

# Walton Village R

## Quality Report

Walton Village Medical Centre, Liverpool, Liverpool  
L4 6TW

Tel: 01512476399

Website:

[www.waltonvillagemc.co.uk](http://www.waltonvillagemc.co.uk)

Date of inspection visit: 25 April 2016

Date of publication: 24/06/2016

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

### Ratings

#### Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	5
What people who use the service say	7

### Detailed findings from this inspection

Our inspection team	8
Background to Walton Village R	8
Why we carried out this inspection	8
How we carried out this inspection	8
Detailed findings	10
Action we have told the provider to take	18

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Walton R on 25 April 2016. Overall the practice is rated as requires improvement.

Our key findings across all the areas we inspected were as follows:

- The practice was a small family practice which had been at the heart of the community for many years and patients received a continuity of care from GPs. The practice nurse had retired and the practice had struggled to recruit a new nurse for over 12 months and had relied on local community nursing teams. A new practice nurse had joined the practice on the day of our inspection.
- The practice premises were in need of refurbishment, but plans for this were on hold as the practice was in the process of exploring options to move to new premises. The practice had limited disabled access and no hearing loop. There was access to translation services.

- The practice did not follow some health and safety legislation to ensure the safety of both patients and staff. Some risk assessments for health and safety had been carried out, but some actions had not been undertaken for the risks identified such as electrical and fire safety.
- The practice had recently employed a cleaning company but no monitoring systems or risk assessments were in place to ensure the practice was following national guidance for cleaning of premises. No infection control audits had been completed since 2013. The audits had demonstrated some improvements but standards were below those expected by the local infection control team.
- There were systems in place to mitigate safety risks including analysing significant events and safeguarding. However, there were very few documented meetings and there was no clear audit trail as to how shared learning took place.
- Patients' needs were assessed and care was planned and delivered in line with current legislation.

# Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Patient survey data and staff we spoke with demonstrated there were problems with waiting times for patients. The practice had identified this problem and had put some measures in place to tackle this issue, but had not yet evaluated whether this was enough to reduce waiting times.
- Information about services and how to complain was available. The practice sought patient views about improvements that could be made to the service; including having a new patient participation group (PPG) and acted, where possible, on feedback.
  - Staff worked well together as a team.

Importantly, the provider must:

Improve their knowledge and have due regard to all Health and Safety legislation and Health and Social Care Act 2008 (regulated activities) regulations:

- Carry out any actions identified in health and safety risk assessments for example, in fire risk assessments.

- Carry out electrical safety checks for the building.
- Carry out work station/display screen equipment risk assessments for all staff.
- Carry out risk assessments for infection control and cleaning of the premises and equipment to ensure the practice is meeting standards and following the code of practice for infection control and related national guidance.
- Improve governance systems in terms of risk assessments, audits, staff support and communications.

The provider should:

- Carry out risk assessments to specify how the practice would deal with emergency situations without having a defibrillator available.
- Have a stock monitoring system in place for blank prescriptions.
- Refurbish the practice if not moving premises.
- Improve waiting times for patients.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as requires improvement for providing safe services. This was because important actions to comply with health and safety regulations had not been undertaken such as electrical safety checks and up to date infection control audits. The practice took the opportunity to learn from internal incidents and safety alerts, to support improvement. However, there was no clear audit trail as to how learning was shared with all staff.

**Requires improvement**



### Are services effective?

The practice is rated as good for providing effective services. Patients' needs were assessed and care was planned and delivered in line with current legislation. Staff worked with other health care teams.

**Good**



### Are services caring?

The practice is rated as good for providing caring services. Patients' views gathered at inspection demonstrated they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. We also saw that staff treated patients with kindness and respect.

**Good**



### Are services responsive to people's needs?

The practice is rated as good for providing responsive services. Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised.

**Good**



### Are services well-led?

The practice is rated as requires improvement for being well-led. The practice was not aware of all of the regulations. There were insufficient risk assessments, audits and monitoring systems to improve the quality and safety of the service. Where risk assessments identified actions required, this had not been addressed. There was very little evidence to support shared learning actively took place for the whole team and staff required further training.

The practice had a number of policies and procedures to govern activity. The practice sought feedback from patients and had a new patient participation group (PPG).

**Requires improvement**



# Summary of findings

## The six population groups and what we found

We always inspect the quality of care for these six population groups.

### Older people

The practice is rated as requires improvement for providing services for older people. The practice is rated as requires improvement for providing safe and well- led services. Concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice offered proactive, personalised care to meet the needs of the older people in its population and offered home visits and care home visits. The practice participated in meetings with other healthcare professionals to discuss any concerns. There was a named GP for the over 75s.

**Requires improvement**



### People with long term conditions

The practice is rated as requiring improvement for providing services for people with long term conditions. The practice is rated as requires improvement for providing safe and well- led services. Concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice had registers in place for several long term conditions including diabetes and asthma. Longer appointments and home visits were available when needed. All these patients had a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

**Requires improvement**



### Families, children and young people

The practice is rated as good for providing services for families, children and young people. The practice is rated as requires improvement for providing safe and well- led services. Concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice regularly liaised with health visitors to review vulnerable children and new mothers. The practice had safeguarding policies and all staff were aware of their responsibilities to report safeguarding concerns.

**Requires improvement**



# Summary of findings

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

The practice is rated as requires improvement for providing services for working age people. The practice is rated as requires improvement for providing safe and well- led services. Concerns which led to these ratings apply to everyone using the practice, including this population group.

The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible. There were online systems available to allow patients to make appointments.

**Requires improvement**



## **People whose circumstances may make them vulnerable**

The practice is rated as requires improvement for providing services for people whose circumstances make them vulnerable. The practice is rated as requires improvement for providing safe and well- led services. Concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice held a register of patients living in vulnerable circumstances including those with a learning disability. It had carried out annual health checks and longer appointments were available for people with a learning disability.

**Requires improvement**



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

The practice is rated as requires improvement for providing services for people experiencing poor mental health. The practice is rated as requires improvement for providing safe and well- led services. Concerns which led to these ratings apply to everyone using the practice, including this population group.

Patients experiencing poor mental health received an invitation for an annual physical health check. Those that did not attend had alerts placed on their records so they could be reviewed opportunistically. The practice worked with local mental health teams.

**Requires improvement**



# Summary of findings

## What people who use the service say

What people who use the practice say

The national GP patient survey results published in January 2016 (from 110 responses which is approximately equivalent to 5% of the patient list) showed the practice was performing above local and national averages in certain aspects of service delivery. For example,

- 81% of patients described their experience of making an appointment as good compared to the CCG average of 79% and national average of 75%.
- 98% patients said they could get through easily to the surgery by phone (CCG average 75%, national average 73%).

However, some results showed below average performance, for example,

- 72% said the last GP they saw was good at involving them in decisions about their care (CCG average 84%, national average 82%).
- 36% of patients said they had to wait 15 minutes or less after their appointment time (CCG average 62%, national average 65%).

In terms of overall experience, results were lower than local and national averages. For example,

- 81% described the overall experience of their GP surgery as good (CCG average 87%, national average 85%).
- 72% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 80%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 13 comment cards, which were very complimentary about the service provided. Patients said they received an excellent, caring service and patients who more vulnerable were supported in their treatment. However, there was one comment regarding excessive waiting times for appointments.

We reviewed information from the NHS Friends and Family Test which is a survey that asks patients how likely they are to recommend the practice. Results from September 2015 to January 2016 from 49 responses, showed that 44 patients were either extremely likely or likely to recommend the practice, and the other responses were neither likely nor unlikely.

# Walton Village R

## Detailed findings

### Our inspection team

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

a CQC Lead Inspector and included a GP specialist advisor.

## Background to Walton Village R

Walton R (Walton Village Medical Centre) is based in Walton Village in Liverpool. There were 2100 patients on the practice register at the time of our inspection.

The practice is managed by three GP partners (two male, one female). There is a part time practice nurse (who had just started their induction training at the practice on the day of our inspection). Members of clinical staff are supported by a practice manager, reception and administration staff.

The practice is open 8am to 6.30pm every weekday. Clinic times vary depending on which GPs are available. Morning clinics start at 10am and afternoon clinics from 3pm-3.30pm with the latest appointments being available at 5.50pm.

Patients requiring a GP outside of normal working hours are advised to contact the GP out of hours service, provided by Urgent Care 24 by calling 111.

The practice has a General Medical Services (GMS) contract and has enhanced services contracts which include childhood vaccinations.

### Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

### How we carried out this inspection

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people



# Detailed findings

- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

The inspector :-

- Reviewed information available to us from other organisations e.g. local clinical commissioning groups (CCG).
- Reviewed information from CQC intelligent monitoring systems.

- Carried out an announced inspection visit on 25 April 2016.
- Spoke to staff and a representative of the patient participation group.
- Reviewed patient survey information.
- Reviewed the practice's policies and procedures.

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

# Are services safe?

## Our findings

### Safe track record and learning

There was an effective system in place for reporting and recording significant events and incidents. Staff told us they would inform the practice manager of any incidents and there were recording forms available in reception. The incident recording form supported the recording of notifiable incidents under the duty of candour. However, although the practice was compliant with the duty of candour, the practice was not aware of the regulation or meaning of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, an apology and were told about any actions to improve processes to prevent the same thing happening again.

The practice carried out a thorough analysis of the significant events.

Significant events were discussed at clinicians' meetings but these were not always documented. We were told safety alerts were also discussed. Further improvements could be made by evaluating any actions taken.

### Overview of safety systems and processes

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare and there was additional flowcharts in the consulting rooms. There was a lead GP for safeguarding vulnerable adults and children. However, they had started but not yet completed their level 3 child safeguarding training. Staff demonstrated they understood their responsibilities and all other staff had received training relevant to their role. Health visitors were invited to attend clinical meetings to discuss any concerns.
- A notice in the waiting room advised patients that chaperones were available if required. Staff who acted as chaperones had received training for the role and a Disclosure and Barring Service (DBS) check. (DBS
- The premises were in need of refurbishment for example, some carpets were worn and some seating in the waiting room needed to be replaced. The practice was currently in the process of exploring their options to move to new premises and hence had not made any further financial investment in the current premises.
- The practice had recently employed a new cleaning contractor. There were cleaning schedules available. Monitoring systems for standards of cleanliness and ensuring the practice was following all guidance regarding cleaning the premises and equipment had not yet been implemented.
- One of the GPs was the infection control clinical lead. However, they were not up to date with their training. There was an infection control protocol and other staff had received up to date training. Infection control audits had not been undertaken since 2013. The practice had made improvements from the two audits carried out that year but scored below an accepted target set by the local infection control teams. The practice manager advised us that the local infection control team would be visiting the practice in the next few weeks. They showed us some check sheets that they had begun to complete. There were spillage kits and appropriate clinical waste disposal arrangements in place.
- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Blank prescription forms and pads were securely stored. However, there were no records in place to monitor what blank prescriptions were available on the premises.
- Emergency medications were kept in the treatment room and some in GP bags. There was a monitoring system for emergency medication expiry dates which had been put in place the working day before our inspection. The log sheet did not account for all medications in the treatment room and there was no monitoring system in place for medications kept in the GP bags. We checked a sample of emergency medications and vaccinations stored on the premises and found them to be in date.

# Are services safe?

- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS. The practice nurse was awaiting their DBS check before working with patients.

## Monitoring risks to patients and staff

There was a health and safety policy available with a leaflet displayed in the reception area but this did not identify local health and safety representatives. The practice employed a company to carry out health and safety risk assessments. The risk assessments identified areas of risk but it was not always clear what action plans were in place to mitigate the risks and who was responsible.

- The practice had installed a new fire alarm and we were advised that fire training had been booked for August 2016. A fire risk assessment had been completed in May 2015, but some actions necessary to reduce risks had not been undertaken. There were no emergency fire plans or building maps available at the entrances of the building for the fire brigade to utilise in the event of an emergency. There were no fire drills and emergency lighting had not been checked and was not working. The second floor of the building had a staff kitchen containing a toaster and microwave cooker. The fire blanket in the kitchen had not recently been checked (last record 2002) and the fire door was wedged open. There was a narrow corridor leading from reception to the fire exit at the back of the building that was partially blocked by a large cardboard box. Oxygen was stored in one of the consultation rooms but there was no appropriate signage to indicate this was a fire risk. .
- There was no electrical safety certificate for the building.
- There were two workstations at the front of the reception area. There was not enough room for staff to be seated correctly due to the constraints of the desk and cables. One receptionist did not have a chair with a back rest. Staff told us the issue of inadequate seating had been raised but nothing had been done. In addition Display Screen Equipment (DSE) risk assessments for staff had not been carried out.
- A disabled access risk assessment had been completed but it was not clear if any action had been taken. There

was a patient toilet that had a disabled access sign. However, the door opened inwards not leaving enough room for a wheelchair and there was no emergency cord or mirror suitable for use. A member of staff told us they did not have any patients who used wheelchairs to their knowledge.

- The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health (COSHH) and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. The practice had recently had an increase in new patients which had meant more work for administration and reception staff. Staff covered each other for any leave but felt additional staff would be advantageous to meet the demand of the extra workload.

## Arrangements to deal with medical emergencies and major incidents

The practice had some arrangements in place to respond to medical emergencies and major incidents.

- All staff received annual basic life support training and there were emergency medicines available in one of the treatment rooms.
- The practice had oxygen with adult and children's masks. However, this was still sealed and was in a locked cupboard and the keys were kept in a safe which could delay access. The oxygen had not been checked. The practice did not have a defibrillator available. The practice knew that defibrillators were located in the neighbourhood and were aware of ambulance response times, but there was no formal risk assessment in place as to how the practice would respond to a medical emergency without this equipment.
- There was an accident book and first aid kit available.

## Are services safe?

- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs. We were told changes in guidance were discussed informally at clinicians' meetings.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients and held regular meetings to discuss performance. (QOF is a system intended to improve the quality of general practice and reward good practice). The practice had systems in place to ensure they met targets and the most recent published results were 98% of the total number of points available. The practice also worked towards meeting local key performance targets. The practice was aware of high hypnotic medication prescribing rates and evidence reviewed demonstrated the practice was making improvements.

The practice carried out a variety of audits. For example, medication audits, administration and clinical audits. However, these audits had not been repeated to demonstrate continuous improvement.

### Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. It covered such topics as infection prevention and control, fire safety, health and safety and confidentiality.
- All staff had received an appraisal in the past 12 months but prior to this some appraisals had not been completed since 2007.
- Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. Training included: safeguarding, fire procedures, equality and diversity and basic life support and information governance awareness. Staff had access to and made use of e-learning training modules. The practice had recently introduced protected learning time for one session a month. However, some training was required for staff undertaking lead roles such as safeguarding and infection control.

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Multi-disciplinary team meetings took place on a monthly basis and care plans were routinely reviewed and updated but sometimes other health care professionals failed to attend. The practice liaised with local mental health teams to ensure patients received physical health checks.

### Consent to care and treatment

Patients' consent to care and treatment was sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of

# Are services effective?

(for example, treatment is effective)

legislation and guidance, including the Mental Capacity Act 2005. GPs were aware of the relevant guidance when providing care and treatment for children and young people.

## Supporting patients to live healthier lives

Patients who may be in need of extra support were identified by the practice. This included patients who required advice on their diet, smoking and alcohol

cessation. Patients were then signposted to the relevant service at other clinics. The practice used a telehealth service which helped monitor patients' well-being without them having to attend the practice.

The practice had been without a practice nurse for over a year. Immunisations were carried out by an immunisation team. The GPs had also provided immunisation clinics when the local teams were no longer available. The newly appointed practice nurse was to receive further training before taking over the responsibility for immunisations and cervical screening.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect. Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Results from the national GP patient survey published in January 2016 (from 110 responses which is approximately equivalent to 5% of the patient list) showed patients felt they were treated with compassion, dignity and respect. For example:

- 86% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- 91% said the GP gave them enough time (CCG average 90%, national average 87%).
- 85% said the last GP they spoke to was good at treating them with care and concern (CCG average 88%, national average 85%).
- 93% said they found the receptionists at the practice helpful (CCG average 88%, national average 87%)

### Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. 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. For example:

- 91% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and national average of 86%.
- 72% said the last GP they saw was good at involving them in decisions about their care (CCG average 84%, national average 82%)

Staff told us that telephone translation services were available but the practice preferred to use interpreters to accompany patients when attending the practice.

### Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice kept a register of carers and used this information to ensure they could offer additional services such as the flu vaccination. Information was available on the practice web site to direct carers to the various avenues of support available to them.

Information for patients in times of bereavement was available on the practice web site.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice was aware of the needs of its local population. For example, they were aware of an increase in new patients and non-English speaking patients. Services were planned and delivered to take into account the needs of different patient groups. For example;

- There were longer appointments available for people with a learning disability or when interpreters were required. The practice preferred to use interpreters at appointments rather than telephone translation services.
- Home visits were available for elderly patients.
- Urgent access appointments were available for children under 10 years of age and those with serious medical conditions.

### Access to the service

The practice is open 8am to 6.30pm every weekday. Clinic times varied depending on which GPs were available. Morning clinics usually started at 10am and afternoon clinics from 3pm-3.30pm with the latest appointments being available at 5.50pm. Telephone consultation appointments were also available. Patients requiring a GP outside of normal working hours are advised to contact the GP out of hours service, provided by Urgent Care 24 by calling 111.

Results from the national GP patient survey published in January 2016 (from 110 responses which is approximately equivalent to 5% of the patient list) showed that patient's satisfaction with how they could access care and treatment were comparable with local and national averages. For example:

- 81% of patients described their experience of making an appointment as good compared to the CCG average of 79% and national average of 75%.

- 85% of respondents were able to get an appointment to see or speak to someone last time they tried (CCG average 85%, national average 85%).
- 98% patients said they could get through easily to the surgery by phone (CCG average 75%, national average 73%).

However,

- 36% of patients said they had to wait 15 minutes or less after their appointment time (CCG average 62%, national average 65%).

The practice had reviewed the national GP patient survey information and NHS choices and had audited appointment waiting times. Telephone systems had been changed and the practice had increased some appointment times and allocated time to catch up as a result of feedback. The practice had a recent increase in the number of new patients and had increased the number of appointments available to meet the demand. The practice had not yet evaluated the impact of the actions taken.

### Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy was in line with recognised guidance and contractual obligations for GPs in England and there was a designated responsible person who handled all complaints in the practice. Information about how to make a complaint was available at the reception desk. The complaints policy clearly outlined a time frame for when the complaint would be acknowledged and responded to and made it clear who the patient should contact if they were unhappy with the outcome of their complaint.

We reviewed a log of previous complaints and found both written and verbal complaints were recorded and written responses included apologies to the patient and an explanation of events. Staff told us complaints were discussed at meetings.



# Are services well-led?

Requires improvement 

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

## Our findings

### Vision and strategy

The practice described one of their primary aims as to provide their patients with high quality personal modern primary care services in a traditional setting. However, not all staff were aware of the values of the practice.

There was a business development plan (2015-2019) and the partners met on a weekly basis to discuss plans.

### Governance arrangements

Evidence reviewed demonstrated that the practice had:-

- No overarching governance policy. Staff had lead roles but some had not received training relevant to this role. (Safeguarding and infection control.)
- Practice policies that all staff could access on the computer system or in a file behind reception. There was also a staff handbook.
- The practice manager advised us that any changes to policies were discussed at daily informal meetings with reception/administration staff both in the morning and afternoon but did not keep minutes. Staff did inform us that complaints and any issues were discussed at these meetings. There were informal weekly clinical meetings when all clinicians attended but minutes were not always documented. There were no whole practice team meetings. There was no clear audit trail of how regular shared learning, actions and evaluation from updates in guidance, complaints, safeguarding, safety alerts or incidents took place.
- Identified audit work but needed to revisit audits in order to demonstrate quality improvement.
- Some risk assessments for health and safety but actions were required.
- A new appraisal structure for 2016 and protected learning time for staff but prior to this the last appraisal documentation we saw was from 2007.

### Leadership, openness and transparency

Staff told us that they had the opportunity to raise any issues with the practice manager and felt confident in doing so. The practice had a whistleblowing policy and all staff were aware of this.

The practice was not aware of but did have systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The practice had systems in place to ensure that when things went wrong with care and treatment::

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence.

### Seeking and acting on feedback from patients, the public and staff

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service when possible.

- There was a recently formed patient participation group (PPG).
- The practice used the NHS Friends and Family survey to ascertain how likely patients were to recommend the practice.
- The practice reviewed other sources of patient feedback and had acted on concerns identified, for example, patient waiting times.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with the practice manager.

### Continuous improvement

The practice team took an active role in locality meetings. The practice was exploring options to move to more modern premises with additional visiting health care professionals. Although the practice had made some improvements over the past few months, for example the introduction of the PPG and a new appraisal system, more work was required in terms of overall governance.

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <p>The provider had not documented or taken action as a result of some essential health and safety risk assessments for the premises and equipment.</p> <p>For example, there was a fire risk assessment but no action had been taken with regards to fire drills, electrical safety and emergency lighting checks.</p> <p>There were no risk assessments for display screen equipment or work station safety for staff. There were no monitoring systems, risk assessments or recent audits in relation to infection control and cleaning of the premises and equipment. Regulations 12(2) (d) and 12 (2) h.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>Regulation</b></p> <p>Regulation 17 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <p>The practice was not aware of all of the regulations.</p> <p>There were insufficient risk assessments, audits and monitoring systems to improve the quality and safety of the service. Where risk assessment carried out identified actions required, this had not been addressed.</p> <p>There was very little evidence to support shared learning actively took place for the whole team and staff required further training.</p> <p>17(2) (a)</p>