

Ashmore Park Health Centre

Inspection report

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

Ratings

Overall rating for this location

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.

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? – *Good*

We carried out an announced comprehensive inspection at Ashmore Park Health Centre on 18 April 2018 as part of our inspection programme.

At this inspection we found:

- When incidents happened, the practice learned from them and improved their processes.
- The practice had systems to keep patients safe and safeguarded from the risk of abuse.
- Staff recruitment practices were not in line with legal requirements.
- Systems had not been implemented to ensure that health and safety risk assessments were completed.
- Effective systems were not in place to monitor training completed by staff and some staff had not received mandatory training.
- 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 found the appointment system easy to use and reported that they were able to access care when they needed it. However, some patients expressed concerns about the length of time they had to wait at their appointment.
- The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels of the organisation. There were some gaps in the practice's governance arrangements.

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

- Ensure care and treatment is provided in a safe way to patients
- Ensure specified information is available regarding each person employed.

For details, please refer to the requirement notices at the end of this report.

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

- Review the arrangements for the ongoing maintenance of all equipment used at the practice to ensure it is safe to use.
- Implement clearly identified systems to monitor staff receive training and are up to date in health and safety related topics.
- Review the induction records to make sure the induction process reflects individual staff roles.

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

Population group ratings

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

Our inspection team

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

Background to Ashmore Park Health Centre

Ashmore Park Health Centre is located in a residential area of Wolverhampton. The practice was previously registered with the Care Quality Commission (CQC) as a partnership. It changed from a partnership to an individual GP in June 2017. The practice has a contract to provide General Medical Services (GMS) for patients. This is a contract for the practice to deliver general medical services to the local community or communities. The practice is located in an area of high deprivation and falls within the 30% most deprived in England. The practice provides care and treatment to approximately 4,298 patients of all ages.

The practice team consists of a lead GP (female), two part-time salaried GPs, both male, and a long term GP locum, male. The GPs work an equivalent of ten sessions per week. The GPs are supported by a practice nurse and a healthcare assistant who both work part time. Clinical staff are supported by a practice manager, and four administration / receptionist staff. In total there are 11 staff employed either full or part time hours to meet the needs of patients.

The practice is open and offers appointments between 8.30am and 6.30pm Monday, Tuesday, Thursday and Friday, 8am to 1pm on Wednesday. The practice is part of a group of GP practices based in Wolverhampton called the 'Wolverhampton Unity Hub'. Patients have access to extended clinic appointments that take place at one of the hub practices each week day evening (6.30pm - 8pm) and Saturday morning (8am - 2pm). At all other times when the practice is closed there are alternative arrangements for patients to be seen. Patients are directed to the out of hours service Vocare via the NHS 111 service.

The practice offers a range of services for example, management of long term conditions such as diabetes, contraceptive advice, immunisations for children and travel vaccinations.

Additional information about the practice is available on their website

Are services safe?

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

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

- Safe recruitment practices were not consistently followed. The practice had not followed its own procedures to ensure all relevant documentation had been obtained prior to employment of staff.
- Systems were not in place to ensure all equipment used at the practice was serviced and safe to use.
- There was a lack of completed health and safety risk assessments and those in place were not regularly monitored and reviewed.

Safety systems and processes

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

- The practice had systems to safeguard children and vulnerable adults from abuse. Policies for vulnerable adults reflected updated types of abuse such as self-neglect and modern slavery. We found that staff had received safeguarding training appropriate to their role.
- We found that not all non-clinical staff who acted as chaperones had received appropriate training to support them in the role. These staff had received a 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 worked with other agencies to protect patients from neglect, abuse, harassment, discrimination and to ensure patients were treated with dignity and respect.
- Safe recruitment practices were not consistently followed. The practice had not followed its own procedures to ensure all relevant documentation had been obtained prior to the employment of staff. For example, confirmation of qualifications and identification. We found that staff files were not organised to ensure they were easily accessible.
- There was an effective system to manage infection prevention and control. However training records showed that only five of 11 staff had received infection control training.
- The practice had not ensured that facilities and equipment were safe and in good working order. For

example, electrical equipment we looked at showed the next due electrical test date as December 2017. This had not been completed. The practice manager arranged a date for the equipment to be tested at the time of the inspection and we saw confirmation of this.

- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

Systems to assess, monitor and manage risks to patient safety were not always adequately applied.

- 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 induction system but the information we saw for newly recruited staff did not show that the system was tailored to meet individual staff roles. The practice used a regular long term locum GP.
- 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.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.
- The practice had a suitable business continuity plan in place which all staff were aware of.

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. There was a documented approach to managing test results. We saw that there were no outstanding test results waiting to be reviewed at the time of the inspection.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Records we looked at showed clinicians made timely referrals in line with protocols.

Are services safe?

Appropriate and safe use of medicines

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

- The systems for managing and storing medicines, medical gases, emergency medicines and equipment, minimised risks.
- There were two dedicated secure fridges where vaccines were stored. There were systems in place to ensure that regular checks of the fridge temperature was undertaken and recorded. The practice did not have a second method for checking the temperature of the fridge independent of the electricity supply inside the fridge to ensure the temperature was maintained within the accepted range at all times.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national guidance.
- The practice had reviewed its antibiotic prescribing with the support of the local Clinical Commissioning Group pharmacy team and taken action to support good antimicrobial stewardship in line with local and national guidance. The pharmacist also visited the practice weekly to provide prescribing advice.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. The practice involved patients in regular reviews of their medicines.
- The practice had an effective system in place to ensure that repeat prescriptions were not issued when a medicine review was overdue. All changes to patient medicines were checked by a GP before the prescription was issued to the patient.

Track record on safety

The practice could not demonstrate a good track record on safety.

- The practice could not demonstrate that all activity related to safety was monitored and reviewed. Comprehensive risk assessments had not been completed in relation to safety issues.
- The practice had a risk assessment tool but had not used it to ensure risks that presented at the practice were assessed, monitored and safety improvements put in place to minimise the risk.

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 and felt supported by the management team to do so.
- Systems for reviewing and investigating when things went wrong within the practice were not always consistently applied.
- There was a system for recording and acting on significant events and incidents. The practice learned from external safety events as well as patient and medicine safety alerts. Alerts were discussed at practice monthly meetings and there were systems in place to ensure they were acted on.

Please refer to the Evidence Tables for further information.

Are services effective?

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

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

Effective needs assessment, care and treatment

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

- Patients' 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 used the Electronic Frailty Index (eFI) tool to identify patients who were frail.
- Staff used appropriate tools to assess the level of pain in patients. The practice could demonstrate that pain management plans were discussed and put in place for individual patients.
- Patients had access to ambulatory blood pressure monitors to use at home which supported timely diagnosis and treatment.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.
- 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.

Older people:

- A practice based pharmacist is available once a week to help with medicine optimisation.
- A geriatric consultant visited the practice older patients who lived in care homes and carried out health reviews and medication checks to support de-prescribing. This was part of the local Clinical Commissioning Group (CCG) initiative to prevent hospital admissions and falls. The practice worked with other professionals and referred patients to the community matrons and designated nurses to support the avoidance of admission to hospital.

- 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.
- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medication.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- The practice had achieved 100% for some of the QOF outcomes in health conditions commonly found in older people, which include heart failure, osteoporosis and rheumatoid arthritis. Exception reporting rates were in line with or below local and national averages.

People with long-term conditions:

- Performance data indicated that the practice had reviewed patients with long term conditions to ensure they received effective, high quality care.
- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met.
- Staff who were responsible for reviews of patients with long-term conditions, which included the practice nurse and healthcare assistant had received specific training. This included for example specific training in the care of patients with diabetes and Congestive Obstructive Pulmonary Disease (COPD).
- The GPs, practice nurse and healthcare assistant worked with other health and care professionals to deliver a coordinated package of care to patients with complex needs
- The practice held meetings every six weeks with the local district nurses, matron and palliative care team to discuss and manage the needs of patients with complex medical conditions.
- All patients with long-term conditions had individual care plans in place and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed.

Are services effective?

- The practice offered patients with suspected hypertension ambulatory blood pressure monitoring.
- The practice QOF performance outcomes for patients, diabetes, congestive obstructive pulmonary disease, asthma and hypertension (high blood pressure) showed that the practice had performed well in the treatment and follow up patients with long term conditions.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given was 94%, which was 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 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.
- Teenage mothers were referred to a local service 'family nurse partnership' through the health visitor attached to the practice. This service provided additional education and support to teenagers both before and after the baby was born.
- The practice had responded to recent Medicines & Healthcare products Regulatory Agency (MHRA) guidance on the risks of women of childbearing age taking a specific medicine. The practice had written to all women of childbearing age who were prescribed the medicine. The letter advised patients of the concerns of taking this medicine and the action they should take if they are planning a pregnancy or become pregnant.

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

- The practice's uptake for cervical screening was 72%, which was below the 80% coverage target for the national screening programme. The practice was aware of this and had put systems in place to support improvements. Staff ensured women were sent a written invitation, and up to three written reminders if needed. Women who did not attend their appointment were identified on their record so that the screening test could be discussed and offered opportunistically. The practice nurse had received initial training and update

every 3 years. The nurse had monitored results from the samples taken including inadequate rates. Inadequate rates were below 5% and patients were offered a further appointment where abnormal results were reported.

The practice results for cervical screening were comparable to the local and national averages.

- The practice had systems to inform eligible patients to have the meningitis vaccine and offered the vaccine yearly to students. For example before attending university for the first time, to protect them from the risk of meningitis or septicaemia.
- The practice provided sexual health advice and contraceptive services, such as contraceptive implants and coils, to their own patients.
- The practice uptake for breast and bowel cancer screening was in line with the national average.
- The practice offered early morning and late evening clinics weekly. Telephone triage and flexible "arrive and wait" appointments were offered to patients for ease of access.
- The practice was part of a group of GP practices based in Wolverhampton called the 'Wolverhampton Unity Hub'. Patients had access to extended clinic appointments carried out at one of the hub practices each week day evening (6.30pm - 8pm) and Saturday morning (8am - 2pm).
- The practice offered delayed referrals and tests. This enabled patients to obtain a referral or be referred for tests for example, x-rays if their symptoms had not improved during a time span agreed at their previous consultation. An electronic task was sent to the practice secretary to alert them that a delayed test had been agreed.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- The practice held a register of 12 patients with a learning disability. They all had a care plan in place and had their care needs reviewed with the support of the community learning disability nurses. Health checks were offered to patients with learning disabilities at a time that suited them with longer appointment times.
- End of life care was delivered in a coordinated way, which took into account the needs of those whose circumstances may make them vulnerable.

Are services effective?

- The practice ensured that patients had full access to treatment and health reviews to support their clinical needs and their mental and physical wellbeing.
- The practice supported vulnerable patients to access “social prescribing” services. Support workers worked within the locality as part of the social prescribing service. The social prescriber helped patients improve their health and wellbeing and signposted or supported them to access services that could help with issues such as loneliness, finances and housing.

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

- The practice assessed and monitored the physical health of people with mental illness and personality disorder by providing health checks, which included for example, checks for high blood pressure, diabetes and weight gain. Patients on long term medication were monitored and patients that failed to attend their appointment were followed up.
- One of the GPs supported by the healthcare assistant carried out mental health reviews at practice at suitable times for the patients and patients were offered longer appointments.
- 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 had a nominated ‘Dementia Champion’. Patients with dementia were offered yearly reviews to assess their condition. Reviews could be carried out at the practice or a home visit and at a time suitable for them and their carer where appropriate.

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.

- The practice used information about care and treatment to make improvements. The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.
- The most recent published Quality Outcome Framework (QOF) results showed that the practice achieved 98% of the total number of points available compared with the clinical commissioning group (CCG) average of 96% and

national average of 97%. The overall exception reporting rate was 9% compared with a national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate). The overall exception reporting rate was 9.3% compared with a national average of 10%. However, we saw that the exception rates were higher in some of the clinical domains compared to the CCG and national averages. The practice was aware of areas which required improvement within QOF (or other national) clinical targets for example, diabetes. The GPs, practice nurse and healthcare assistant had lead roles in chronic disease management. The practice nurse had completed an advanced course in the treatment of patients with diabetes and there were plans to attend for training. Clinical meetings were held to discuss the management of these patients.

- The local CCG benchmarked the practice against other practices in the locality. Areas identified as good practice was shared with other practices and areas requiring improvement were discussed. The GPs attended regular peer review meetings to review and discuss the clinical management of medical conditions and share good practice.
- The practice had undertaken clinical audits linked to NICE best practice guidelines. Most audits were related to medicine management and were completed with the support of the CCG pharmacist advisor. The quality of the practice antibiotic prescribing was also monitored. One audit looked at the practice management of patients prescribed an antibiotic as long-term therapy. The audit looked at whether required tests were carried out and up to date in line with local and national guidance. Following the audit the management of patients’ identified three of four identified tests had not been carried out. These patients were followed up. Recommendations from the audit included; the development of a protocol that would prompt GPs to ask the patient about any symptoms they may have experienced and a message added to the patient records to ensure blood tests carried out.

Effective staffing

Are services effective?

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 clinical 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.
- Staff training records we looked at showed that the learning and training needs of some staff had been met and were up to date. However, a training matrix we looked at showed there were gaps in staff training for example, four of eleven staff had received training in health and safety, three of eleven staff fire safety and five of eleven staff infection control training. Following the inspection the lead GP provided information to confirm that staff training records had been updated and gaps in training identified. Arrangements had been put in place and a three week deadline set by the practice for all staff to complete mandatory training which included fire safety and infection control.
- The practice provided staff with ongoing support. This included one-to-one meetings, appraisals and support for revalidation. The healthcare assistant had received appropriate training and updates to ensure they had the skills to carry out their extended role.
- 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 organisations, were involved in assessing, planning and delivering care and treatment.

- The practice shared clear and accurate information with relevant professionals when deciding care delivery for people with long term conditions and when coordinating healthcare for palliative care patients.
- The practice referred patients to appropriate professional support teams for end of life care and held six weekly multidisciplinary meetings. The practice had a designated Palliative Care Co-ordinator. The practice worked in partnership with the local hospice team and referred patients for counselling service where appropriate.
- Practice staff 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, patients had access to a blood pressure monitor in reception, which allowed ease of access to self-monitoring. Patients were referred to social prescribing schemes which provided access to voluntary support groups
- 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.

Are services effective?

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.
- Staff treated patients with kindness, respect and compassion.
- The five patient Care Quality Commission comment cards we received contained positive comments about the service experienced. This was in line with the practice NHS Friends and Family Test results completed between December 2017 and March 2018.
- However, sixty four percent of patients who responded to the July 2017 annual national GP patient survey said that they would recommend the practice. This was lower than the CCG average of 74% and the national average of 79%. The practice was aware of this result and was working closely with the practice patient participation group to look at areas for improvement.
- The practice examined the outcome of the GP national survey and the friends and family results to identify what they did well and areas for improvement. An action plan was put in place with the involvement of all staff and members of the PPG.

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.
- The practice aimed to empower carers and involved them in the care patients. 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.
- Receptionists had received care navigation training, this enabled staff to help patients and their carers access community and advocacy services.
- The practice was in line with local and national averages for outcomes related to the involvement in decisions about care and treatment in the national GP patient survey.

Privacy and dignity

The practice respected patients' privacy and dignity.

- 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.
- 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. For example, extended opening hours, online services such as repeat prescription requests and advanced booking of appointments.
- The practice signposted patients to voluntary and other community health services appropriate to support their health and social care needs.
- The practice made reasonable adjustments when patients found it hard to access services. For example, telephone consultations and home visits were offered where appropriate. The practice had an open access clinic, where patients were invited to turn up before 11am each day to see a GP without an appointment.
- Telephone and web GP consultations were available which supported patients who were unable to attend the practice during normal working hours.
- 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:

- The practice was responsive to the needs of older patients and was aware of its increasing older population. The practice offered home visits and rapid access appointments for those with enhanced needs.
- The practice liaised with community, social, and voluntary agencies to support meeting the holistic needs of older patients and patients identified as frail. For example, Age Concern and the social prescribing service.
- The practice offered urgent appointments for those with enhanced needs and on the day appointments and or telephone consultations where appropriate. The GP accommodated home visits for those who had difficulties getting to the practice.

- Patients aged over 75 years had routine annual reviews carried out.
- The practice worked closely with families who were carers for their elders.

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.
- Patients with long-term conditions had access to phlebotomy services at the surgery.
- Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- 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 local social and health care teams 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, a register for children and young people with safeguarding concerns was maintained, and had alerts on their care records.
- A weekly midwife led antenatal clinic was held at the practice.
- Young people were offered access to sexual health screening advice.
- 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):

Are services responsive to people's needs?

- 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 a flexible range of appointments throughout the day if urgent.
- Telephone GP consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The practice offered a full range of contraceptive services.
- The practice ensured that students were made aware of the registration process if they registered with a GP nearer to the university they attended. The practice ensured students were made aware of the need to attend the practice for a Meningococcal (ACWY) vaccination before they started university.
- The practice ensured patients who experienced mental health and dementia had access to extended appointments. Patients who failed to attend were proactively followed up.

Timely access to care and treatment

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

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was higher than local and national averages. Two hundred and sixty-six surveys were sent out and 103 were returned. This represented about 2% of the practice population. This was supported by observations on the day of inspection and completed comment cards.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Patients told us the appointment system was easy to use and cancellations were minimal and managed appropriately. However they told us they experienced delays when waiting to be seen at appointments.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.
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People whose circumstances make them vulnerable:

- The practice worked closely with and signposted vulnerable patients to community social agencies and community health professionals.
- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode

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

- The practice held a register of patients experiencing poor mental and or dementia.
- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- All patients experiencing poor mental health (including people with dementia) had a care plan completed.
- The practice ensured patients experiencing poor mental health (including people with dementia) had care reviews and worked closely with the community mental health team to ensure appropriate and timely management. Patients who failed to attend appointments were proactively followed up by a phone call from a GP or the practice nurse.
- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.

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 accessible to patients through leaflets at the practice and on the practice website.
- The complaint policy and procedures were in line with recognised guidance. The guidance available ensured staff treated patients who made complaints compassionately.
- The practice had received three formal written complaints in the last year. Records we looked at showed that these had been appropriately responded to in a timely way. For example, a complaint received about staff attitude was risk assessed. Discussions were held with staff and customer care training received.

Are services responsive to people's needs?

Patients and staff told us that verbal concerns received were documented and reported to the practice manager or GP. Staff advised that most concerns raised verbally were resolved immediately.

- The practice learned lessons from individual concerns and it acted where appropriate to improve the quality of care.

Please refer to the Evidence Tables for further information.

Are services well-led?

We rated the practice and all of the population groups 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.
- 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 leadership of the practice.

Vision and strategy

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

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities. The practice developed its vision, values and strategy jointly with patients, staff and external partners.
- 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 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.

- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed. The lead GP told us that there was an open door policy and staff agreed that this was the case.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was a strong emphasis on the safety and well-being of all staff.
- 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

Structures, processes and systems to support good governance and management were set out, but not fully effective and implemented in all areas.

- Responsibilities, roles and systems of accountability to support good governance and management were in place.
- Staff were clear on their roles and accountabilities in respect of safeguarding and infection prevention and control. However not all staff had received infection control and prevention training and other training related to health and safety for example, fire safety. Following the inspection the provider forwarded updated staff training details which demonstrated that staff following the inspection had completed training.
- There was a lack of management oversight related to ensuring safe recruitment practice was consistently followed.
- Practice leaders had established proper policies, procedures and activities to ensure safety.
- The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.

Managing risks, issues and performance

There were processes for managing risks, issues and performance. However, some risks had not been assessed to mitigate the level of risk presented.

Are services well-led?

- The process to identify, understand, monitor and address all current and future risks including risks to patient safety were not fully implemented. This was specifically related to the health and safety of the premises and the Control of Substances Hazardous to Health (COSHH).
- The practice had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit. Practice leaders had oversight of national and local safety alerts, incidents, and complaints.
- Clinical audit, although mainly focused on medicines had a positive impact on quality of care and outcomes for patients. There was evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed at relevant meetings where all staff had sufficient access to information. However, we found that the minutes of practice meetings which included clinical and general practice operation meetings were not sufficiently detailed to confirm discussions, actions and any follow up agreed.
- 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 effective 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.
- Staff told us that individual team practice meetings were held however minutes were not written to confirm the discussions that had taken place.
- The service was transparent, collaborative and open with stakeholders about performance.
- External stakeholders were positive about the way the practice communicated with them.

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 were looking to launch a dementia forum for patients and staff.
- 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.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

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

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

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The registered person 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: Health and safety risk assessments were not completed as required: Risk assessments of the safety and security of the premises had not been completed: COSHH risk assessments had not been completed. Non-clinical staff who acted as chaperones had not received appropriate training to support them in the role.

Regulated activity

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

Regulation

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

The registered person had not ensured that all the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was available for each person employed. In particular: The provider had not obtained all the required recruitment information for all staff employed by the practice. For example, proof of identity, and qualifications were not recorded or available in all staff files.