

Swanwood Partnership

Quality Report

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



Key findings

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Letter from the Chief Inspector of General Practice

This practice is rated as Requires Improvement overall.

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

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 Swanwood Partnership also known as Applewood Surgery on 16 March 2018. This was carried out as part of our inspection programme.

At this inspection we found:

- The practice had systems to keep patients safe and safeguarded from abuse.
- There was not an effective system to manage infection prevention and control.
- Not all risks at the premises were assessed and managed. It was unclear who had oversight and responsibility so risks were not effectively mitigated.
- Not all patient group directions (PGDs) had been correctly completed and one had been incorrectly used to authorise a healthcare assistant to administer the shingles vaccination. We were sent in evidence and assurances after the inspection that these issues had been addressed.
- Immediately after our inspection, the practice provided evidence of the improvements made to the storage of emergency medicines and equipment.
- The practice had an effective system of monitoring and tracking referrals once these had been made.
- There was not an effective, coordinated plan to improve QOF achievement in relation to blood pressure checks for patients with diabetes and hypertension.

Summary of findings

- The practice had systems to monitor and review patients over 75. There had been 38 health checks for patients aged over 75 completed in the last 12 months.
- The practice manager had not received an appraisal in the last year. We were assured that this took place immediately following our inspection.
- As a teaching practice, there was a weekly meeting with trainee GPs and doctors to discuss any issues and provide mentoring.
- Interpretation services were available for patients who did not have English as a first language. Languages other than English were spoken by clinicians.
- The practice offered extended opening hours and would be partaking in the Prime Ministers' Challenge Fund from April 2018. This was to provide additional GP services in the evenings and on weekends, working with other GPs in the locality.
- The practice was responsive to patient concerns about access and in response to this had recruited a nurse

practitioner to see patients with minor illnesses, made changes to the appointment system, introduced telephone consultations and increased the number of telephone lines.

- Leaders had the skills to deliver high-quality care, although some risks had been overlooked as the practice managed its increasing list size.

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

- 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:

- Continue to review and improve feedback from the GP patient survey.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The six population groups and what we found

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

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	

Swanwood Partnership

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Swanwood Partnership

Swanwood Partnership, also known as Applewood Surgery provides GP services to approximately 7,500 patients living in Wickford, Essex. Details of the practice boundary can be found on the practice website <http://www.swanwood.com>. The practice is in a building which is leased from the NHS.

The practice is commissioned by the Basildon and Brentwood Clinical Commissioning Group and holds a general medical services contract.

The practice is located in an area which is not considered to be deprived as it is on the third less deprived decile.

There are a comparable number of patients with a long-term health condition to the CCG and England average and less patients that are unemployed than the CCG and England average.

The practice is governed by a partnership which consists of a male and a female GP. The GPs are supported by a male and a female salaried GP. Further, the practice employs two salaried GPs, a nurse prescriber and two practice nurses. As a training practice, there are two GP registrars working at the practice as well as two foundation doctors. There is a full time practice manager as well as a number of reception and administration staff.

The practice is open every weekday from 8.30am until 6.30pm. On a Wednesday evening it is open until 7.45pm.

The current provider has been registered with the CQC for approximately one year. Prior to this, patients were registered at the GP practice that delivered at the current location by another provider and Swan Lane Surgery. These practices merged in 2015. In January 2018, patients from Wickford Health Centre also joined the practice list.

Are services safe?

Our findings

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

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

- There was not an effective system to manage infection prevention and control.
- Systems for safely managing healthcare waste required improvement.
- We were not assured that up to date portable appliance testing had taken place.
- Systems to manage and respond to safety alerts required improvement to ensure that clinicians were aware and patients were identified.
- There was no health and safety risk assessment.
- Identified action had not been taken in response to the fire risk assessment or the legionella risk assessment.
- Patient group directions (PSDs) were not being completed or used correctly.

Safety systems and processes

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

- The practice had a suite of safety policies including adult and child safeguarding policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. Policies were regularly reviewed and were accessible to all staff, including locums. They outlined clearly who to go to for further guidance.
- There was a system to highlight vulnerable patients on records and a risk register of vulnerable patients.
- 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.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Reports and learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for the role and had received a DBS check.

- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. This included permanent staff and locums. 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).
- There was not an effective system to manage infection prevention and control. The practice had not undertaken an infection control audit and issues were identified with the frequency of the changing of the sharps bins. The practice sent us a completed infection control audit immediately after our inspection and identified where additional training and action was required.
- Systems for safely managing healthcare waste required improvement. The area where the outside waste bin was located was accessible by the public and unlocked. Further, waste bags were not labelled. Whilst it was evident that the practice was aware of the issue and had contacted the landlord and the cleaning company to advise that this bin needed to be locked, the issue remained unresolved.
- We saw evidence to show that clinical equipment was calibrated and safe to use. Whilst it was apparent that Portable Appliance Testing (PAT testing) had been completed in some areas, labels annexed to the relevant equipment stated that this needed to be retested in March 2017. The practice was unable to locate the relevant certificates, although it was believed these were held by the landlord. We were therefore not assured that this testing had taken place.

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 approach to managing staff absences and for responding to epidemics, sickness, holidays and busy periods.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.

Are services safe?

- 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 including sepsis.

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. There was a documented approach to the management of test results.
- Referral letters included all of the necessary information. The practice had implemented an effective system of monitoring and tracking referrals once these had been made.
- Not all patient group directions (PGDs) had been correctly completed with the name of the practice where the PGD was being used. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment. Further, one PGD had been incorrectly used to authorise a healthcare assistant to administer the shingles vaccination. The practice took immediate steps to correct these documents and to ensure that immunisations were only administered by authorised individuals.

Safe and appropriate use of medicines

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

- The systems for managing and storing emergency medicines and equipment required improvement. At our inspection we identified that the practice were not storing paediatric defibrillator pads. Further, they did not stock atropine, a medicine that may be used in the event of an adverse reaction following coil insertion. Immediately following our inspection, we were sent evidence to assure us that the practice had acquired these.

- Vaccines and medical gases were stored and managed appropriately.
- The practice kept prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.
- There were systems to ensure that patients who were prescribed medicines that required additional monitoring were receiving regular checks. This sought to ensure that these medicines were being prescribed safely.
- 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

There were some omissions in relation the practice's safety record.

- There was no health and safety risk assessment.
- A fire risk assessment had been completed on instruction of the landlord in March 2017. This was in relation to the entirety of the premises. An issue had been identified in relation to the unlocked waste bins, which remained outstanding.
- A legionella risk assessment was in place. This identified 14 high risk actions that were outstanding. It was unclear who had responsibility for the outstanding actions.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system and policy 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

Are services safe?

action to improve safety in the practice. For example, where it was identified that an ultrasound request was sent to the wrong hospital, steps were taken to educate and inform relevant staff on the correct procedure.

- The system for receiving and acting on safety alerts required review and improvement to ensure that this

was effective. Whilst the practice explained their system for acting on MHRA alerts, not all clinicians were aware of what action had been taken and searches were not being routinely undertaken to identify patients who may be at risk. The practice sent us a copy of their improved system following the inspection.

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice and all of the population groups (except People with long-term conditions) as good for providing effective services.

We rated the population group 'People with long-term conditions' as requires improvement for providing effective services. This was because:

The Quality and Performance Outcome data reflected that improvements were required in the monitoring of patients with diabetes in relation to their blood pressure readings and for patients with hypertension.

Please note: Any Quality Outcomes (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 endeavoured to deliver care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' immediate needs were assessed, including their clinical needs and their mental and physical wellbeing, although we found evidence that some ongoing checks were not taking place.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty.
- The practice worked with the care coordinator to provide a multi-disciplinary package of care.
- 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 had completed 38 health checks for patients aged over 75 in the last 12 months.
- 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.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

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.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading was 140/80 mmHg or less was 55%. This was below the CCG average of 77% and England average of 78%. Unverified data made available on the day of our inspection indicated that performance continued to be low.
- The percentage of patients with hypertension in whom the last blood pressure reading was 150/90 mmHg or less was 73%. This was below the CCG average of 80% and England average of 83%. Unverified data made available on the day of our inspection indicated that performance continued to be low.

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. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

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

Are services effective?

(for example, treatment is effective)

- The practice's uptake for cervical screening was 71%, which was in line with the 80% coverage target for the national screening programme.
- The practices' uptake for breast and bowel cancer screening was in line the national average.
- 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 40-74. 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 carers, travellers and those with a learning disability.
- The practice was practice at identifying patients who were carers. 153 patients had been identified which amounted to 2.1% of the practice list.
- The practice used pictorial aids to make information about care and treatment more accessible to those with a learning disability.

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

- 97% 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 national average
- 91% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was comparable to the national average.
- Control measures were put in place which sought to mitigate the risks of overdose of medicines prescribed to patients experiencing poor mental health.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example 90% of patients experiencing poor mental health had received discussion and advice about alcohol consumption. This was comparable to the national average.

- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.

Monitoring care and treatment

The practice had a programme of quality improvement activity and reviewed the effectiveness and appropriateness of the care provided, although plans for improvement were not always effective.

The most recent published QOF results showed that the practice had achieved 94% of the total number of points available compared with the clinical commissioning group (CCG) average of 95% and national average of 97%. The overall exception reporting rate was 8% compared with a national average of 10%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.) We identified the following variations during our inspection:

- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading was 140/80 mmHg or less was 55%. This was below the CCG average of 77% and England average of 78%.
- The percentage of patients with hypertension in whom the last blood pressure reading was 150/90 mmHg or less was 73%. This was below the CCG average of 80% and England average of 83%.

We discussed this data with the practice, who explained that they had identified this variation and believed this to be attributable to coding issues by trainee clinicians. We saw evidence to confirm that this had been discussed and learning disseminated with the clinical team in January 2018, although despite this, current unverified data obtained on the day of our inspection indicated that there had not been any improvement. The full year for QOF achievement and review was to end approximately two weeks after our inspection, and the practice believed there would still be some patients that would attend for their blood pressure monitoring through clinics with the healthcare assistant; however, in consideration of this fact, the number of blood pressure checks remained low: the percentage of patients with diabetes, on the register, in

Are services effective?

(for example, treatment is effective)

whom the last blood pressure reading was 140/80 mmHg or less was 47% and the percentage of patients with hypertension in whom the last blood pressure reading was 150/90 mmHg or less was 61%.

- The practice was actively involved in quality improvement activity. We saw that two multiple cycle audits had been carried out over the last two years, as well as a number of other audits to monitor performance and identify risk. These audits included pregnant women on long-term medicines and the effectiveness of the fitting of contraceptive implants.

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. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. However, we did identify that the practice manager had not received an appraisal in the last year. We were assured that this took place immediately following our inspection.
- As a teaching practice, there was a weekly meeting with trainee GPs and doctors to discuss any issues and provide mentoring.

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 and used technology, such as mobile phone apps to enable them to access appropriate advice and support on home visits.
- 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, and all of the population groups, as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- All of the 19 patient Care Quality Commission comment cards we received were positive about the service experienced. This was in line with the results of the NHS Friends and Family Test and other feedback received by the practice.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. 261 surveys were sent out and 104 were returned. This represented about 1% of the practice population. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 95% of patients who responded said that they had trust and confidence in the last GP they saw compared with the clinical commissioning group (CCG) average of 94% and the national average of 96%.
- 79% of patients who responded said that the GP was good at listening to them compared with the CCG average of 84% and the national average of 89%.
- 78% of patients who responded said the last GP they spoke to was good at treating them with care and concern compared with the CCG average of 80% and the national average of 86%.
- 92% of patients who responded said the nurse was good at listening to them compared with the CCG average of 90% and the national average of 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. Six languages other than English were spoken by clinicians.
- The practice had facilities to support patients who were deaf, which included accessing a sign language interpreter.
- 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.

The practice proactively identified patients who were carers, who were asked to identify their role on registering at the practice. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 153 patients as carers, which amounted to 2.1% of the practice list).

- The practice signposted carers to local organisations and worked with the care co-ordinator to offer care and support.
- Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy card.

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:

- 84% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 81% and the national average of 86%.
- 74% of patients who responded said the last GP they saw was good at involving them in decisions about their care compared with the CCG average of 75% and the national average of 82%.

Are services caring?

- 88% of patients who responded said the last nurse they saw was good at explaining tests and treatments with the CCG average of 89% and the national average of 90%.
- 82% of patients who responded said the last nurse they saw was good at involving them in decisions about their care compared with the CCG average of 82% and the national average of 85%.

Privacy and dignity

The practice respected patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- Conversations with receptionists could not be overheard by patients in the waiting room.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. The practice offered extended opening hours and would be partaking in the Prime Ministers' Challenge Fund from April 2018. This was to provide additional GP services in the evenings and on weekends, working with other GPs in the locality.
- Online services were available, such as repeat prescription requests, advanced booking of appointments and summary care records. The practice website was in the process of being updated to ensure that this was accessible.
- The facilities and premises were being adapted as the practice list size increased. Premises were accessible to wheelchairs and part of the practice had been recently renovated. The provider continued to work with other stakeholders with a view to continuing to improve premises.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- Text reminders were sent to patients who provided their mobile phone number.

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.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met.

- The practice held regular meetings with the care coordinator to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- There were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was going to be able to offer GP appointments during the evenings and on the weekends at the local hub from April 2018.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including carers and those with a learning disability.
- The practice signposted carers to local organisations and worked with the care co-ordinator to offer care and support.
- Information was available in an easy read format. This included the practice leaflet and information about how to complain.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice worked with the care coordinator to identify the needs of patients experiencing poor mental health.

Timely access to care and treatment

Patients were able/were not able to access care and treatment from the practice within an acceptable timescale for their needs.

Are services responsive to people's needs?

(for example, to feedback?)

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was variable when compared to local and national averages. 261 surveys were sent out and 104 were returned. This represented about 1% of the practice population.

- 64% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 75% and the national average of 80%.
- 66% of patients who responded said they could get through easily to the practice by phone compared with the CCG average of 66% and the national average of 71%.
- 61% 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 compared with the CCG average of 71% and the national average of 76%.
- 66% of patients responded positively to the overall experience of making an appointment compared with the CCG average of 67% and the national average of 73%.

During 2017 when the feedback was collated, the practice had been going through significant changes which included the retirement of a GP partner as well as the move from two to one locations.

The practice was aware of this feedback and had taken steps to make improvements which were yet to be reflected in patient feedback. This included recruiting a nurse practitioner to see patients with minor illnesses, changing to the appointment system, introducing telephone consultations and increasing the number of telephone lines. The practice would be offering patients appointments in the evenings and on the weekends through the 'hub' from April 2018. Feedback we received on the day of our inspection was positive and patients told us that they were able to access the practice in a timely manner.

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, including in an easy read format. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. Seven complaints were received in the last year. We reviewed three complaints and found that they were satisfactorily handled in a timely way.
- The practice learned lessons from individual concerns and complaints. We saw that relevant staff and clinicians were involved in the investigation and that learning was shared. The practice provided an apology as required.

Are services well-led?

Requires improvement 

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

Our findings

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

Leadership capacity and capability

Leaders had the skills to deliver high-quality care, although some risks had been overlooked as the practice managed its increasing list size.

- Leaders were knowledgeable about local issues, priorities and challenges relating to the quality and future of services. The practice had seen further growth to their practice since the beginning of the year as they had taken over the practice list of a neighbouring practice. They continued to engage with stakeholder about how to ensure the premises met the needs of the patients.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- As a training practice, there were effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

The practice had a vision to deliver high quality, sustainable care.

- There was a vision and set of values which included the aim of providing excellent care and meeting or exceeding patient expectations. Whilst we found that the implementation of vision required improvement to ensure effective delivery, the practice continued to work hard to meet the needs of the patients.
- 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.

Culture

The practice aimed to have a culture of high-quality sustainable care:

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients when a need was identified.

- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. Most staff received regular annual appraisals in the last year, although this was not the case for the practice manager. We were assured that this took place immediately following our inspection. 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 were positive relationships between staff and teams. Other professionals spoke highly of the communication with the practice.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- There were regular meetings with the registrars and foundation doctors to review clinical performance and share learning.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

Are services well-led?

Requires improvement 

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

Some improvements were required to processes for managing risks, issues and performance.

- Systems to identify, understand, monitor and address current and future risks including risks to patient safety were not consistently effective.
- The practice had some processes to manage current and future performance, including regular audit and practice leaders were actively involved in significant events and complaints. However, risks at the premises including health and safety, legionella, fire and infection control had not been given due consideration and risks were identified. Systems needed improving to ensure that MHRA alerts were effectively managed and that relevant patients were safe.
- The practice provided evidence immediately after the inspection detailing how risks were going to be managed or addressed.
- 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 for major incidents.

Appropriate and accurate information

The practice did not always act on appropriate and accurate information.

- Quality and operational information was not always used to ensure and improve performance. Whilst it had been identified that there had been underperformance in relation to some QOF indicators, there were not effective action plans to improve. Unverified data for 2017/18 did not evidence improvement from the previous year.
- The practice valued feedback and obtained this from patients and trainees as a matter of course.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.

- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

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

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. The practice met with patients when there were changes to services, and did what they could to implement changes that accorded with their views.
- The practice was proud to be a training practice and listened to the feedback of their trainees.
- The practice had reviewed patient feedback and made changes to services to improve access. This included recruiting a nurse practitioner to see patients with minor illnesses, changing to the appointment system, introducing telephone consultations and increasing the number of telephone lines. The practice would be offering patients appointments in the evenings and on the weekends through the 'hub' from April 2018.
- There was an active patient participation group.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement and innovation.

- As a training practice, there was a focus on continuous learning and improvement at all levels within the practice.
- The practice made use of internal reviews of incidents and complaints. Learning was shared and used to make improvements.

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 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The provider did not have effective systems and processes to assess, monitor and improve the quality of services provided and/or assess, monitor and mitigate risks to the health, safety and welfare of service user and others:</p> <ul style="list-style-type: none">• Systems to monitor the risks of poor infection control were not effective. No infection control audit had taken place.• There was no health and safety risk assessment.• Actions identified as required in the fire and legionella risk assessment had not been done.• Systems for monitoring the safety of portable appliances were not effective.• The practice had not identified that Patient Group Directions were not completed or being implemented accurately.• Systems to manage healthcare waste did not mitigate risks to patients and others.• There were no effective action plans to improve QOF performance in relation to some patients with long-term conditions. <p>This was in breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>