

Hove Park Villas Surgery

Quality Report

18 Hove Park Villas
Hove
East Sussex
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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?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



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Overall summary

Letter from the Chief Inspector of General Practice

Hove Park Villas Surgery is rated as requires improvement overall. (Previous focused follow up inspection on 9 October 2016 rated as good overall and for safe services and comprehensive inspection on 9 July 2015 rated good overall, requires improvement for safe services and good for effective, caring, responsive and well-led services).

The key questions are rated as:

Are services safe? – Requires Improvement

Are services effective? – Requires Improvement

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Requires Improvement

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Requires Improvement

People with long-term conditions – Requires Improvement

Families, children and young people – Requires Improvement

Working age people (including those recently retired and students) – Requires Improvement

People whose circumstances may make them vulnerable – Requires Improvement

People experiencing poor mental health (including people with dementia) - Requires Improvement

We carried out an announced comprehensive inspection at Hove Park Villas Surgery on 18 December 2017. The inspection was carried out as part of our inspection programme.

At this inspection we found:

- The practice had systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- The practice had appropriate facilities and was well equipped to treat patients and meet their needs.
- Patients said they were able to book an appointment that suited their needs. Pre-bookable, on the day appointments, home visits and phone consultation services were available.
- The practice recognised that the patient's emotional and social needs were as important as their physical needs.

Summary of findings

- Recruitment procedures were generally well established, however there was no recruitment file in place for one member of staff.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- Staff had not been provided with appropriate training according to the records we reviewed on the day of inspection.
- Staff had not received up to date appraisals.
- Staff were positive about working in the practice.
- Patient survey results were positive and higher than average in a number of areas.

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

- Ensure the care and treatment of patients is appropriate, meets their needs and reflects their preferences.

- Ensure care and treatment is provided in a safe way to patients.
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out the duties.
- Ensure specified information is available regarding each person employed.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

The areas where the provider should make improvements are:

- The practice should improve their procedure for identifying patients who are also carers.

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

Hove Park Villas Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Hove Park Villas Surgery

Hove Park Villas Surgery is situated in a converted residential property in Hove, East Sussex and operates from:

18 Hove Park Villas

Hove

East Sussex

BN3 6HG

The practice provides services for approximately 4,300 patients living within the local area. The practice holds a general medical services (GMS) contract and provides GP services commissioned by NHS England. (A GMS contract is one between the practice and NHS England where elements of the contract such as opening times are

standard.) The practice population includes many families and as such has a slightly higher than average number of children aged under 18 years compared to the population nationally. The practice has a low deprivation score compared to the national average, with more patients in employment or full-time education and lower levels of unemployment, although the practice explained they served pockets of patients living in substantially more deprivation than that which was represented by their score.

As well as a team of two GP partners and three salaried GPs (three female and two male), the practice also employs one practice nurse, two health care assistants and a phlebotomist. There is a practice manager and a team of receptionists and administrative staff.

Hove Park Villas Surgery is open between 8.30am to 1pm and from 3pm to 6pm on weekdays. The GPs provide on call cover between 1pm and 3pm on weekdays. At other times when the practice is closed, patients are directed to out of hours providers (IC24 and NHS111). The practice offers pre-bookable appointments, same day and phone appointments with GPs and nurses. There are also online appointments available.

The practice is registered to provide the regulated activities of diagnostic and screening procedures; treatment of disease, disorder and injury; maternity and midwifery services; family planning and surgical procedures.

Are services safe?

Our findings

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

We rated the practice as requires improvement for providing safe services because of the arrangements in respect of recruitment documentation and staff training

Safety systems and processes

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

- The practice conducted safety risk assessments and had a suite of safety policies which were regularly reviewed and communicated to staff. Staff received some safety information for the practice as part of their induction and refresher training. However, there were gaps in the records of required training. For example there was no record of four members of staff having completed health and safety training; three members of staff had not completed up to date fire training; there was no record of one member of the administration team having completed safeguarding training and the certificate for another member of the administration team was not available and according to records no one had completed training in duty of candour, information governance and the Mental Capacity Act (2005). The practice had training dates booked to cover these areas.
- Policies were regularly reviewed and were accessible to all staff. Staff understood who they should go to for further guidance.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out staff checks, including checks of professional registration where relevant, 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). However, there was no record of photographic identity, satisfactory information about previous employment, or a DBS check for one member of staff. The practice told us that they had undertaken these checks but not placed them on file.

- All staff who acted as chaperones were trained for the role. Staff members who acted as chaperones but were not DBS checked had a risk assessment of their duties as a chaperone to ensure a DBS was not required.
- There was an effective system to manage infection prevention and control and the practice had undertaken a recent audit with all actions completed. However, six members of clinical staff had not received up to date training in infection 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.
- There was an effective induction system for temporary staff tailored to their role.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.

Are services safe?

- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information.

Safe and appropriate use of medicines

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

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice kept prescription stationery securely, however there was no system to monitor use and prescription use was not tracked.
- 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 as part of a local scheme which measured the quality, safety and cost effectiveness of antimicrobial prescribing. The practice achieved some of the best results within the local clinical commissioning group (CCG).
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.

Track record on safety

The practice had a good safety record.

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

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. For example a message relating to an outlying blood result was not immediately passed on to the GP. The incident was discussed in a practice meeting and the practice changed their procedures to ensure results were passed to GPs as soon as they were received.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice, and all of the population groups, as requires improvement for providing an effective service.

We rated the practice as requires improvement for providing effective services because Quality Outcomes Framework (QOF) data showed the practice was performing significantly below national standards in a number of areas including dementia, mental health and chronic obstructive pulmonary disease and some staff had not received training relevant to their role.

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.
- We saw no evidence of discrimination when making care and treatment decisions.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medication.
- 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.

People with long-term conditions:

- For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.

- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- The practice was an outlier for some data relating to long-term conditions. For example, the percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less was 58% compared to the CCG average 77% and the national average of 80%; the percentage of patients with chronic obstructive pulmonary disease (COPD) who had a review undertaken including an assessment of breathlessness in the preceding 12 months was 60% compared to the CCG average of 83% and the national average of 90%; and the percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control was 41% compared to the CCG average of 71% and the national average of 76%.
- The practice told us they were working to improve these results by formalising their recall system to increase the uptake of patients attending their annual reviews. Data provided by the practice indicated the percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less had increased from 58% to 69%; the percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control had increased from 41% to 60%. These results were unverified by CQC.
- However, some results showed a decrease. For example the percentage of patients with COPD who had a review undertaken including an assessment of breathlessness in the preceding 12 months was 39% (compared to 60% previously). These results were unverified by CQC.

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.

Are services effective?

(for example, treatment is effective)

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

- The practice's uptake for cervical screening was 75%, 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. GPs offered discussions about end of life care with patients' families where appropriate.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.

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

- 70% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months which was in line with the CCG average of 75% and the national average of 84%.
- The practice was an outlier for some data relating to people experiencing poor mental health (including people with dementia). For example 43% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. Compared to the CCG average of 78% and the national average of 90%; and the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption was below local and national averages (practice 39%; CCG 80%; national 91%).
- The practice told us they were working to improve these results by increasing the number of appointments

available for reviews and increasing uptake by changing procedures for inviting patients to their annual reviews. However, current data (unverified by CQC) did not show any improvement to date.

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, an audit of blood pressure monitoring in patients prescribed a certain medicine with a contraindication for hypertension, showed an improvement on the second cycle.

The most recent published Quality Outcome Framework (QOF) results were 76% of the total number of points available compared with the clinical commissioning group (CCG) average of 90% and national average of 97%. The overall exception reporting rate was 5% which was lower than 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 told us they were working to improve the QOF results for the practice. The practice manager had been in post for six months and had reorganised the allocation of work to increase the time clinical staff were able to spend with patients. An additional health care assistant was employed to improve the numbers of patients with long-term conditions and poor mental health who had annual reviews.

Effective staffing

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

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. However, not all training was up to date. This included health and safety training; fire training;

Are services effective?

(for example, treatment is effective)

safeguarding training duty of candour, information governance and the Mental Capacity Act (2005) training. The practice had training dates booked to cover these areas.

- Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, coaching and mentoring, clinical supervision and support for revalidation. However, not all staff had received an appraisal in the last year. The practice explained that this was due to the recent appointment of the practice manager and showed us plans for appraisals of all staff in early 2018.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.

- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

Consent to care and treatment

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

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

Are services caring?

Our findings

We rated the practice as good for providing caring services overall although all population groups are rated as requires improvement as the practice was given this rating for providing safe and effective services. The issues identified as requiring improvement overall affected all patients including all population groups. There were, however, examples of good practice.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- All of the 15 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients told us they found the doctors, nurses and administration staff to be courteous, kind and considerate. One person commented that it would be helpful if appointments with nurses could be booked online. These results were in line with the results of the NHS Friends and Family Test and other feedback received by the practice.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. Of the 268 surveys which were sent out, 128 were returned. This represented about 3% of the practice population. The practice was above average or in line with local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 96% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 88% and the national average of 89%.

- 97% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 95%; national average - 96%.
- 95% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG - 84%; national average - 86%.
- 89% of patients who responded said the nurse was good at listening to them; (CCG) - 91%; national average - 91%.
- 94% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 91%; national average - 91%.

Involvement in decisions about care and treatment

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

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice identified patients who were carers when registering patients and opportunistically during consultations. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 14 patients as carers (less than 1% of the practice list). The practice told us they felt they had more carers than was represented and would review this information. Details about the support services for carers was available from reception.

- Staff told us that if families had experienced bereavement, their usual GP contacted them or sent

Are services caring?

them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages:

- 90% 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 84% and the national average of 86%.
- 88% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 80%; national average - 82%.

- 89% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 91%; national average - 90%.
- 82% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 84%; national average - 85%.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the practice as good for providing responsive services although all population groups are rated as requires improvement as the practice was given this rating for providing safe and effective services. The issues identified as requiring improvement overall affected all patients including all population groups. There were, however, examples of good practice.

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 told us they had a low turnover of patients and felt they knew their patients well, which helped them to understand the need of their population and tailor services in response. For example online services repeat prescription requests, advanced booking of appointments and advice services for common ailments.
- 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 children requiring emergency appointments were able to attend after school hours and patients who were unable to attend the surgery were encouraged to use the phone appointments system when appropriate.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- The practice held a seasonal Saturday flu vaccine walk in clinic when patients were invited to attend their annual reviews at the same time.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for older people and housebound patients.

- Older people were encouraged to make use of phone consultations and were able to access on the day appointments with their own GP.

People with long-term conditions:

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

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A and E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment.
- GPs and nurses were available to give advice on contraception and provide sexual health screening or signpost to appropriate local services.

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, appointments were pre-bookable with no time limit.
- Phone GP consultations were available which supported patients who were unable to attend the practice during normal working hours.
- An onsite smoking cessation service was available.

People whose circumstances make them vulnerable:

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

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

Are services responsive to people's needs?

(for example, to feedback?)

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice held GP led dedicated monthly mental health and dementia clinics with longer appointments to give patients time to discuss social as well as medical concerns. Patients who failed to attend were proactively followed up by a phone call from a GP.

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 easy to use.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages. This was supported by observations on the day of inspection and completed comment cards. Of the 268 surveys which were sent out, 128 were returned. This represented about 3% of the practice population. The results were better than local and national averages.

- 84% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 80% and the national average of 80%.
- 79% of patients who responded said they could get through easily to the practice by phone; CCG – 76%; national average – 71%.

- 90% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG – 83%; national average – 76%.
- 86% of patients who responded described their experience of making an appointment as good; CCG – 78%; national average – 73%.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. Five complaints were received in the last year, which we reviewed 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 patient complained that they had been invited for a review of their long term condition despite having recently received one. The practice responded with an apology and changed their procedures to be sure that patients had not already attended before sending an invite.
- The practice also had a policy of recording and sharing positive comments received from patients and showed us 12 comments received over the past 12 months. These included six comments about the good quality care at the practice and two comments about access to appointments.

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 well-led services.

Leadership capacity and capability

- Leaders were visible and approachable. They worked closely with staff and others.
- The practice recognised they had experienced significant changes over the previous six months including a new practice manager, a clinical administrator and an additional health care assistant. The lead GP was working reduced hours due to semi-retirement and had handed some of the lead responsibilities to another GP partner. The practice told us they had difficulty in recruiting a new GP partner and were discussing ways of filling this post. The new practice manager had a current focus on reviewing practice policies and procedures as well as improving the performance of the practice including the quality and outcomes framework (QOF) results. (QOF is a system intended to improve the quality of general practice and reward good practice).
- The leadership team and staff recognised the need for some improvements and showed enthusiasm for the future.

Vision and strategy

- There was a clear vision for the future and set of values.
- The practice developed its vision jointly with patients, staff and external partners.
- Staff were aware of and understood the vision and values 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

- Staff stated they felt respected, supported and valued. They were proud to work in the practice. Some staff told us they had worked at the practice for many years and

felt they knew the patients well, which meant they could manage patient expectations. The reception team had also noticed changes in patient behaviour which they had referred to the GP or nurse.

- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- The practice had processes in place for providing all staff with the development they need, however these were not always followed and many staff had not received appropriate training for their roles or appraisals. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was an emphasis on the well-being of all staff.
- Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

- Practice leaders had established policies, procedures and activities to ensure safety. However the practice did not always follow their own procedures with prescription safety, appraisals and recruitment.

Managing risks, issues and performance

- The practice had some processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of MHRA alerts, incidents,

Are services well-led?

Requires improvement 

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

and complaints. However, performance for Quality and Outcomes Framework (QOF) required improvement. (QOF is a system intended to improve the quality of general practice and reward good practice).

- 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.

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 information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

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

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.
- There was a patient participation group which had been active for four months. The members had been involved in updating the practice website and were working on a questionnaire to seek views on extended hours.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

- The practice showed a commitment to meeting patients' expectations and had plans to survey patients about extended opening hours to establish what changes would be helpful to patients.
- The practice had plans to employ an additional nurse within the practice.
- The practice had signed up to a national scheme to help them to review and improve their efficiency.

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 9 HSCA (RA) Regulations 2014 Person-centred care</p> <p>How the regulation was not being met:</p> <p>Assessments of the needs and preferences for service user care and treatment were not being carried out collaboratively with the relevant person. In particular the provider did not ensure the care and treatment of service users met the needs of people with long term conditions and people experiencing poor mental health (including people with dementia).</p> <p>This was in breach of regulation 9 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular the provider did not ensure that care and treatment were provided in a safe way for the safety tracking of blank prescriptions.</p> <p>This was in breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
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This section is primarily information for the provider

Requirement notices

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation 17 HSCA (RA) Regulations 2014 Good governance

How the regulation was not being met:

The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk being provided. In particular prescription safety, appraisals and recruitment.

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

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

How the regulation was not being met:

The service provider had failed to ensure that persons employed in the provision of a regulated activity received such appropriate support, training, professional development, supervision and appraisal as was necessary to enable them to carry out the duties they were employed to perform. In particular staff did not receive appropriate and up to date appraisals and training for their role.

This was in breach of regulation 18 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Regulation

This section is primarily information for the provider

Requirement notices

Diagnostic and screening procedures

Family planning services

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

How the regulation was not being met:

The registered person had not ensured that all the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was available for each person employed. In particular recruitment information was not always available in relation to each person employed for the purposes of carrying on a regulated activity

This was a breach of regulation 19 (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.