

Castlefields Surgery

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Requires improvement 

Key findings

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Letter from the Chief Inspector of General Practice

This practice is rated as Good overall.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – RI

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 – 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

We carried out an announced comprehensive inspection at Castlefields Surgery on 20 March 2018. We carried out this inspection as part of our inspection programme.

At this inspection we found:

- Staff involved and treated people with compassion, kindness, dignity and respect.
- We found the documentation of some systems and processes including those identifying risk to patients required improvement.
- The practice team was small and they told us that communication was very good but it was often not documented.
- The practice had developed and embedded a clear system to ensure that meetings such as multi-disciplinary team (MDT) meetings and practice meetings were held and were inclusive of all staff however minutes of the MDT meetings we reviewed lacked detail of what was discussed, actions taken, risks mitigated and learning shared.
- There was a system for recording and acting on significant events and there were effective systems for

Summary of findings

reviewing and investigating when things went wrong. However, we found that the minutes lacked detail and staff we spoke with told us that most of the shared learning was verbal.

- The practice had systems and processes to manage and mitigate risks to patients and staff. However, during our inspection we found that risks associated with infection control had not been audited and there were no records in place to support the cleaning of the practice premises and medical equipment. Furthermore, the practice could not provide assurance that risks associated with legionella were effectively managed.
- Clinicians knew how to identify and manage patients with severe infections such as sepsis.
- 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.
- Information on the complaints process was available for patients at the practice and on the practice's website. We found that the practice did not record all verbal complaints which posed the risk of missing themes and trends to act on for improvement. There was a process of responding to and investigating complaints but the lack of documentation did not assure us that identified learning was shared with all the staff.

- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- Staff had the skills, knowledge and experience to carry out their roles and there was a strong focus on continuous learning and improvement at all levels of the organisation. Staff we spoke with felt supported by the practice.
- The practice had a clear process and understanding of safeguarding.

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

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

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

- Review and improve the systems to ensure patients are encouraged to attend appointments for cervical screening and patients with a learning disability are formally reviewed annually.
- Ensure that staff who undertake lead roles receive appropriate training to enable them to execute their duties properly.






Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Requires improvement	

Summary of findings

The six population groups and what we found

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

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	

Castlefields 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 CQC inspector.

Background to Castlefields Surgery

Castlefields Surgery provides medical services to patients in Wellingborough and surrounding areas. The practice provides services under personal medical services (PMS) contract to a population of approximately 3,900 patients. The clinical team consists of the sole provider who is the lead GP (male) and three regular locum GPs (females), two practice nurses (females), a senior advanced nurse practitioner (female) and a health care assistant (female). There is a practice manager, supported by a team of reception and administrative staff. The practice operates from the ground floor of a purpose built modern two storey

building in Wellingborough, which accommodates a pharmacy and another GP practice and other services. The practice population is made up of a slightly higher than average number of patients between the ages of 0 and 4 years, 25 to 30 years and 45 to 60 years. Data indicates that the area has a slightly above average level of deprivation.

The practice is open between 8am and 7.30pm from Monday to Wednesday and Friday and from 8am until 8.30pm on Thursdays.

The practice offers a variety of access routes including telephone appointments, on the day appointments and advance pre-bookable appointments. When the practice is closed patients can access Out of Hours services provided by IC24, they also get advice via the NHS 111 service.

Why we carried out this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions.

Are services safe?

Our findings

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

Safety systems and processes

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

- The practice conducted safety risk assessments. It had a suite of safety policies which were reviewed and communicated to staff. We noted that these lacked detail of review dates and that the management team approved them. Immediately after the inspection, the practice shared evidence that the review date and the approver had been added.
- Staff received safety information for the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. They outlined clearly who to go to for further guidance.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an on-going basis. Disclosure and Barring Service (DBS) checks were undertaken when required. (DBS checks identify whether a person has a criminal record or is on an official list of the people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- 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.
- We found that the system to manage infection prevention and control was not effective as there was no evidence of any infection control audits and no cleaning

schedules were observed. Immediately following our inspection, the practice took action to ensure records were kept and cleaning schedules implemented, they also carried out an infection control audit.

- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

There were some systems in place to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an induction system for staff however the documentation did not show it was tailored to any specific roles.
- 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, for example, sepsis.
- During our inspection we found that the practice had not formally assessed risk in the absence of specific emergency drugs. These medicines were easily available from the on-site pharmacy but the practice had not assured itself that they were all kept in stock.
- The practice had a system for checking emergency drugs every two months. On the day of the inspection we found two ampoules of the same medicine one was out of date by one month. The practice recognised that this error would not have happened if the checks had been monthly. Following the inspection the practice updated their procedure. All other medicines we checked were within their expiry date. A risk assessment was done on the emergency medicines they do not keep in the practice but are easily available from the on-site pharmacy which they have a close working relationship with.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

Are services safe?

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- We reviewed referral letters and clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Safe and appropriate use of medicines

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

- The systems for managing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks. Although prescription stationery was stored securely, the system to monitor their use lacked sufficient detail to be effective. Immediately after the inspection, the practice took action and introduced a safe way of monitoring prescription stationery.
- We reviewed the records of patients who were prescribed medicines which required additional monitoring. Patients on high risk medicines, such as methotrexate, lithium and warfarin, were appropriately monitored by clinicians before medicines were re-prescribed. Records we viewed confirmed this.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. Antibiotic prescribing was comparable to the clinical commissioning group and national averages.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.

Track record on safety

The practice had a mixed safety record.

- There were comprehensive risk assessments in relation to safety issues. These included for example, fire and health. However some of these needed improvement. For example the practice did have oversight of the risk assessment which showed the premises to be low risk but did not have oversight of the results for the regular water temperature checks for legionella.. The practice told us this was the responsibility of their landlord.(Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The practice informed us that together with the other occupiers of the building they had organised a meeting with the owners to address the matter.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and there were systems for reviewing and investigating when things went wrong. However, we found that this was not always consistent and most of the shared learning was verbal. Practice meeting minutes we reviewed lacked sufficient detail for us to be assured that lessons learnt from significant events and complaints were shared with the whole practice team.
- The practice shared learning, identified themes and took action to improve safety in the practice. For example, there was a breach of data when a letter was sent to an incorrect patient with a similar name, after the incident additional patient identification checks were introduced to ensure correspondence was sent to the intended recipient.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts. For example, patients of childbearing age on a certain antipsychotic known to affect unborn babies were contacted by the surgery and risks were discussed with them.

Are services effective?

(for example, treatment is effective)

Our findings

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

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' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We reviewed prescribing data for the practice and found they were comparable with other practices both locally and nationally. The number of antibacterial prescription items prescribed per Specific Therapeutic group was 0.92 units compared to the CCG average of 0.86 and the England average of 0.90. (It is important that antibiotics are used sparingly to avoid medicine resistant bacteria developing).
- The number of antibiotic items (Cephalosporins or Quinolones) prescribed was 7.6% compared to the CCG average of 8.0% and national average of 8.9%.
- We saw no evidence of discrimination when making care and treatment decisions in the records we viewed.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who were 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.
- Influenza, pneumonia and shingles vaccinations were offered to all older patients.
- Patients aged over 75 were invited for a health check. If necessary, they were referred to other services such as voluntary services, and the community matron. They were supported by an appropriate care plan.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- The practice had achieved 99% for Quality Outcomes Framework (QOF) data (for 2016/17) relating to long-term conditions including asthma, chronic obstructive pulmonary disease (COPD), atrial fibrillation (QOF is a system intended to improve the quality of general practice and reward good practice).
- QOF performance for diabetes related indicators was comparable to the clinical commissioning group (CCG) and the national averages. For example, the practice achieved 80% compared to the CCG average of 82% and the national average of 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. The practice achieved an average of 99% which was above the national average of 91%.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

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

- The practice's uptake for cervical screening was 61%, which was below the 80% coverage target for the national screening programme. The achievement was below the CCG average of 73% and the national average of 72%.

Are services effective?

(for example, treatment is effective)

- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- Annual health checks were offered to patients with a learning disability. The practice had 33 patients on their learning disability register and 11 patients had received a formal health check in the preceding 12 months. The practice told us that all these patients were fully assessed at their medicines reviews.

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

- 82% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months as compared to the CCG average of 85% and national average of 84%.
- 91% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months which was comparable to the CCG average of 93% and national average of 90%.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption was 91%, compared to the CCG average of 94% and national average of 91%.

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 most recent published Quality Outcome Framework

(QOF) results for 2016/17 were 99% of the total number of points available compared with the clinical commissioning group (CCG) average of 97% and the national average of 96%. The overall exception reporting rate was 10% compared with the CCG average of 12% and the national average of 10%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate).

The practice was actively involved in quality improvement activity and regularly completed clinical and non-clinical audits. For example, six clinical audits had been completed in the previous two years that demonstrated quality improvement. The practice had the highest incidence of diabetes mellitus among all the practices in their local CCG area. In their QOF review meeting with the CCG in March 2015 it was found that they were falling short of the **HbA1c** (blood glucose level) target for diabetes care. The practice carried out an audit of diabetic care and introduced a weekly diabetic clinic run by a diabetes nurse specialist. They also introduced a fortnightly clinic run by a diabetes specialist dietician who gave patient education on healthy eating and lifestyle. This had improved the practice' diabetic care outcomes as shown in their QOF data.

Effective staffing

- 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. However the infection prevention control lead told us that they had not received additional training for the role. This had resulted in a lack of documentation but we did not find any evidence that there was poor infection prevention and control and patients were not at risk of harm.
- The practice generally understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications were maintained however on the day of inspection we found gaps in training, the practice provided the training evidence after the inspection. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisal and mentoring, clinical supervision and support for revalidation. We noted that the induction

Are services effective?

(for example, treatment is effective)

paperwork was not role specific and did not evidence that staff had been assessed as competent. Staff told us they had received role specific induction but did not always formally record that they had their supervision or assessments.

- The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.
- There was a clear approach for supporting and managing staff when their performance was poor or variable. Staff we spoke to were positive about the management's support.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred to, 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.
- The practice could demonstrate that they held multidisciplinary meetings however minutes reviewed lacked detail of what was discussed, actions taken and shared learning.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

Consent to care and treatment

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

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Are services caring?

Our findings

We rated the practice, and all of the population groups, as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. On the day of our inspection we spoke with four patients one was a patient participation group (PPG) member, they spoke positively about the care and treatment provided at the practice.

Results from the July 2017 annual national GP patient survey showed patients responded in a positive manner when answering questions relating to being treated with compassion, dignity and respect. 292 surveys were sent out and 99 were returned. This represented 34% completion rate. and 3% of the practices registered patient list. For example:

- 94% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 83% of patients who responded said the last GP they spoke to was good at treating them with care and concern; compared to the CCG average of 83% and the national average of 86%.
- 98% of patients who responded said they had confidence and trust in the last GP they saw; compared to the CCG average of 95% and the national average of 95%.
- 84% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; compared to the CCG average of 89% and the national average of 91%.

- 94% of patients who responded said they had confidence and trust in the last nurse they saw; compared to the CCG average of 97% and the national average of 97%.
- 76% of patients who responded said they found the receptionists at the practice helpful; compared to the CCG average of 85% and the national average of 87%.

All of the 31 patient Care Quality Commission comment cards we received were very positive about the service experienced. All patients we spoke with were happy with the services the clinicians provided.

Involvement in decisions about care and treatment

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

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. The check-in screen in the reception areas was in various languages. Patients were also told about multi-lingual staff who might be able to support them.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment. 3% of the practice's registered patients were identified as carers, there was a carer's noticeboard and carers were referred to other agencies for carers support services.
- Staff communicated with patients in a way that they could understand, for example, we noticed that reception staff spoke quietly so that others could not overhear.
- Staff told us that if families had experienced bereavement, the practice sends them a letter. The practice will contact the bereaved to offer support.

Are services caring?

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

- 87% 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 84% and the national average of 86%.
- 80% of patients who responded said the last GP they saw was good at involving them in decisions about their care; compared to the CCG average of 79% and the national average of 82%.

- 87% of patients who responded said the last nurse they saw was good at explaining tests and treatments; compared to the CCG average of 84% and the national average of 86%.
- 84% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; compared to the CCG average of 83% and the national average of 85%.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the practice, and all of the population groups, as good for providing responsive services 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, they provided online services such as repeat prescription requests, advanced booking of appointments and extended hours on Thursdays.
- The practice improved services where possible in response to unmet needs.
- The facilities and premises were appropriate for the services delivered.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- All patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GPs also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.
- The GP provides a weekly visit to the patients in the local care home.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

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

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, working age patients could book appointments to see a GP on Mondays to Fridays after 5pm to 6.30pm or on Thursdays appointments were available to 8.30pm.
- The practice had reviewed access and implemented telephone consultations which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice could recognise and knew those patients that were frail or whose health was deteriorating, they signposted them to other agencies for support.
- Home visits were available for this group of patients when needed.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice held regular dementia and depression screenings for patients.

Timely access to the service

Are services responsive to people's needs?

(for example, to feedback?)

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

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

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

- 76% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 75% and the national average of 76%.
- 76% of patients who responded said they could get through easily to the practice by phone; compared to the CCG average of 67% and the national average of 71%.
- 89% 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 to the CCG average of 83% and the national average of 84%.
- 84% of patients who responded said their last appointment was convenient; compared to the CCG average of 81% and the national average of 81%.
- 71% of patients who responded described their experience of making an appointment as good; compared to 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 to the CCG average of 59% and the national average of 58%.

- 88% of patients who responded said the GP gave them enough time; compared to the CCG average of 85% and the national average of 86%.
- 88% of patients who responded said the nurse gave them enough time; compared to the CCG average of 91% and the national average of 92%.
- 87% of patients who responded said the nurse was good at listening to them; compared to the CCG average of 90% and the national average of 91%.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. We reviewed 14 complaints and found that six had no learning outcomes and although we were advised that learning was shared verbally, there was no formal evidence such as from minutes of meetings to support this. The practice informed us that they were going to improve this by formalising their shared learning.
- We saw that the practice learned lessons from individual concerns and complaints and acted as a result to improve the quality of care. For example, a patient with abnormal symptoms was sent home with advice but was later admitted into hospital with a serious condition. All clinicians were advised that all abnormal symptoms or results are to be properly followed up within 24 hours to ensure good patient outcome.

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.

We found there was a lack of documentation in relation to systems or processes in place to show they were operating effectively enabling the practice to assess, monitor, and improve the quality and safety of the services being provided.

Leadership capacity and capability

- Leaders had the capacity and skills to deliver high-quality, sustainable care. Leaders had the experience to deliver the practice strategy and address risks to it. However, there was a lack of clinical oversight in some aspects of the management of the practice.
- The staff 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. Staff we spoke with mentioned that leaders were approachable and very supportive of them.
- 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 clear vision and credible strategy to deliver high quality care and promote good outcomes.

- Discussions with the GPs and practice manager demonstrated that the practice had a vision to deliver high quality care and promote good outcomes for patients. However, this vision was not documented and there was no evidence of any structured aligned strategy to achieve and sustain this vision and share with the staff.
- Discussions with the GP and practice manager highlighted that they had plans for the practice but formal evidence was not provided to support this. Staff we spoke with demonstrated a commitment to providing a good service for patients. We looked at

minutes of the practice meeting which was well attended and contained updates on some of the general practice issues, but no information regarding the direction of the practice.

- The practice planned its services to meet the needs of the practice population.

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.
- The staff we spoke we gave us assurance that openness, honesty and transparency were demonstrated when responding to incidents and complaints however there was a lack of documentation to fully support this. 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, they had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.

Are services well-led?

Requires improvement 

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

- The practice were proactive and planned the rotas well in advance and told us that by inputting and agreeing key staff holidays, such as GPs, they ensured enough staff were on duty and as a result practice staff managed a good work life balance.
- There were positive relationships between staff and teams.

Governance arrangements

- Structures, processes and systems to support good governance and management were set out and understood however not all of these were well documented.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control but we found that the infection prevention control lead had not received additional training for the role.
- Practice leaders had established policies, procedures, and activities to ensure safety and assured themselves that they were operating as intended. These were available and accessible to all staff however most of the policies and procedures lacked review dates and did not identify who had approved them. This was immediately addressed by the practice.
- There were regular team meetings held however minutes we reviewed did not evidence any update to staff on any governance issues and clinical matters. Meetings were held across all staff groups and we found generally that all minutes were circulated to all staff but lacked sufficient detail to be assured all information was shared.

Although evidence and some assurance was provided shortly after the inspection, we found that previously, the practice had not taken a formal approach to managing risk in all areas.

For instance, on the day of our inspection we found that risks associated with infection control had not been audited, there were no records in place to support the cleaning of the practice premises and medical equipment. In addition, the practice could not provide assurance that risks associated with legionella were effectively managed.

Furthermore, at the point of our inspection the practice had not formally assessed risk in the absence of certain emergency medicines and evidence of the system used to monitor prescription stationery at the time our inspection was not effective.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of the Medicines and Healthcare Products Regulatory Agency (MHRA) alerts, incidents, and complaints; however lessons learnt were not shared on a formal basis.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

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.
- We were informed that quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information. Practice meetings were held regularly to keep staff updated. Minutes of these meetings were available for all staff, including staff that were unable to attend however minutes we reviewed lacked sufficient detail to be assured that all staff received all the information.

Are services well-led?

Requires improvement 

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

- 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. For example, the practice had a QOF lead who monitored their performance and kept clinicians up-to-date on this.
- 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.

- There were consistently high levels of constructive engagement with staff and people who use services, including all equality groups.
- 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. For example, there was an active patient participation group (PPG) though still in its infancy. We spoke with one member of the PPG who informed us that they were looking forward to closely work with the practice to improve patient care.

- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement within the practice though this was not always formally shared.
- The practice made use of internal and external reviews of incidents and complaints. However, learning was not shared on a formal basis.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

Immediately after the inspection they shared with us an action plan, detailing how they will address the shortfalls identified in this inspection.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:</p> <ul style="list-style-type: none">• There was a lack consistency in the way complaints were reviewed, learning outcomes from complaints were not shared on a formal basis with all staff. Specifically we found that learning was shared verbally as this could not be evidenced.• Though staff meetings and multi-disciplinary meetings were held, minutes we reviewed lacked detail of what was discussed, actions taken and risks mitigated and shared learning.• Policies and procedures lacked details of when they will be reviewed and who had reviewed them.• During our inspection we found that risks associated with infection control had not been audited, and there were no records in place to support the cleaning of the practice premises and medical equipment.• In addition, the practice could not provide assurance that risks associated with legionella were effectively managed.• Furthermore, at the point of our inspection the practice had not formally assessed risk in the absence of certain emergency medicines and evidence of the system used to monitor prescription stationary at the time of our inspection, was not effective. <p>This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>