

# Hilltops Medical Centre

## Inspection report

Kensington Drive  
Great Holm  
Milton Keynes  
Buckinghamshire  
MK8 9HN  
Tel: 01908 568446  
www.hilltopsmedicalcentre.org

Date of inspection visit: 26 November 2018  
Date of publication: 10/01/2019

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

## Ratings

### Overall rating for this location

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

# Overall summary

**This practice is rated as Good overall.** (Previous rating 10/2016 – Good)

The key questions at this inspection are rated as:

Are services safe? – Requires Improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Hilltops Medical Centre on 26 November 2018. This inspection was carried out 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 was 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.

At this inspection we found:

- The practice had some clear systems to manage risk so that safety incidents were less likely to happen. However, there were some areas that were in need of strengthening. In particular, risks in relation to infection prevention and control needed review. When incidents did happen, the practice learned from them and improved their processes.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.

- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients we spoke with reported some difficulties with the appointment system and reported that they were not always able to access care when they needed it.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

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

- Ensure care and treatment is provided in a safe way to patients. (Please refer to the requirement notice section at the end of the report for more detail).

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

- Provide appropriate non-clinical staff with training on sepsis.
- Undertake regular fire drills.
- Implement the newly developed appraisal system and complete staff appraisals for all staff in line with practice policy.
- Embed newly adopted processes for ensuring practice oversight of clinical registrations
- Continue with efforts to improve patient satisfaction and performance in the national GP patient survey; with particular regard for patient experience during consultations.
- Complete the proposed auditing of practice policies and procedures to ensure they are up to date and relevant.

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

**Please refer to the detailed report and the evidence tables for further information.**

## Population group ratings

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

## Our inspection team

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

## Background to Hilltops Medical Centre

Hilltops Medical Centre provides a range of primary medical services, including minor surgical procedures, from its location at Kensington Drive, Great Holm in Milton Keynes. It is part of the NHS Milton Keynes Clinical Commissioning Group (CCG). The practice holds a General Medical Services (GMS) contract for providing services, which is a nationally agreed contract between general practices and NHS England for delivering general medical services to local communities.

The practice serves a population of approximately 16,600 patients with an age-range in line with local averages. The practice population is largely White British, with 23% of the practice population being from Black and Minority Ethnicity backgrounds.

According to data published by Public Health England the area falls in the 'second least deprived decile' and is one of little deprivation. Average life expectancy for people living in the area is higher than local CCG and national averages. There is low unemployment and the practice supports patients in an area of new housing expansion.

The clinical team consists of two male senior GP partners, six salaried GPs (three male and three female), a female advanced nurse practitioner (ANP), two female practice nurses, a male pharmacist (qualified to prescribe) and four health care assistants (one male and three female). The team is supported by a practice manager and a team

of non-clinical, administrative staff. Members of the community midwife and health visiting team operate regular clinics from the practice location. The local health visiting team are also based at the premises. The practice is a training practice and accepts registrars every year. (Registrars are fully qualified and registered doctors training to become GPs). At the time of our inspection there was one female GP registrar in training. In addition, the practice supports medical students learning to become doctors and receives two new students every six weeks. The practice employs one male and two female regular locums when additional clinical cover is required. Support is also provided by two pharmacists employed by the Milton Keynes Clinical Commissioning Group who visit the practice to support medicines optimisation and management.

In the 12 months preceding our inspection the practice had undergone a period of significant change and upheaval. We were advised that the previous lead GP had left the practice and following their departure a significant number of staff had also left. This included GPs, nurses, the practice manager, deputy practice manager, health care assistants and administrative staff. The current partnership had worked towards reconciling and stabilising the practice team and had successfully appointed a practice manager in September 2018. The ANP had joined the practice the week prior to our

inspection and several members of the administrative team were also relatively new in post. The practice advised there were additional new staff scheduled to commence employment in the weeks following our inspection, including a second ANP and a paramedic.

The practice operates from a two-storey purpose built property. Patient consultations and treatments take place on the ground level. There is a large car park outside the surgery, with disabled parking available. There is a pharmacy situated within the building but not attached to the practice.

Hilltops Medical Centre is open between 8am and 6.30pm Monday to Friday. Extended hours are provided on Tuesday, Wednesday and Thursday, when the practice is open from 7am to

6.30pm. Additional appointments are also offered alternate Saturdays, from 8.30am to 11.30am. The out of hours service can be accessed via the NHS 111 service. Information about this is available in the practice and on the practice website and telephone line.

The practice provides family planning, surgical procedures, maternity and midwifery services, treatment of disease, disorder or injury and diagnostic and screening procedures as their regulated activities.

# Are services safe?

## We rated the practice as requires improvement for providing safe services.

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

- Risks to patients and staff had not adequately been assessed, in particular with regard infection prevention and control and the management of blank prescription stationery.
- Recruitment records reviewed did not demonstrate a consistent approach to staff recruitment.

## Safety systems and processes

We reviewed the practice's systems to keep people safe and safeguarded from abuse.

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Learning from safeguarding incidents were available to staff. We saw evidence of regular safeguarding meetings held at the practice and reviewed examples of the documented minutes. The practice had prioritised the need to ensure safeguarding meetings were not negatively impacted by the limited availability of other health care professionals. For example, the practice had rescheduled meetings to occur at 8am to ensure all required attendees could be present.
- Staff who acted as chaperones were trained for their role and had received a Disclosure and Barring Service (DBS) check. (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.) The practice advised that DBS checks had been sought for newly appointed staff and that where applicable those staff members would not undertake chaperoning until their DBS checks were received.
- We saw the practice maintained comprehensive registers of vulnerable children and adults. There was an additional register of patients maintained known as the 'Team around the Child', for those who had been identified as at risk of being vulnerable. These patients were receiving regular monitoring from the health visiting team and could be escalated to higher levels of support if needed.
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, discrimination and breaches of their dignity and respect.
- We reviewed seven staff files, including those for both new and old staff and found inconsistencies. Only one file we reviewed contained evidence of pre-employment references having been sought. Files for recently employed staff did not include evidence of employment contracts having been issued. The practice advised that they intended to issue the contracts imminently for recently appointed staff and we were sent evidence following our inspection to support this had been done. The practice utilised an external human resource management company and we were advised that the recently appointed practice manager was in the process of familiarising herself with the system available which had caused a delay. Following our inspection, we were informed the practice intended to undertake a risk assessment of all staff employed where references hadn't been sought by March 2019.
- Systems developed to manage infection prevention and control (IPC) needed strengthening. We were advised the IPC lead for the practice had left and the role had been assigned to one of the health care assistants. The practice informed the new lead would be undertaking advanced training to support them in the role. We saw an infection control checklist had been completed in March 2018 and was in the process of being completed again in November 2018. Due to staff changes and difficulties in locating some records, the practice was unable to demonstrate historic infection control audits or to source the full practice policy. The practice advised it was in liaison with the locality lead for IPC and was seeking further advice on undertaking a comprehensive audit and risk assessment for IPC. Following our inspection, the practice submitted an updated IPC policy.
- The practice was unable to provide evidence of records of staff vaccinations and immunity status for all clinical staff. Evidence of immunity status for non-clinical staff was not available and a risk assessment had not been undertaken. Evidence for the recently appointed ANP was available and had been requested prior to the commencement of their employment. The practice manager advised of their intention to undertake an audit of staff records and develop a system for

# Are services safe?

ascertaining and recording the immunity status for all staff. Following our inspection, the practice submitted a spreadsheet to the CQC reflecting the immunity status for clinicians that were available at that time.

- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

## Risks to patients

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

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- There was an effective induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- 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. However, not all non-clinical staff we spoke with were aware of the signs and symptoms of sepsis to enable them to take appropriate action. 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.

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

## Appropriate and safe use of medicines

We reviewed the practice systems for appropriate and safe handling of medicines.

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks. However, processes for managing prescription stationery security needed strengthening in accordance with security of prescription forms guidance issued by NHS Protect. Following our inspection, we were sent evidence that the practice had updated their prescription handling policy to improve the security of blank prescription stationery in the future.
- Staff prescribed and administered or supplied medicines to patients and gave advice on medicines in line with 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.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.
- The practice had employed a pharmacist to support medicines management and optimisation and to relieve pressures on GP appointments. The pharmacist was supported by the practice to qualify to prescribe medicines. They were able to undertake patient consultations for medication reviews. Prior to our inspection the pharmacist had been successfully recruited as an Ambassador within the NHS to promote and educate GP practices nationally on the effective training and use of pharmacists.

## Track record on safety

The practice had a good track record on safety.

- There were comprehensive risk assessments in relation to some health and safety issues, including COSHH and Fire safety. However, the practice was unable to locate their Legionella risk assessment on the day of our inspection. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). We saw evidence of regular temperature checking and flushing of little used water outlets. Following our inspection, the practice submitted a copy of the Legionella Risk assessment.
- The practice was unable to demonstrate a health and safety and premises risk assessment had been undertaken on the day of inspection. Following our inspection, the practice submitted evidence to demonstrate a risk assessment had been undertaken.

## Are services safe?

- The practice monitored and reviewed activity for example through review of significant events, complaints and safety alerts as they occurred. This helped it to understand risks and gave a clear, accurate and current picture of safety that led to safety improvements.

### **Lessons learned and improvements made**

The practice learned and made improvements when things went wrong.

- 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.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

**Please refer to the evidence tables for further information.**

# Are services effective?

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

## Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice.

We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' immediate and ongoing 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.
- The practice had invested in technologies to improve care. For example, the practice used software to help manage anticoagulation treatment in patients to ensure accurate decision making.
- 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. Those identified as being frail had a clinical review including a review of medication undertaken by the practice pharmacist.
- 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.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.

- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- Adults with newly diagnosed cardiovascular disease were offered statins for secondary prevention. People with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice was able to demonstrate how it identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension).
- Patients identified as at risk of developing diabetes were supported through the practice's pre-diabetic clinic.
- The practice's performance on quality indicators for long term conditions was in line with local and national averages.

### Families, children and young people:

- Childhood immunisation uptake rates were consistently above the target percentage of 90%.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.
- A range of contraceptive and family planning services were available. This included fitting of contraceptive implants.

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

- The practice's uptake for cervical screening was 77%, which was below the 80% coverage target for the national screening programme but above both local and national averages.
- The practice's uptake for breast and bowel cancer screening was in line with 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. 367 health checks had been undertaken in the 12

## Are services effective?

months prior to our inspection. 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 homeless people, travellers and those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

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

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. There was a system for following up patients who failed to attend for administration of long term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- 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.
- The practice offered annual health checks to patients with a learning disability.
- The practice's performance on quality indicators for mental health was in line with local and national averages.

### 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:

- Through joint work with the Clinical Commissioning Group (CCG), for example by auditing antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship (which aims to

improve the safety and quality of patient care by changing the way antimicrobials are prescribed so it helps slow the emergence of resistance to antimicrobials thus ensuring antimicrobials remain an effective treatment for infection).

- Through participation in the Quality Outcome Framework (QOF). (QOF is a system intended to improve the quality of general practice and reward good practice.)
- The practice used information about care and treatment to make improvements.
- The practice was actively involved in and demonstrated a proactive approach to quality improvement activity. We saw multiple examples of audits undertaken including an audit of the practice's prescribing of a medicine used for the treatment of urinary tract infections. The first cycle audit undertaken in June 2017 identified the practice's prescribing to be at 49% which was above the target 47% or less. Following changes made a repeat cycle audit undertaken in March 2018 demonstrated prescribing had fallen to 33% which was well within the target.
- Where appropriate, clinicians took part in local and national improvement initiatives.

### Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- 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.
- Evidence that up-to-date records of skills, qualifications and training were maintained was not readily available for all staff. We saw evidence that the new practice manager had appropriate records for newly appointed staff and was in the process of reconciling records for historic staff to improve accessibility in the future. Following our inspection, we were sent an up-to-date training matrix for the practice.

## Are services effective?

- Staff were encouraged and given opportunities to develop, for example we saw that a healthcare assistant had commenced employment at the practice as a receptionist.
- The practice provided staff with ongoing support. This included one to one meetings, coaching and mentoring, clinical supervision and revalidation.
- There was an induction programme for new staff.
- Medical students and registrars were required to visit the residential and nursing homes supported by the practice to encourage broad spectrum learning and improve the quality of future care provisions.
- The practice advised that due to significant changes in staffing the appraisal system had been interrupted and delayed. We saw evidence that clinical staff had received regular appraisals annually. On the day of inspection, the practice manager evidenced a recently developed appraisal policy and supporting documentation and advised of the intention for all staff to receive appraisals by the end of January 2019.
- 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 and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when discussing care delivery for people with long term conditions and when coordinating healthcare for care home residents. They shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for children who have relocated into the local area.
- 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 own health, for example through social prescribing schemes.
- 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.

### Please refer to the evidence tables for further information.

# Are services caring?

**We rated the practice as good for caring.**

## **Kindness, respect and compassion**

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The practice's GP patient survey results were below local and national averages for some questions relating to kindness, respect and compassion. In particular:
- The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern was 75% compared to the local average of 82% and the national average of 87%.
- The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to was 89% compared to the local average of 93% and the national average of 96%.
- The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice was 63% compared to the local average of 77% and the national average of 84%.

The practice was aware of the lower than average performance in some areas of the most recent national GP patient survey. The practice ascertained this to the period of change and disruption that had occurred over the preceding 12 months. The practice had been unsuccessful in its attempts to recruit GPs for two years. Patients we

spoke with were positive in their comments when referring to their experience of consultations and the attitude of practice staff. The practice was able to evidence patient satisfaction was considered and actions were taken in an effort to improve patient satisfaction where possible.

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

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

- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available if requested.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice proactively identified carers and supported them.
- The practice's GP patient survey results were in line with local and national averages for questions relating to involvement in decisions about care and treatment.

## **Privacy and dignity**

The practice respected patients' privacy and dignity.

- When patients wanted to discuss sensitive issues, or appeared distressed reception staff offered them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.

**Please refer to the evidence tables for further information**

# Are services responsive to people's needs?

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

## 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.
- Telephone GP consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice provided effective care coordination for patients who are more vulnerable or who have complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

### 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 those with enhanced needs.
- The practice supported patients living in a local nursing home. GPs undertook twice weekly visits in an effort to avoid hospital admissions. The practice pharmacist undertook weekly visits to the nursing home to review patient medications.

### 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.

- The practice nursing team provided leg ulcer and Doppler services.
- The practice had a facility to enable self-checking of patients' blood pressure

### Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. 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. When the practice was unable to provide urgent appointments for children, patients could be seen at the Primary Care Centre located within the hospital. The service was organised by the local GP Federation, of which the practice was a member and ensured that children from across the locality received same day urgent appointments when their own GP practice was unable to facilitate an appointment.

### 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, extended opening hours and Saturday appointments.
- The practice was investing in a new website to enable extensive online services and to improve access for patients unable to telephone or attend the practice during normal working hours.
- The practice had signed up to the Electronic Prescribing Service (EPS), enabling patients to collect their prescriptions from a pharmacy of choice.
- The practice also used utilised a two-way text messaging service (Mjog) to improve digital communications with patients.

### 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 in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.

## Are services responsive to people's needs?

- The practice supported neurologically disabled patients in two local nursing homes. GPs provided twice weekly visits to improve care for these patients.
- The practice supported patients with learning disabilities living in two local residential homes.
- The practice supported patients on criminal probation living in a local residential service as they were reintroduced back into society.
- The practice facilitated the local Citizens Advice Bureau weekly, enabling patients to seek non-clinical advice in a local setting.
- At the time of our inspection the practice was working alongside the British Red Cross to support 284 asylum seekers, refugees, refused asylum seekers and economic migrants.
- Although the practice's GP patient survey results were in line with local and national averages for questions relating to access to care and treatment, the practice advised that patients had expressed increased dissatisfaction with appointment access. We saw the practice was taking a proactive approach to improvement. For example, through the recruitment and ongoing training of a diverse clinical team to improve accessibility for patients. This included the recruitment of two advanced nurse practitioners, a paramedic and a physiotherapist. The practice pharmacist had also been supported to qualify as a prescriber. The practice advised that the newly recruited team would all be in situ from January 2019 and they anticipated improved access and satisfaction to follow.

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 recognised local challenges in accessing mental health services and was partaking in a locality pilot scheme to improve access to services. Through this pilot scheme the practice facilitated the local mental health team once a week to see patients. The pilot was expected to last six months.

### Timely access to care and treatment

We reviewed whether 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.
- The practice was making continued efforts to reduce waiting times, delays and cancellations.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients we spoke with reported difficulties with the appointment system, with appointment availability not meeting demand on a daily basis.

### 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 on the practice website. However, on the day of inspection there was no information in the patient waiting area to advise patients on how to make a complaint. Following our inspection, the practice advised a message had been placed on the information screen in the waiting area to advise patients of the complaints procedure.
- Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. 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.

**Please refer to the evidence tables for further information.**

# Are services well-led?

**We rated the practice as good for providing a well-led service.**

## Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. For example, they recognised difficulties in recruiting GPs over the preceding two years and had adopted an innovative approach to clinical recruitment to overcome the challenges and improve patient care.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future of the practice.

## Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality, sustainable care.

- There was a clear vision and set of values. The practice had a realistic strategy and supporting plans to achieve priorities. Leaders spoke of a three-phase improvement plan for the practice, to be undertaken over the forthcoming two years.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social care priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

## Culture

The practice had 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.
- 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. The practice maintained a log of all incidences that had required action in line with the requirements of the duty of candour. We reviewed the log which recorded 22 incidences over a three-year period. Outcomes and areas of learning and improvement were documented. Incidences were routinely discussed in practice meetings.

- 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. However, not all staff had received regular annual appraisals in the last year. The practice advised that all staff would be appraised by the end of January 2019. Staff were supported to meet the requirements of professional revalidation where necessary.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

## Governance arrangements

We reviewed 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 co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding. However, systems for managing infection prevention and control needed strengthening.
- Practice leaders had established policies, procedures and activities to ensure safety. However, we found that some policies had not been reviewed for more than two years. For example, on the day of inspection we found the practice business continuity plan was out dated.

## Are services well-led?

Immediately following our inspection, the practice submitted an up to date business continuity plan. The practice manager also advised a full audit of practice policies and procedures was to be undertaken.

### Managing risks, issues and performance

We reviewed processes for managing risks, issues and performance.

- There was a process to identify, understand, monitor and address current and future risks including some risks to patient safety. However, risks associated with infection prevention and control had not been considered.
- The practice had processes to manage current and future performance. Practice leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice considered and understood the impact on the quality of care of service changes or developments.

### Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.

- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were 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. 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.

- There was a focus on continuous learning and improvement.
- The practice leadership team demonstrated a proactive approach to overcoming challenges and improving services for patients.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.

### Please refer to the evidence tables for further information

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>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:</b></p> <ul style="list-style-type: none"><li>• Risks to patients and staff had not adequately been assessed and monitored, in particular with regard to infection prevention and control and blank prescription stationery security.</li><li>• The practice did not evidence a consistent approach to recruitment through the provision of appropriate recruitment records.</li></ul> <p><b>This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</b></p>