where the patient had been reviewed by the practice.

The most recent published Quality Outcome Framework (QOF) results were 97% of the total number of points available compared with the clinical commissioning group (CCG) average of 97% and national average of 96%. The overall exception reporting rate was 7% compared with 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.)

- The practice used information about care and treatment to make improvements.
- The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives. For example, they were involved in a CCG initiative to reduce the reliance on GPs prescribing medicines which could be purchased over the counter at pharmacies and other outlets.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

Are services effective?

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. We saw that in some cases, staff were given opportunities to develop. For example, a member of the administrative team had been trained to adopt a dual role of phlebotomy.
- The practice provided staff with appropriate support. This included an induction process, appraisal and support for revalidation. The induction process for the phlebotomist included the requirements of the Care Certificate. The practice did not routinely screen the vaccination and immunisation status of staff, in line with Department of Health Regulations. Following our feedback they told us they would implement this process for current and future staff recruited to the practice.

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. In keeping

with Islamic burial rituals, one of the partners ensured that there was a process for timely confirmation of life extinct in the event of a patient death. Families had access to a private mobile telephone number for the GP who visited on weekends or evenings as necessary.

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 had access to support services in the local area including smoking cessation and weight reduction services.
- Staff discussed changes to care or treatment with patients and their carers as necessary.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians demonstrated their understanding of the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Please refer to the Evidence Tables for further information.

Are services caring?

We rated the practice as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff demonstrated an understanding of patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- A private room was available, adjacent to the reception area for patients who requested privacy or appeared distressed.
- All of the 39 patient Care Quality Commission comment cards we received were positive about the service experienced. This is in line with the results of the NHS Friends and Family Test and other feedback received by the practice.
- We heard of examples where GPs had 'gone the extra mile' to visit terminally ill patients in hospital, and to provide a personalised service to families undergoing periods of difficulty in relation to their physical or emotional health.

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):

- Telephone, face to face or British Sign Language (BSL) interpretation services were available for patients whose first language was not English or who had hearing impairment. In addition, one of the GPs spoke languages compatible with the patient group.
- Information in braille, or large font patient information could be provided for patients with visual impairment.

- Local services for patients and their carers were available when patients needed further information or access to community and advocacy services.

The practice proactively identified patients who were carers at the point of registration or opportunistically during consultations. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 19 patients as carers (1% of the practice list).

- Carers were offered an annual seasonal flu vaccination and were signposted to the local carers support organisation.
- Staff told us that if families had experienced a bereavement one of the GPs made contact by telephone to assess their needs. Additional support or information was provided in accordance with the wishes of the family.

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. They showed us they were preparing for the new requirements in line with General Data Protection Regulator (GDPR) regulations which were due to be introduced in May 2018.
- We noted that patient conversations at the reception desk could be overheard in the patient waiting area. We fed this back to the practice, who told us they would review this and consider making changes to improve confidentiality for patients.

Please refer to the Evidence Tables for further information.

Are services responsive to people's needs?

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

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. Patients were able to register for online appointment booking and prescription ordering services.
- The practice provided two 'sit and wait' sessions every day Monday to Friday at 9.45am and 3.45pm for GP appointments. These were in addition to pre-bookable appointments.
- The practice participated in the local 'Improved Access' scheme whereby patients were able to access GP appointments at a nearby practice between 6.30pm and 8pm Monday to Friday.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. Home visits were available when required, and patients had access to longer appointments upon request.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services. For example podiatrist appointments were available in house to enable diabetic foot care and other assessments to be carried out without the need to attend hospital outpatient appointments.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or another setting.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice worked closely with the multidisciplinary team including palliative care nurses and district nurses to co-ordinate and plan care for patients with additional needs.

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.
- The practice staff liaised as appropriate with the district nursing team and other relevant services, to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- Children who were subject to a child protection plan, or were looked after were identified on the patient electronic record. The practice liaised with health visiting services as appropriate to monitor the needs of vulnerable children living in disadvantaged circumstances.
- All parents or guardians calling with concerns about a young child or baby were offered a same day appointment when necessary.

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

- The practice offered online access to book and cancel appointments, and to request repeat medicines.
- Extended hours were available on Monday between 6.30 and 8pm. In addition patients had access to GP appointments through the local 'Improved Access' scheme at a nearby practice Monday to Friday from 6.30pm to 8pm.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability and asylum seekers.
- The practice had identified 19 patients (1% of their practice population) as carers. These patients were signposted to additional support services, and were offered an annual seasonal flu vaccination.

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

- Staff we spoke with demonstrated their understanding of how to support patients with mental health needs and those patients living with dementia, appropriate to their role.
- The practice made use of a dementia screening tool to help identify early signs of dementia, and made referrals to appropriate services when necessary.

Are services responsive to people's needs?

Timely access to the service

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was accessible to patients. Book on the day, pre-bookable and 'sit and wait' appointments were available daily. An on-call GP rota ensured that patients with urgent needs received a timely medical assessment.

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 was available in leaflet form. Following our feedback the practice placed a poster in the patient waiting area outlining the process for making a complaint.
- The complaint policy and procedures were in line with recognised guidance. Four complaints were received in the last year. We reviewed all four complaints and found that they were satisfactorily handled in a timely way.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. For example, a complaint had been received about accessing the GP of choice due to difficulty accessing the practice by telephone. The practice had responded by making more reception staff available to answer incoming calls during busy times to improve patient access.

Please refer to the Evidence Tables for further information.

Are services well-led?

We rated the practice as requires improvement for providing a well-led service.

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

- **Governance systems and oversight of processes in relation to health and safety, infection prevention and control and vaccine fridge monitoring systems were not effectively embedded.**
- **Practice policies in relation to bullying and harassment, grievance and whistleblowing processes were not employed effectively in order to provide staff at all levels with the support they needed, and a voice within the practice.**

Leadership capacity and capability

The leadership, governance and culture did not always support the delivery of high-quality, person-centred care. We identified shortfalls in relation to leadership style in some cases.

- Feedback we received in the planning stages of the inspection, during and after the visit indicated that staff did not always feel supported and listened to. There were identified issues in relation to the leadership style of senior staff members in some cases. The practice had appropriate human resource policies in place, but feedback we received indicated that they were not always employed effectively enough to support staff.
- We identified some gaps in relation to oversight of processes within the practice. Monitoring of infection prevention and control measures, vaccine fridge monitoring systems and patient group directions updates was not thorough enough to assure the safety of patients.
- Senior staff did demonstrate their knowledge and awareness of issues and priorities relating to the quality and future of services. They understood the challenges in most cases, and were working to address them.

Vision and strategy

The practice provided us with their statement of purpose ahead of the inspection. It described the practice's aims and objectives, which included providing the best possible quality service for patients within a safe and confidential environment.

- The practice had a clear vision. They described their strategy to continue to develop and expand their services, including their membership of a newly evolving 'Super Practice' involving 12 other practices; and planned improvements to their existing building.
- The practice shared their vision, values and strategy with patients through their patient participation group, and with staff through staff meetings and briefings.
- Staff were broadly aware of 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

We identified some staff concerns in relation to the culture of the practice.

- Staff told us they felt respected, supported and valued in most, but not all, cases. They told us they felt proud to provide a good service to patients.
- The practice focused on the needs of patients.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they understood the systems for reporting significant incidents and complaints as part of their working day. However; some staff we received feedback from, told us that concerns in relation to internal staff relationships were not dealt with effectively in all cases.
- There were processes for providing staff with development and training opportunities relevant to their role. This took the form of an annual appraisal. All staff had received an appraisal in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- The contribution of the skills of practice nurses to the provision of care for patients was recognised and acknowledged. Nurses were released from their work to address professional development requirements.

Are services well-led?

- Staff reward schemes had been introduced in order to improve staff well-being. A performance related salary increase had been adopted. In addition, staff who attended for work during recent heavy snowfall were rewarded with an additional day's annual leave.
- Staff had access to equality and diversity training. In response to our feedback the practice told us they would look at wording on any future recruitment advertisements to actively encourage applications from all parts of society.
- Relationships between staff were not positive in all cases.

Governance arrangements

Clear responsibilities, roles and systems of accountability were not in place in all cases to support good governance and management.

- There were gaps in relation to structures, processes and systems to support good governance and management. Fire risk assessments were out of date at the time of our visit. We saw that fire drills had not been carried out in line with government requirements. Following our feedback the practice made contact with the appropriate agency to ensure these would be completed. They told us they would introduce fire drill procedures in line with government regulations. A legionella risk assessment had been carried out, but at the time of our visit the action plan had not been implemented.
- Partnerships, joint working arrangements and shared services were in place to support co-ordinated person-centred care.
- Staff were clear regarding their roles and accountabilities. Safeguarding roles and responsibilities were clear and understood by all the staff we spoke with.
- Practice leaders had developed a range of internal policies, procedures and activities to promote safety. However, we found that some policies in relation to human resource matters, such as the bullying and harassment policy and grievance policy, were not fully implemented in all cases.

Managing risks, issues and performance

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

There were gaps in processes to identify, understand, monitor and address all current and future risks including risks to patient safety.

The practice had processes to manage current and future performance. Practice leaders had oversight of Medicines and Health Regulatory Agency (MHRA) alerts, incidents, and complaints.

Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.

The practice had plans in place and had trained staff for major incidents.

The practice implemented service developments and where efficiency changes were made this was with input from senior 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 appropriate arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems. The practice was preparing to implement changes in line with the new requirements of General Data Protection Regulator (GDPR) regulations which were due to be introduced in May 2018.

Are services well-led?

Engagement with patients, the public, staff and external partners

The practice involved patients, staff and external partners to support high-quality sustainable services.

- Patients' views and concerns were listened to, and acted upon where possible to shape services and culture. A staff comments box was in use, which could be completed anonymously if required. We heard that the practice had implemented staff suggestions to make use of a mobile telephone for outgoing calls, to reduce the pressure on the land lines for incoming patient calls.
- There was an active patient participation group.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

The practice contributed to local initiatives to support continuous improvement and innovation within their locality.

- The practice was a teaching practice and supported newly qualified doctors wishing to gain experience in general practice, as well as medical students. They had received a clinical excellence award from the local university in recognition of the quality of their training for medical students.
- The practice was part of a newly established 'Super Practice' involving 12 other practices. Plans were underway to standardise the quality of service provided to patients registered at these practices.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Regulation 12 : Safe Care and Treatment The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of patients who use services.</p> <p>In particular:</p> <ul style="list-style-type: none">• Risk assessments relating to health and safety in the practice were not always completed in a timely way. A fire risk assessment was out of date; and fire drills were not carried out in accordance with government requirements. A legionella risk assessment action plan had not been implemented.• Infection prevention and control processes were not thorough enough.• Vaccine fridge temperature monitoring systems could not assure the integrity of vaccinations and immunisations.• Oversight of Patient Group Directions was not sufficiently thorough.• Staff policies in relation to staff grievances, bullying and harassment and whistleblowing were not implemented effectively. <p>This was in breach of regulation 12 (1) of the Health and Social Regulated Activities Regulations 2014.</p>