

# College Road Surgery

## Quality 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

<b>Overall rating for this service</b>	<b>Requires improvement</b> 
Are services safe?	<b>Requires improvement</b> 
Are services effective?	<b>Requires improvement</b> 
Are services caring?	<b>Good</b> 
Are services responsive to people's needs?	<b>Good</b> 
Are services well-led?	<b>Requires improvement</b> 

# Key findings

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## Letter from the Chief Inspector of General Practice

We previously carried out an announced comprehensive inspection at College Road surgery on 27 June 2017. The overall rating for the practice was Good. The full comprehensive report on the 21 July 2017 inspection can be found by selecting the 'all reports' link for College Road Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced Comprehensive inspection carried out on 15 March 2018. This report covers our findings in relation to this inspection.

### **This practice is rated as Requires Improvement overall.**

The key questions are rated as:

Are services safe? – Requires Improvement

Are services effective? – Requires Improvement

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Requires Improvement

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

Older People – Requires Improvement

People with long-term conditions – Requires Improvement

Families, children and young people – Requires Improvement

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

People whose circumstances may make them vulnerable – Requires Improvement

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

At this inspection we found:

- There were areas where systems for identifying and managing risks had not been established, for example fire risk assessment.
- The systems for monitoring training were present but were not effective. For example, we found that not all clinical staff completed training which the practice identified as mandatory.
- The practice had systems around complaints but these were not always effective and were not used as opportunities for learning.
- We found that exception reporting at the practice was high in a number of areas. (Exception reporting relates to patients on a specific clinical register who can be excluded from individual QOF (Quality and Outcomes Framework) indicators. For example, if a patient is unsuitable for treatment, is newly registered with the practice or is newly diagnosed with a condition.) The practice had recently become aware of this and had established a coding issue in their registers and had begun actions to rectify this.
- National patient GP survey data for the practice was generally good overall. The practice were aware of

# Summary of findings

areas that were highlighted as being lower than others and practice had taken some action to start to address this, for example, the practice had increased hours to improve access for patients.

- The practice accommodated a range of languages other than English appropriate to their population group.

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

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure sufficient numbers of suitably qualified, competent, skilled and experienced persons are deployed to meet the fundamental standards of care and treatment and ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out the duties.

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

- Develop a plan to improve the uptake of national screening programs such as cervical, breast and bowel screening.
- Continue to improve uptake of childhood immunisations in line with national standards and targets.
- Continue to proactively identify and support carers in line with national standards.
- Develop a plan to respond to issues identified from national GP patient surveys to improve patient satisfaction.
- Review the locum induction pack to ensure it is practice specific.
- Consider further ways to raise patient awareness in relation to access to appointments via the Hub.

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

# College Road Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

### Background to College Road Surgery

College Road surgery provides services to approximately 3400 registered patients in an urban area of South Birmingham. The practice is run by two GP partners, one male and one female. The practice employs a long standing GP (male). They also employ a practice nurse who works closely with the GPs and a healthcare assistant. Other support staff include a practice manager and six reception staff including a head receptionist. The practice holds a general medical services (GMS) contract with NHS England.

The practice is open from 8.20am till 6.30pm Monday to Friday, with extended hours to 8.30pm on Mondays to accommodate high demand for appointments.

Urgent appointments are available for people that need them, as well as telephone appointments. Online services are available for patients including, making appointments online and accessing online medical records summaries

When the practice is closed patients are automatically diverted to the GP out of hour's service provided by Primecare. Patients can also access advice via the NHS 111 service.

We reviewed the most recent data available to us from Public Health England which showed the practice have a higher proportion of patients aged 0 to 65 years old, compared with the national average. It has a smaller proportion of patients aged 65 and over compared to the national average. Income deprivation affecting children was 25%, which was lower than the CCG average of 30% and national average of 20%. Income deprivation affecting older people was 36%, which was lower than the CCG average of 37% but higher than the national average of 20%. The practice's overall deprivation decile for the whole population was reported as two out of 10, (10 being the least deprived and one being the most deprived) 65% of the patients serviced by this practice were from BME (Black, Minority, Ethnic) groups.

# Are services safe?

## Our findings

**We rated the practice Requires Improvement for providing safe services, and for all of the population groups because of lack of prescription security, some clinical staff administering vaccines without appropriate authorisation and not assessing risk within the practice appropriately.**

### Safety systems and processes

The practice had clear systems to keep patients safeguarded from abuse.

- The practice had policies relating to safeguarding children and vulnerable adults from abuse, these were reviewed annually and were accessible to all staff. They outlined clearly who to go to for further guidance within the staff team, then referred staff to further folders, where they could find further information.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken at recruitment. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). However staff working on a voluntary basis were not subject to the same level of checks.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- An infection control audit had been carried out. We found that sharps bins were not being stored safely and information on these were not completed.

### Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed in the form of rotas and holiday cover.

- There was an induction system for locum GPs however this was generic and not tailored to the practice.
- Staff we spoke with understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. The clinicians we spoke with knew how to identify and manage patients with severe infections, for example, sepsis.

### Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The referral letters we viewed included all of the necessary information.

### Safe and appropriate use of medicines

There were areas where the practice did not have reliable systems to ensure appropriate and safe handling of medicines.

- The systems for managing and storing vaccines, medical gases and equipment minimised risks, with the exception of emergency medicines. For example, systems for recording the stock of emergency medicines and restricting unauthorised access had not been established?
- GPs explained that they did not routinely carry medicines in their bags when they carried out home visits. They told us that depending on the information provided by patients when requesting a home visit GPs would take medicines they need from the practice stock of emergency medicines. However; the practice did not consider the impact on the arrangements to respond to a medical emergency in the absence of emergency medicines while GPs were caring out home visits.
- During our inspection, we found that a member of the practice team had been administering vaccinations without a valid Patient Specific Directions (PSDs), a document signed by a doctor specific to the patients, authorising said member of staff to carry out specific vaccinations. Members of the management team we spoke with explained that they become aware of this

## Are services safe?

recently but were unable to clarify how long this had been happening. Following our inspection, the practice treated this as a significant event and a completed incident form was provided.

- We found that vaccines were stored within the recommended safe temperature range in a lockable fridge. The practice nurse told us they rotated the vaccines weekly to ensure that they remained in date and safe for administration. Temperature checks were taken and recorded each day.
- Staff prescribed, administered medicines to patients and gave advice on medicines in line with requirements and current national guidance. There was evidence of actions taken to support good antimicrobial stewardship.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately by holding reviews of their medicines.
- During our inspection we saw that processes to keep patients information secure were not being followed, for example when the reception area was unsupervised.
- The practice had a system to track the use of prescriptions within the practice; however the process for maintaining prescription security was not effective in some areas: for example, although prescription pads were locked away, prescriptions waiting to be collected were left unmanned and in easy reach of unauthorised personnel.

### Track record on safety

The practice had a mixed safety record.

- The practice had some risk assessments in place in relation to safety issues. However, the practice did not carry out a fire safety or health & safety risk assessment.
- The practice were unable to demonstrate that the risk relating to legionella had been considered or managed. There was no risk assessment or process in place for this.

### Lessons learned and improvements made

The practice learned and made improvements when things went wrong; however, actions required to improve safety were not being carried out by staff or monitored.

- The practice learned and shared lessons, identified themes and took action to improve safety in the practice when things went wrong. However, actions as a result of learning outcomes were not embedded: for example, an incident which resulted in processes being implemented to maintain prescription security were not being followed.
- Staff we spoke to described the system for managing safety alerts which included the alerts being printed off and signed by the doctor, we saw evidence of alerts being shared with the clinical team.
- The practice recorded and reviewed significant events and incidents. Staff we spoke to were able to explain the significant events and we saw evidence that significant events had been discussed in team meetings. We saw that there was a standard form available on the shared drive and that there were protocols in place to guide staff in relation to reporting a significant event.

# Are services effective?

(for example, treatment is effective)

## Our findings

**We rated the practice as requires improvement for providing effective services overall and for working age people and people whose circumstances make them vulnerable population groups. Older people, people with long term conditions, families, children and young people and people experiencing poor mental health population groups were rated as good.**

### 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.

The average daily quantity of Hypnotics prescribed was in line with local and national averages. The number of antibacterial prescription items prescribed per Specific Therapeutic prescribing data from this practice was above that of the CCG and national averages at 1.19, the CCG average was 0.98 and national average was 0.98. The practice were aware of this and were conducting quality improvement activity in this area.

- The practice used the practice clinical system in order to identify patients with various long term conditions and were systematically reviewing all of these. The practice had identified patients proactively and identified patients with Atrial Fibrillation despite showing no symptoms and patients who were at risk of COPD by actively screening smokers and non-smokers alike.

### Older people:

- Older patients who are frail or may be vulnerable received a full yearly health check.
- Patients aged over 75 were referred to other voluntary services within the local community.
- All patients over 75 had a named GP.
- Any concerns with regards to a patient would be discussed with the community matron.
- Patients identified as having moderate to severe frailty were coded on the practice computer and where appropriate referred to weight management and exercise centres locally.

### People with long-term conditions:

- The practice was undertaking a review of all patients on the long term conditions registers and reviewing patients opportunistically who fell within risk factors for these.
- Exception reporting within QOF, overall was at 5.9% which was below CCG and national averages.
- The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months was 100%, the CCG average was 94% and the national average was 90%. The exception reporting rate was 8%, which was above the CCG average of 7% but below the national average of 11%.
- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less was 69%, the CCG average was 78% and the national was 80%.

### Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in line with the target percentage of 90% or above, except for the percentage of children aged two with Haemophilus influenzae type b and Meningitis C booster vaccine, which stood at 88%. There was no system in place to monitor this.

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

- The practice's uptake for cervical screening was 62%, which was below the 80% coverage target for the national screening programme. There was no system or action plan in place to support an improved uptake of screening. The practice did not operate failsafe systems to ensure results were received for all samples sent for the cervical screening programme. Members of the nursing team we spoke with explained that they had limited time to carry out non clinical related roles such as administration to support effective record keeping of samples sent for cervical screening.
- The uptake of breast cancer screening for females between 50 and 70 years old was below local and national averages. For example 33%, compared to the CCG average of 46% and the national average of 62%.

# Are services effective?

## (for example, treatment is effective)

- Bowel cancer screening was 40% which was in line with the CCG average of 40% and the national average of 54%.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There were appropriate follow-ups on the outcome of health assessments and checks where abnormalities or risk factors were identified.

### People whose circumstances make them vulnerable:

- The practice maintained a register of patients with learning disabilities and these patients were invited in each year for a health check. The records we viewed confirmed that these had been completed.
- Patients that were vulnerable were identified by the nurse and referred where appropriate to weight and exercise groups run locally.
- There was no evidence that any palliative care meetings had taken place, however the practice did hold meetings with health visitors and multi-disciplinary team (MDT) meetings to discuss complex patients.
- Although we saw evidence that patients diagnosed with a mental health illness received care and treatment and referrals to appropriate services, staff we spoke with were unable to demonstrate how patients who presented with low mood, which had not been formal diagnosis as mental received care and treatment.

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

- 93% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was higher than the CCG average of 87% and the national average of 84%.
- 100% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was higher than the CCG average of 93% and the national average of 90%. The practice's exception reporting was zero, compared with the CCG average of 7% and the national average of 13%.
- The percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption was 100%, the CCG average was 93% and the national average was 91%. The percentage

of patients experiencing poor mental health who had received discussion and advice about smoking cessation was 100%, the CCG average was 97% and the national average was 95%.

### 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 by reviewing all long term conditions and actively screening patients utilising their new ECG machine (electrocardiogram testing is a test that can be used to check patients heart rhythm and electrical activity) and their new Spirometry machine for respiratory patients. They also actively audited and reviewed patients including those on high risk medicines, as part of an ongoing process.

The most recent published Quality Outcome Framework (QOF) results were 97% of the total number of points available. The overall exception reporting rate was 6% compared with a CCG average of 9% and 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.)

- Although overall exception reporting was low, they were high in some clinical areas.
- Exception reporting for patients with long term condition such as COPD whose diagnosis had been confirmed was at 20%, the CCG average was 8% and the national average was 9%. The practice had identified coding issues which had increased the exception report. They were working to address this.
- The practice had a volunteer counsellor who carried out sessions at the practice. Staff we spoke to explained that patients were referred to this service. There was no clinical oversight or review of patients to ensure their suitability to receive these interventions, or routine follow up appointments following these sessions to establish if further care and treatment was necessary.

### Effective staffing

We viewed staff files to review training skills and knowledge was appropriate to carry out their roles, however there were areas of training that had not been completed: for example,

# Are services effective?

(for example, treatment is effective)

- 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.
- Up to date records of qualifications and training were maintained, however some staff had not completed training which the practice had identified as mandatory training.
- The practice had an induction process; staff received yearly appraisals and support for revalidation. The induction process for healthcare assistants (HCAs) included the requirements of the Care Certificate.

## Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment but this was inconsistent

- We saw the minutes of multi-disciplinary team (MDT) meetings, which took place every quarter involving the community matron.
- There was a palliative care register and appropriate care plans were in place. Multi-disciplinary working with palliative care team had not been established. .
- Patients received coordinated 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.
- We saw special care notes that were passed to the out of hours service in relation to patients at the end of their lives.

## 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 at risk of developing a long-term condition and carers, who were supported in the practice by being offered an appointment with the HCA or nurse and signposted to support services in the local area.
- 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.

## Consent to care and treatment

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

- Most staff we spoke with understood the requirements of legislation and guidance when considering consent and decision making including the Gillick competencies and the Fraser Guidelines, however not all clinical staff did.
- Clinicians we spoke to supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

# Are services caring?

## Our findings

**We rated the practice good overall and for all of the population groups.**

### Kindness, respect and compassion

Staff we observed treated patients with kindness, respect and compassion.

- Staff we spoke with understood patients' personal, cultural, social and religious needs and this was confirmed by a member of the Patient Participation Group (PPG) that we spoke with.
- Staff that we spoke with knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private area towards the back of the waiting area to discuss their needs.

Results from the July 2017 annual national GP patient survey returned comparable results with regards to whether patients felt they were treated with compassion, dignity and respect. 386 surveys were sent out and 49 were returned. This represented about 13% return rate and approximately 2% of the practice population. For example:

- 84% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 84% of patients who responded said the GP gave them enough time compared with the CCG average of 86% and the national average of 86%.
- 95% of patients who responded said they had confidence and trust in the last GP they saw compared with the CCG average of 95% and the national average of 95%.
- 76% of patients who responded said the last GP they spoke to was good at treating them with care and concern compared with the CCG average of 81% and the national average of 82%.
- 88% of patients who responded said the nurse was good at listening to them compared with the CCG of 89% and the national average of 91%.
- 89% of patients who responded said the nurse gave them enough time compared with the CCG average of 90% and the national average of 92%.

- 98% of patients who responded said they had confidence and trust in the last nurse they saw compared with the CCG average of 96% and the national average of 97%.
- 87% of patients who responded said the last nurse they spoke to was good at treating them with care and concern compared with the CCG average of 87% and the national average of 91%.
- 93% of patients who responded said they found the receptionists at the practice helpful compared with the CCG average of 85% and the national average of 87%.
- 64% of patients who responded said that they would recommend the surgery, which was below the CCG average of 74% and the National averages of 77%.

### Involvement in decisions about care and treatment

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

- Patients were told about multi-lingual staff whom might be able to support them and the staff we spoke with understood where to find services that could be used to support patients that spoke languages that the staff could not accommodate. Practice specific leaflets and notices were only available in English.
- Staff we spoke with understood where to get leaflets that were in braille or large print.
- The practice utilise a hearing loop to aid communication with the hearing impaired.

Staff we spoke with understood how to support patients and their carers find further information and access community and advocacy services locally.

The practice proactively identified patients who were carers by asking the question of every new patient. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 30 patients as carers (approx. 1% of the practice list).

- Carers were offered appointments with the HCA or nurse for health check-ups.
- Bereaved patients could access support through leaflets in the waiting room and offered an appointment to speak to the volunteer counsellor.

## Are services caring?

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

- 71% of patients who responded said that the GP was good at involving them in decisions about their care and treatment, the CCG average was 81% and the national average was 82%.
- 76% of patients who responded said that the GP was good at treating them with care and concern compared to the CCG average of 85% and the National average of 86%.
- 74% of patients who responded said that the nurse was good at involving them in their care and treatment compared to the CCG average of 83% and the national average of 85%.

- 82% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 86% and the national average of 86%.
- 82% of patients who responded said the last nurse they saw was good at explaining tests and treatments, the CCG average was 87% and the national average was 90%.

The practice were aware of the results of the GP Survey, but had not considered areas where further improvement could be made.

### **Privacy and dignity**

The practice respected and promoted patients' privacy and dignity.

- Staff we spoke to recognised the importance of patients' dignity and respect.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

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

### 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 on a Thursday, online services such as repeat prescription requests, advanced booking of appointments, multi-lingual staff members.
- The practice made reasonable adjustments when patients found it hard to access services by ensuring that all patients with known mobility issues were seen downstairs rather than having to access the stairs.
- Care and treatment for patients with multiple long-term conditions was coordinated with other services.

### Older people:

- All patients had a named GP who supported them in whatever setting they lived.
- Home visits and urgent appointments were available for those with enhanced needs.

### People with long-term conditions:

- The practice told us that patients with long-term conditions were being reviewed on an ongoing basis to check their health and medicines needs were being appropriately met. Consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local community matron to discuss and manage the needs of patients with complex medical issues.
- The practice had organised disabled parking outside the property for people with mobility needs.

### Families, children and young people:

- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- The practice stated that they had extended opening hours on a Thursday from 6pm to 7pm to further accommodate this population group.

- 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.

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

- The needs of this population group had been identified and the practice had adjusted services it offered to facilitate accessibility. For example; appointments could be made by telephone and online for patients who were unable to attend the practice during normal working hours.
- Practice staff we spoke with explained that opening hours had been extended on Thursdays to 7.30pm to accommodate this population group and additional appointments were available on Thursdays from the hubs due to the practice membership with the federation.
- 2016/17 data showed that 50% of new cancer cases were referred using the urgent two week wait referral pathway, which was above the CCG average of 55% and national average of 52%.

### People whose circumstances make them vulnerable:

- Double appointments were available to people with learning disabilities should they request them.
- The practice utilised a hearing loop for the hearing impaired and had a quiet area for patients that may need to breast feed or who need a quiet moment.
- All staff spoke most languages appropriate to the population group and the practice was aware of services available for interpretation if this was needed.
- National patient information leaflets were available in other languages. The practice's population group being largely BME (Black, Minority, Ethnic), all leaflets produced by the practice, such as the complaints leaflet were only available in English.

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

- The practice considered the physical and mental health needs of patients that had a diagnosis of mental health were receiving appropriate care and treatment; staff interviewed had a good understanding of how to deal with patients that had been diagnosed with mental health needs and those living with dementia. The

# Are services responsive to people's needs?

(for example, to feedback?)

practice could not demonstrate that they had fully considered those patients who did not have a formal diagnosis that may be at risk of deteriorating mental health.

- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- The practice established strong communication pathways with community mental health nurses, who offered counselling services and staff told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

## Timely access to the service

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

- Patients we reviewed had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were in line with the national patient survey for local and national averages.
- Patients with the most urgent needs had their care and treatment prioritised.

The practice was a member of a federation that offered hub services which provided patients who could not get an appointment at the practice access to additional appointments from one of the hub sites. Staff that we spoke with explained that patients that were unable to be seen at the practice due to appointment availability were advised that if they were willing to wait they would be added to the doctor's appointment list.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages.

- 74% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 76% and the national average of 76%.

- 76% of patients who responded said they could get through easily to the practice by phone compared with the CCG average of 68% and the national average of 71%.
- 78% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG of 80% and the national average of 84%.
- 79% of patients who responded said their last appointment was convenient compared with the CCG average 76% and the national average of 81%.
- 71% of patients who responded described their experience of making an appointment as good compared with the CCG average of 70% and the national average of 73%.
- 56% of patients who responded said they don't normally have to wait too long to be seen compared with the CCG average of 52% and the national average of 58%.

## 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, however learning and actions to reduce the risk of reoccurrence was not effective.

- Information on how to make a complaint was available, the policy and procedures were in line with guidance.
- There was a system for dealing with complaints both verbal and written. The practice told us that all verbal complaints were recorded and investigated as a significant event.
- Although the practice responded with actions to reduce the risk of receiving complaints of a similar nature this not embedded: for example, the practice did not establish a process to enable them to identify themes such as 10 patients were removed from the practice list for being aggressive in the last 12 months, the practice had not identified this as a theme or explored the root causes in order to support the practice to implement future preventative measures.

# Are services well-led?

Requires improvement 

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

## Our findings

**We rated the practice as requires improvement for providing a well-led service. This was because the delivery of high quality care was not assured by the leadership and governance structure within the practice**

### Leadership capacity and capability

Practice leaders at times were unable to demonstrate how they delivered high-quality, sustainable care.

- Leaders had the experience; however, were unable to demonstrate how they were able to deliver the practice strategy and address risks to it.
- The practice did not demonstrate a good understanding of governance and the importance to managing performance and risk within the practice.
- Leaders at all levels were visible and approachable and they worked closely with staff.

### Vision and strategy

The practice had no clear, formal vision or strategy to deliver high quality care and promote good outcomes for patients.

- The provider did not articulate the vision or values of the practice. Staff we spoke with were not aware of any practice vision, values or strategy or their role in achieving them.
- The practice had a business continuity plan, should an emergency situation arise.

### Culture

The practice had a culture of quality care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of the Duty of Candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed. There was a whistleblowing policy in place.
- All of the staff we spoke with received annual appraisals. Staff were supported to meet the requirements of professional revalidation where necessary.

- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development, however there was no oversight to ensure the time allocated by the practice for administration task was protected.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity and had developed an equality statement. It identified and addressed the causes of any workforce inequality. Staff whose files we viewed had received equality and diversity training.
- There appeared to be positive relationships between staff and teams and the practice as a whole had a pleasant and friendly atmosphere.

### Governance arrangements

There were areas where the practice did not establish clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were in place but actions produced from these were not always effective, and lead roles had not been clearly established.
- Practice leaders had established policies, procedures and activities to ensure safety but had not assured themselves that they were operating as intended. For example, we saw policies regarding confidentiality and prescription security but on the day of the inspection found that these were not being adhered to and both confidentiality and security were compromised.
- General cleaning of the practice was undertaken by an external contractor. We saw that cleaning schedules for all areas of the practice were in place. The practice could not demonstrate the processes to assess and continually monitor the performance of cleaning contractors.
- There were systems for managing healthcare waste, however the practice had not ensured that these were operating as intended and were not being adhered to as sharps bins awaiting collection as well as those in clinical rooms were not stored safely and did not possess appropriate information.
- The practice could not demonstrate appropriate systems and processes needed to ensure staff employed in advanced roles were operating as intended, as vaccinations were being given by some

# Are services well-led?

Requires improvement 

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

staff, without Specific Patient Directions (PSDs), although the practice had become aware of this they were unable to clarify how long this had been occurring. Since the inspection, the practice had forwarded an action plan to ensure this does not reoccur.

## Managing risks, issues and performance

There were processes for managing risks, issues and performance but these were ineffective and unclear.

- There were areas where the practice did not identify, understand, monitor and address current and future risks including risks to patient safety. For example, whilst there was a system for checking fire equipment there had been no fire risk assessment completed.
- The practice was unable to demonstrate that a health and safety risk assessment had been completed or a process in place for the safe management of legionella. The practice had not carried out a risk assessment to mitigate risk associated with the absence of some emergency medicines while GPs were carrying out home visits.
- The practice was able to demonstrate that they had performed an infection control audit to mitigate this risk within the practice.
- We were assured that performance of employed clinicians was managed appropriately and demonstrated through audit of their consultations, prescribing and referral decisions.
- Practice leaders had oversight of incidents and complaints. Staff we spoke to explained the process for Patient safety alerts and we saw emails to the clinical team.

- Clinical audits had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.

## Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Team meetings were in place and quality and sustainability were discussed in relevant meetings. Minutes were available and staff had sufficient access to information.
- The practice submitted data and notifications to external organisations as required such as the CCG.
- Information technology was used within the practice to ensure appropriate and accurate information was available to staff.

## Engagement with patients, the public, staff and external partners

The practice involved patients and staff to improve services but had limited scope.

- There was an active patient participation group who reported that the practice had made changes based on their recommendations such as disabled parking in front of the surgery.
- The practice did not have a process for seeking and acting on patient feedback outside of the national patient survey. Actions resulting from the national GP patient survey were limited.
- The service was transparent and open with stakeholders about performance.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none"><li>• The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and mitigate risks relating to the health, safety and welfare of service users and others who may be at risk.</li><li>• The registered person had systems or processes in place that operated ineffectively to ensure the registered person had maintained securely such records as are necessary to be kept in relation to the management of the regulated activity of activities. In particular: Patient prescriptions and correspondence.</li></ul> <p><b>This was in breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2017.</b></p>

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How this regulation was not being met;</p> <ul style="list-style-type: none"><li>• The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular: The practice did not have risk assessments in place for health and safety, fire or legionella, they did not have proper authorisation for the HCA to be giving injections and vaccinations via a PSD.</li></ul>

This section is primarily information for the provider

# Requirement notices

**This was in breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

## Regulated activity

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

## Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

How this regulation was not being met;

- The registered person had failed to ensure that sufficient numbers of suitably qualified, competent, skilled and experienced persons were deployed in order to meet the requirements of fundamental standards in the Health and Social Care Act 2008 (regulated Activities) Regulations 2014. In particular: recruitment checks with regards to competency of staff and ongoing competencies with regards to Gillick competencies and Fraser guidelines.
- The service provider had failed to ensure that persons employed in provision of a regulated activity received such appropriate support, training, professional development, supervision and appraisal as was necessary to enable them to carry out the duties they were employed to perform. In particular: ensuring supervision and oversight of staff.

**This was in breach of regulation 18 (1&2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**