

# Loomer 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

### Overall rating for this service

Requires improvement



Are services safe?

Inadequate



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

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at the Loomer Road Surgery on 10 January 2017. Overall, the practice is rated as requires improvement.

Our key findings across all the areas we inspected were as follows:

- There was an open and transparent approach to safety and the practice had a system for reporting and recording significant events, and learning from them. There was a system for dealing with safety alerts and sharing these with staff. However, the practice did not maintain a log of the actions they had taken in response to safety alerts.
- The risks associated with foreseeable events and emergency situations were not always clearly identified.
- The systems for managing risks to patient safety were not always sufficiently thorough.
- The practice's governance arrangements did not always operate effectively. In particular, there was a lack of oversight of some of the practice's systems and processes for ensuring patient safety.
- Staff were very committed to supporting patients to live healthier lives through a targeted and proactive approach to health promotion.
- Staff assessed patients' needs and delivered care and treatment in line with current evidence based guidance.
- The practice worked with other organisations when planning how services were provided, to ensure patients' needs were met. The provider was proactive in planning and providing services to meet the needs of older patients. They had set up an Elderly Care Facilitators Team (ECFT), to carry out comprehensive assessments of older patients in their own homes. Between September 2016 and

# Summary of findings

January 2017, the ECFT had visited 196 patients aged over 85 years of age. This service was over and above what was expected and had improved outcomes for this group of patients.

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a strong focus on service development aimed at improving the patient experience. However, the provider's focus on making improvements and managing change across their primary medical services, as well as the challenges associated with taking on a new practice and providing support to other local practices, in collaboration with NHS England, may have contributed to some of the concerns we identified in relation to governance.
- Information about services and how to complain was available and easy to understand.

There was an area of practice where the provider must make improvements:

The provider must assess, monitor and improve the quality and safety of the services provided, in particular, the arrangements for:

- Fire safety.
- Amending prescriptions.
- Ensuring clinical equipment is fit for purpose.
- Ensuring staff have completed appropriate training.

- Recording and reviewing minor surgery.

The provider must ensure the proper and safe management of medicines, in particular, with regard to the arrangements for:

- Checking the expiry dates of equipment kept in the anaphylactic box.
- Making changes to patients' prescriptions, including adding additional items.
- Making sure a stock of atropine is always available for use in an emergency.

There were also areas where the provider should make improvements. The provider should:

- Carry out a risk assessment in relation to the decision that GPs will not carry a range of emergency medicines for use in acute situations, when on home visits. Keep a written record of this risk assessment.
- Develop targeted improvement plans to address those Quality and Outcomes Framework exemption reporting rates which are higher than the local clinical commissioning group and national averages. In addition, develop a targeted improvement plan to increase the uptake of bowel and cervical screening.
- Continue to monitor the effectiveness of the appointment system

**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?

The practice is rated as inadequate for providing safe services.

Inadequate



- There was an effective system for reporting and recording significant events. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned when things went wrong and shared with staff to support improvement.
- There was a system for dealing with safety alerts and sharing these. There was evidence from the sample of alerts we looked at that appropriate actions had occurred.
- The systems for managing risks to patient safety were not always sufficiently thorough. Although the practice had a range of clearly defined and embedded systems and processes in place, to help to keep patients and staff safe, these were not comprehensive and, where there were shortfalls, these had the potential to place patients and staff at risk of harm. For example, the practice did not have a clear audit trail of the changes made to patients' prescriptions before they were signed by a doctor.
- The premises were clean and hygienic, and effective infection control processes were in place.
- The risks associated with foreseeable events and emergency situations were not always fully recognised. The practice did not have a supply of emergency medicines for use in acute situations, when GPs carried out home visits. Further, there was no completed risk assessment as to why not, or how potential risks were mitigated.
- The practice did not have a stock of atropine for use in an emergency, when GPs were fitting or removing contraceptive coils (intrauterine device). However, the day after the inspection the practice provided us with evidence that they had purchased a supply of atropine.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- The practice used the information collected for the Quality and Outcomes Framework (QOF), to monitor and improve outcomes for patients. The QOF data, for 2015/16, showed the practice had performed well in obtaining 97.6% of the total points available to them for providing recommended care and treatment. This was above the local clinical commissioning

# Summary of findings

group (CCG) average of 96.3%, and the England average of 95.3%. However, the practice was not using the higher than average QOF exemption reporting rates for some clinical indicators, to develop targeted improvement plans.

- The practice had not developed a targeted improvement plan to increase the uptake of bowel screening which was lower than the national average.
- Staff were committed to supporting patients to live healthier lives through a targeted and proactive approach to health promotion.
- Patients' needs were assessed and care was planned and delivered in line with current evidence based guidance.
- Quality improvement activities, including clinical audits, were carried out to improve patient outcomes.
- Staff worked effectively with other health and social care professionals to ensure the range and complexity of patients' needs were met.
- Clinical staff had the skills, knowledge and experience to deliver effective care and treatment. However, there were small gaps in some staff's training, for example, in infection control, health and safety and the Mental Capacity Act.
- The practice's patient clinical record and intranet systems helped to make sure staff had the information they needed to plan and deliver care and treatment.

## Are services caring?

The practice is rated as good for providing caring services.

- There was a strong, visible, person-centred culture. Staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Patients we spoke with, and most of those who had completed a CQC comment card, were very happy with the care and treatment they received.
- Data from the NHS National GP Patient Survey of the practice, published in July 2016, showed patient satisfaction with the quality of GP and nurse consultations, was similar to most of the local clinical commissioning group (CCG) and national averages. . However, the scores were lower than the local CCG and national averages for the helpfulness of the receptionists.
- Information for patients about the range of services provided by the practice was available and easy to understand.
- Staff had made arrangements to help patients and their carers cope emotionally with their care and treatment.

Good



# Summary of findings

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice worked with other organisations when planning how services were provided, to ensure they met patients' needs, and provided flexibility, choice and continuity of care.
- The provider had set up an Elderly Care Facilitators Team (ECFT), to carry out comprehensive assessments of older patients in their own homes. Between September 2016 and January 2017, the ECFT had visited 196 patients aged over 85 years of age. (These were patients from their own practice and others registered with two other local practices.)
- Results from the NHS GP Patient Survey of the practice, published in July 2016, showed patient satisfaction levels regarding involvement in decision-making was similar to most of the local CCG and national averages. However, scores were lower than the local CCG and national averages in relation to how well their doctors explained tests and treatments.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand. Complaints were taken seriously and staff took action to address them.

## Are services well-led?

The practice is rated as requires improvement for being well-led.

Requires improvement



- The practice had a clear vision to deliver high quality care and promote good outcomes for patients.
- There was a clear leadership structure and staff felt supported by the management team.
- The practice had a number of policies and procedures to govern its activity.
- The practice's governance arrangements did not always operate effectively. In particular, there was a lack of oversight of some of the practice's systems and processes for ensuring patient safety.
- There was a strong focus on service development aimed at improving the patient experience.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for identifying and responding to significant events, which helped to ensure appropriate action was taken to prevent them from happening again.

# Summary of findings

- The practice proactively sought feedback from staff and patients, and acted on this. Although there was an active patient participation group, it was in the early stages of development.

# 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

The practice is rated as requires improvement for the care of older people. The practice was rated as requires improvement for providing safe and well led services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- Nationally reported Quality and Outcomes Framework (QOF) data, for 2015/16, showed the practice had performed above, or similar to, most of the local clinical commissioning group (CCG) and national averages, in relation to providing care and treatment for the clinical conditions commonly associated with this population group.
- Staff were committed to providing proactive, personalised care to meet the needs of older patients and worked with other health and social professionals to achieve this. For example, practice staff had worked with health and social care colleagues to help set up a 'step-down' service, aimed at facilitating the early discharge of older patients with complex needs from the local hospital. The practice had piloted an integrated medicines optimisation product for the local CCG's Medicines Optimisation Team, to help improve prescribing for older people.
- All patients over 75 years of age had a named GP who was responsible for their care, and they had access to annual healthcare reviews.
- Staff attended fortnightly multi-disciplinary meetings at their designated care home, to help ensure that the needs of the patients who lived there were being met.

**Requires improvement**



### People with long term conditions

The practice is rated as requires improvement for the care of people with long-term conditions. The practice was rated as requires improvement for providing safe and well led services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- Nationally reported QOF data, for 2015/16, showed the practice had performed above, or similar to, most of the local CCG and national averages, in relation to providing care and treatment for the clinical conditions commonly associated with this population group.

**Requires improvement**





# Summary of findings

- Patients with long-term conditions were offered regular reviews to check their health needs were being met and that they were receiving the right medicine. Longer appointments and home visits were available when needed.
- Personalised management plans had been provided for patients with diabetes, asthma and Chronic Obstructive Pulmonary Disorder (COPD), to help make sure their needs were appropriately met.

## Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people. The practice was rated as requires improvement for providing safe and well led services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- There were systems in place to protect children who were at risk and living in disadvantaged circumstances. For example, regular multi-disciplinary safeguarding meetings were held, where the needs of vulnerable children and families were discussed. All clinical staff had completed appropriate safeguarding training. Appointments were available outside of school hours and the practice's premises were suitable for children and babies.
- The practice offered contraceptive services and sexual health information was available in the patient waiting area.
- Patients were able to access weekly midwife-led, post-natal care clinics, and clinical staff at the practice carried out post-natal checks.
- Nationally reported information showed the uptake of cervical screening by females aged between 25 and 64, attending during the target period, was higher at 88.06%, than the national average of 81.8%.
- The practice offered a full range of immunisations for children. Publicly available information showed they had performed well in delivering childhood immunisations to under two year olds, when compared to the 90% national target set by the NHS England. The practice's immunisation rates, for the four immunisations given to children under the age of two, ranged from 97.8% to 98%. For five year olds, the rates ranged from 97% to 98% (the local CCG averages ranged from 95.8% to 97.9%).

**Requires improvement**



# Summary of findings

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

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students). The practice was rated as requires improvement for providing safe and well led services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The needs of the working population had been identified, and the practice had adjusted the services they provided to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services, as well as a full range of health promotion and screening that reflected the needs of this group of patients.
- Nationally reported QOF data, for 2015/16, showed the practice had performed above, or similar to, most of the local CCG and national averages, in relation to providing care and treatment for the clinical conditions commonly associated with this population group.
- Nationally reported information showed the uptake of bowel cancer screening by patients aged between 60 and 69, during the previous 30 months, was below the national average, 51.3% compared to 57.9%.
- Extended hours appointments were available each Monday evening between 6:30pm and 8:30pm.
- Information on the practice's website, and on display in their patient waiting areas, informed patients how to access the out-of-hours service.

Requires improvement



## People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The practice was rated as requires improvement for providing safe and well led services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice had made arrangements to meet the needs of vulnerable patients. For example, staff attended local Integrated Care Team meetings every two months, where the needs of those identified as being vulnerable were discussed to ensure they were being met.
- Staff maintained a register of patients with learning disabilities, which they used to ensure they received an annual healthcare review.
- Systems were in place to protect vulnerable children from harm. Staff understood their responsibilities regarding information sharing and the documentation of safeguarding

Requires improvement



# Summary of findings

concerns. They regularly worked with multi-disciplinary teams to help protect vulnerable patients. Staff knew how to contact relevant agencies during normal working hours and out-of-hours.

- The practice provided the 'violent and aggressive' patient scheme, for Stoke on Trent CCG patients. This is for a specific group of patients with complex health and social care needs who receive specialised input and support, such as direct telephone support during normal surgery hours.
- Appropriate arrangements had been made to meet the needs of patients who were also carers.

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

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The practice was rated as requires improvement for providing safe and well led services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The QOF data, for 2015/16, showed the practice's performance for this group of patients was either better than, or similar to most of the England averages. For example, the data showed that the percentage of women aged under 65 with specified mental health conditions, who had undergone cervical screening, in the preceding five years, was higher than the England average (100% compared to 89%).
- Patients with dementia and other mental health needs had been identified on the practice's clinical IT system, to ensure staff were aware of their specific needs.
- The practice provided support to a higher than average number of patients with mental health needs living in local care homes. Clinical staff carried out visits to these care homes twice a week, and met with other health and social care colleagues every fortnight, to make sure the needs of these patients were being met.
- Patients experiencing poor mental health had access to information about relevant support groups and voluntary organisations. The branch surgery was based in a health centre which also housed the local mental health team. Staff told us this had enabled them to develop close working links with members of the team.

Requires improvement



# Summary of findings

## What people who use the service say

As part of our inspection we asked practice staff to invite patients to complete Care Quality Commission (CQC) comment cards. We received two completed comment cards. One patient commented that the practice was 'not good' and the other said they had experienced difficulties trying to obtain an appointment. We spoke with three patients as part of the inspection. Feedback was mostly positive. They told us staff treated them well, respected their dignity and privacy, listened to them and gave them enough time during consultations. One patient told us they had experienced difficulties accessing appointments, but that this had improved recently.

Data from the NHS National GP Patient Survey of the practice, published in July 2016, showed patient satisfaction with the quality of GP and nurse consultations was better than, or similar to, most of the local clinical commissioning group (CCG) and national averages. However, patients were less satisfied with appointment availability. Of the patients who responded to the survey:

- 95% had confidence and trust in the last GP they saw. This was similar to the local CCG average of 96% and the same as the national average.
- 84% said the last GP they saw was good at listening to them, compared to the local CCG and the national averages of 89%.

- 84% said the last GP they saw was good at giving them enough time, compared to the local CCG of 89% and the national average of 87%.
- 97% had confidence and trust in the last nurse they saw. This was the same as the local CCG and national averages.
- 93% said the last nurse they saw was good at listening to them, compared to the local CCG of 92% and the national average of 91%.
- 92% said the last nurse they saw was good at giving them enough time. This was similar to the local CCG average of 94% and the same as the national average.
- 92% said the last appointment they got was convenient, compared with the local CCG average of 91% and the national average of 92%.
- 76% were able to get an appointment to see or speak to someone the last time they tried, compared with the local CCG average of 87% and the national average of 85%.
- 69% found it easy to get through to the surgery by telephone, compared with the local CCG average of 72% and the national average of 73%.
- 61% said they usually waited 15 minutes or less after their appointment time, compared to the local CCG average of 70% and the national average of 65%.

## Areas for improvement

### Action the service MUST take to improve

The provider must assess, monitor and improve the quality and safety of the services provided, in particular, the arrangements for:

- Fire safety.
- Amending prescriptions.
- Ensuring clinical equipment is fit for purpose.
- Ensuring staff have completed appropriate training.
- Recording and reviewing minor surgery.

The provider must ensure the proper and safe management of medicines, in particular, with regard to the arrangements for:

- Checking the expiry dates of equipment kept in the anaphylactic box.
- Making changes to patients' prescriptions, including adding additional items.
- Making sure a stock of atropine is always available for use in an emergency.

# Summary of findings

## Action the service **SHOULD** take to improve

- Carry out a risk assessment in relation to the decision that GPs will not carry a range of emergency medicines for use in acute situations, when on home visits. Keep a written record of this risk assessment.
- Develop targeted improvement plans to address those Quality and Outcomes Framework exemption

reporting rates which are higher than the local clinical commissioning group and national averages. In addition, develop a targeted improvement plan to increase the uptake of bowel and cervical screening.

- Continue to monitor the effectiveness of the appointment system.

# Loomer 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 advisor.

## Background to Loomer Road Surgery

The Loomer Road Surgery is a suburban practice which provides care and treatment to 7747 patients of all ages, based on a General Medical Services (GMS) contract. The practice delivered services from two locations to patients living in the Chesterton, Milehouse, Knutton, Silverdale and Bradwell areas. The practice merged with two other local GP practices in 2011 and 2014. At the time of the inspection, they were in the process of registering a third GP practice.

The practice is part of the NHS North Staffordshire clinical commissioning group (CCG). We visited the following locations as part of our inspection:

- The Loomer Road Surgery, Loomer Road, Newcastle-Under-Lyme, Staffordshire, ST5 7JS.
- The Head Office, Unit 7, Brindley Court, Dalewood Road, Lymedale Business Park, Newcastle-under-Lyme, ST5 9Q.

On this occasion, we did not visit the branch surgery located in the Milehouse Primary Care Centre in Newcastle-under-Lyme.

The provider had just introduced a new partnership and management structure, to underpin and support the delivery of their new integrated, multi-site model of

primary and social care. Recent changes directly affecting the practice included the introduction of new management positions to oversee the front line delivery of primary care services. This included the introduction of a telephone hub at the Loomer Road Surgery site.

The area in which the practice is situated is in the third most deprived decile. Figures show that 61.7% of practice patients were in paid work or full-time education, compared with the England average of 62.5%. The percentage of patients with a long-standing health condition is higher than the national average, 68.9% compared to 53.2%. There are more patients with caring responsibilities than the England average, 28.1% compared to 17.8%.

The practice and its branch surgery occupy purpose built premises where all treatment and consultation rooms are located on the ground floor. The practice has four GP partners (three male and one female), a business partner (male), three salaried GPs, a professional lead nurse for quality and compliance (female), two nurse practitioners (female), three practice nurses and a trainee practice nurse (female), an operations manager, a communications manager, a support services manager, and a large team of administrative and reception staff. The practice is an approved training practice and is affiliated with local universities.

The practice and its branch surgery are open: Monday: 8am to 8:30pm; Tuesday, Wednesday and Friday: 8am to 6:30pm; Thursday: 8am to 1pm. GP appointment times are:

Monday: 9am to 11am, 11:30am to 2pm and 3pm to 8pm.

Tuesday, Wednesday and Friday: 9am to 11am, 11:30am to 2pm and 3pm to 6pm.

Thursday: 9am to 11am and 11:30am to 1pm.

# Detailed findings

When the practice is closed patients can access out-of-hours care via the Staffordshire Doctors Urgent Care, and the NHS 111 service.

## Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008, as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008; to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 10 January 2017. During our visit we:

- Spoke with a range of staff, including GPs, the business partner, the lead nurse, a healthcare assistant, and some of the administrative staff. We also spoke with three patients, including a member of the practice's patient participation group.
- Observed how staff interacted with patients in the reception and waiting area.

- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed two comment cards where patients shared their views and experiences of the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

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

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

# Are services safe?

## Our findings

### Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff had identified and reported on five significant events during the previous 12 months. Significant events were a standing item at monthly clinical meetings. We saw evidence these had been discussed collectively within the team and actions identified had been addressed. Staff were aware of the practice's significant event reporting processes and systems, and used these to improve patient safety.
- Staff were aware of the local incident reporting system and told us they were encouraged to use it. Forty-seven incidents, including significant events, had been reported during the last 12 months. (Higher reporting is viewed positively because it enables the practice to identify trends, reflect on the incidents that have occurred and learn from them.)
- The practice's approach to the handling and reporting of significant events ensured the provider complied with their responsibilities under the Duty of Candour regulation. (The Duty of Candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.)
- The practice had a system for responding to the safety alerts they received and for sharing these with relevant staff. Where the alert received was identified as being urgent, this was actioned immediately. Non-urgent alerts were reviewed at the next clinical meeting. The sample of alerts we looked at showed that appropriate actions had occurred. However, the practice was not able to evidence a log to show that actions had been completed.

### Overview of safety systems and processes

The systems for managing risks to patient safety were not always sufficiently thorough. Although the practice had a range of clearly defined and embedded systems and processes in place, to help to keep patients and staff safe, these were not comprehensive and, where there were shortfalls, these had the potential to place patients and staff at risk of harm. For example, the practice did not have

an effective system for assessing, monitoring and improving the practice's arrangements for non-clinical staff making changes to patients' prescriptions before they were signed by a doctor.

- A small number of non-clinical staff were responsible for making requested changes to patients' prescriptions, including adding additional medicines, before sending them to the relevant GP for authorisation. However, the practice was not able to demonstrate they had carried out an assessment to identify potential risks associated with this process and how they would be mitigated. Also, an appropriate protocol was not in place to underpin this process, and there was no documented evidence that staff making these changes had received relevant training. In addition, the process had not been audited to help make sure that it was being carried out consistently. This poses a risk to patient safety because changes to prescriptions may not be completed correctly and consequently patients may not receive the correct medicine.

Otherwise, the arrangements for handling medicines were appropriate.

- The practice had an effective system for managing high-risk medicines. Staff were able to demonstrate that they had a recall system in place. A random analysis of several patients' records demonstrated that this worked effectively.
- Suitable arrangements had been made to store and monitor vaccines. These included carrying out daily temperature checks of the vaccine refrigerators and keeping appropriate records.
- Patient Group Directions (PGD) had been adopted by the practice, to enable nurses to administer medicines in line with legislation. These were up-to-date and had been signed. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.)

The practice had a range of systems and processes which helped to ensure patient safety. These included:

- Arrangements to safeguard children and vulnerable adults. Policies and procedures for safeguarding children and vulnerable adults were in place. Staff told us they were able to easily access these. A designated



## Are services safe?

member of staff acted as the children and vulnerable adults safeguarding lead, providing advice and support, and staff knew who they were. Staff demonstrated they understood their safeguarding responsibilities and said they knew what to do if they were concerned about a patient's wellbeing. The practice used alerts on their clinical IT system to identify vulnerable patients, so clinical staff could take this into account during consultations. A bespoke template had been designed to help staff capture appropriate safeguarding information. This included a prompt to share relevant information with other health and social care agencies. Multi-disciplinary meetings were held to help ensure that information about children at risk was shared and discussed. In addition, safeguarding was a standing item for clinical meetings, to help staff manage risk in relation to vulnerable patients. Staff had received safeguarding training relevant to their role. For example, the GPs had completed level three child protection training.

- Chaperone arrangements to help protect patients from harm. All the staff who acted as chaperones were trained for the role and had undergone a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record, or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.) The chaperone service was advertised on posters displayed throughout the practice.
- Maintaining appropriate standards of cleanliness and hygiene. There was an identified infection control lead and infection control protocols were in place. An infection control audit had recently been completed and an action plan had been devised to help address identified shortfalls. Sharps bin receptacles were available in the consultation rooms. All but one of those looked at had been signed and dated by the assembler. Clinical waste was appropriately handled. Arrangements had been made to launder or replace consultation room privacy curtains every year. Current guidance states that this should be done every six months. The provider told us they would address this immediately following the inspection. There were suitable arrangements for making sure staff were up-to-date with their vaccinations.

- The carrying out of a range of employment checks to make sure staff were safe to work with vulnerable patients. We looked at a sample of staff recruitment files. Appropriate indemnity cover was in place for all clinical staff. The provider had obtained information about staff's previous employment and, where relevant, copies of their qualifications, as well as written references. The provider had also carried out DBS checks on each person and obtained proof of their identity. Where gaps were identified, we were given explanations for these which were reasonable.

### Monitoring risks to patients

Most risks to patients were assessed and satisfactorily managed.

There were procedures for monitoring and managing risks to patient and staff safety. For example, the practice had arranged for all clinical equipment to be serviced and, where appropriate, calibrated, to ensure they were safe and being maintained in good working order. A range of other routine safety checks had also been carried out. These included checks of electrical equipment, and the completion of fire risk assessments. However, there

was no documentary evidence the action plan arising from the risk assessment of the main practice had been addressed. Fire drills had taken place during the previous 12 months. But, checks of fire safety equipment at the main practice had not been carried out on a regular basis. Legionella risk assessments had been completed. (Legionella is a bacterium that can grow in contaminated water and can be potentially fatal.) A comprehensive general health and safety risk assessment had been carried out in 2016, to help keep the building safe and free from hazards. A senior member of staff told us they intended to carry out this assessment on a more regular basis in the future.

There were suitable arrangements in place for planning and monitoring the number and mix of staff required to meet patients' needs. There was an appropriate skill mix in place, and sufficient numbers of clinical staff were employed. There were no vacancies at the time of our visit. The practice had considered what steps they needed to take to maintain suitable staffing levels in the future. Locum clinical staff were not used, which helped to maintain continuity of care. A locum GP induction pack was available should locums be required in the future. There

## Are services safe?

were sufficient numbers of non-clinical staff to meet current patient demand. Rotas were in place which helped to make sure sufficient numbers of staff were always on duty to meet patients' needs.

### **Arrangements to deal with emergencies and major incidents**

The arrangements for dealing with foreseeable events and emergencies were not fully satisfactory.

- There was an instant messaging system on the computers in all the consultation and treatment rooms, which alerted staff to any emergency.
- Staff had completed basic life support training, to help them respond effectively in the event of an emergency.
- Emergency medicines were available in the main surgery, and these were kept in a secure area. All of the emergency medicines we checked were within their expiry dates. However, we found syringes and needles in the anaphylactic box that were several months out of date. The provider took immediate action to remove these, and gave an undertaking to review the system to prevent a reoccurrence. The practice did not have a supply of emergency medicines for use in acute situations, when GPs carried out home visits. However, staff had not completed a risk assessment to identify the potential risks associated with this and how they could be mitigated. In addition, the practice did not have a stock of atropine for use in an emergency, when GPs were fitting or removing contraceptive coils (intrauterine devices). They had also not completed a risk assessment regarding the decision not to keep a stock of this medicine. The day after the inspection the practice provided us with evidence that they had purchased a supply of atropine.
- Staff had access to a defibrillator and a supply of oxygen for use in an emergency. Regular checks were carried out to make sure they were in good working order.
- The practice had a business continuity plan for major incidents. This was accessible to all staff via the practice's intranet system. Key staff were able to access the plan remotely, out-of-hours.

# Are services effective?

## (for example, treatment is effective)

## Our findings

### Effective needs assessment

Staff carried out assessments and treatment in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice was able to demonstrate that they used internal and external meetings to help ensure adherence to national and local guidelines. Records of clinical meetings, which were attended by all clinical staff, provided evidence that information about changes to guidelines was disseminated as part of these. Meetings provided opportunities to discuss national and local guidelines, share information from educational events, discuss interesting cases, and deliver 'bite-sized' updates. Clinical leads ensured relevant information was cascaded to colleagues, to help ensure they had access to, and knowledge of, the latest guidance.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF), and their performance against national screening programmes, to monitor and improve outcomes for patients. The QOF data, for 2015/16, showed the practice had performed well in obtaining 97.6% of the total points available to them for providing recommended care and treatment. This was above the local clinical commissioning group (CCG) average of 96.3%, and the England average of 95.3%.

- Performance for most of the diabetes related indicators was either better than, or similar to, the England averages. For example, the percentage of patients with diabetes, for whom the last blood pressure reading, in the period from 1 April 2015 to 31 March 2016, was 150/90 mmHg or less, was higher than the England average (94.1% compared to 91.3%). Where the practice had identified that improvements could be made to the care and treatment diabetic patients received, they were taking action to address these.
- Performance for most of the mental health related indicators was either better than, or similar to, the England averages. For example, the data showed that the percentage of patients with the specified mental health conditions, who had had a comprehensive,

agreed care plan documented in their medical record, during the period from 1 April 2015 to 31 March 2016, was similar to the England average (87.8% compared to 88.8%).

The practice's exception reporting rate, at 9.8%, was 0.8% above the local CCG average and the same as the England average. (The QOF scheme includes the concept of 'exception reporting' to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medicine cannot be prescribed due to a contraindication or side-effect.) We identified that the practice was an outlier in relation to a small number of exception reporting rates, for example, with regards to atrial fibrillation and cervical screening. We looked at a random sample of some of the records of the patients who had been excepted, and found appropriate systems and processes were in place. However, the practice had not developed targeted improvement plans to address the higher than average exception reporting rates.

Patients with long-term conditions had access to an annual healthcare review. The practice had recently moved towards standardising their recall system, so that patients were invited for an annual review during their birthday month. More regular reviews were provided for those that needed them. Recall letters were generated by a small administrative team, utilising a recall register on the practice's clinical IT system. Personalised management plans were completed for patients with diabetes, asthma and Chronic Obstructive Pulmonary Disorder (COPD).

There was evidence of quality improvement activity, which included clinical and non-clinical audits. For example, the practice was able to demonstrate targeted clinical improvement work over an eighteen month period, in relation to staff's antibiotic prescribing. This included improving coding, as well as adherence to guidelines in terms of selecting the appropriate antibiotic and the duration of the prescription. The practice had also improved the quality of patient information provided. As a result of this quality improvement work, the practice was able to demonstrate they had gone from being a prescribing outlier to one of the better performing practices within their local CCG. The practice was also able to demonstrate other quality improvement activities, such as the work staff had carried out to identify patients with pre-diabetes, through improved coding and the use of templates to assess needs and record how they were to be

# Are services effective?

## (for example, treatment is effective)

met. The practice also piloted an integrated medicines optimisation product, for the local clinical commissioning group's Medicines Optimisation Team to help improve prescribing for older patients.

The practice provided minor surgery. A random analysis of some cases showed that the treatment provided was clinically appropriate, that consent forms had been completed and templates adhered to. Also, there was evidence in patients' notes that histology requested by the practice had been reviewed. However, the practice had not maintained a record of the minor surgery staff carried out, or a record of samples they sent to be tested.

### Effective staffing

Overall, staff had the skills, knowledge and experience needed to deliver effective care and treatment.

- The practice had an induction programme for newly appointed staff.
- The practice could demonstrate how they ensured staff received role specific training. For example, the nursing staff had completed additional post qualification training, to help them meet the needs of patients with asthma, diabetes and respiratory diseases. Where relevant to their role, they had also undertaken training in cervical screening, immunisations and sexual health. All staff had completed training in cardiopulmonary resuscitation and safeguarding, and most had undertaken information governance and fire safety training. However, there were gaps in some staff's training, specifically in regards to infection control, health and safety and, in relation to some nursing staff, the use of the Mental Capacity Act. Following the inspection, the practice provided evidence that arrangements had been made to provide staff with this outstanding training, over the next two months.
- Arrangements had been made to provide staff with an annual appraisal. Nursing and non-clinical staff we spoke with confirmed they had undergone an appraisal during the previous 12 months. Appropriate arrangements were in place to support the GPs to undergo revalidation with the General Medical Council.

### Coordinating patient care and information sharing

The practice's patient clinical record and intranet systems helped to make sure staff had the information they needed to plan and deliver care and treatment.

- The information included patients' medical records and test results. Staff shared NHS patient information leaflets, and other forms of guidance, with patients to help them manage their long-term conditions.
- All relevant information was shared with other services, such as hospitals, in a timely way. Important information about the needs of vulnerable patients was shared with the out-of-hours and emergency services.
- Staff worked well together, and with other health and social care professionals, to meet the range and complexity of patients' needs and to assess and plan on-going care and treatment.

### Consent to care and treatment

Patients' consent to care and treatment was sought in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of the legislation and guidance, including the Mental Capacity Act (MCA, 2005). When staff provided care and treatment to young people, or adult patients whose mental capacity to consent was unclear, they carried out appropriate assessments of their capacity and recorded the outcome.

### Supporting patients to live healthier lives

Staff were committed to supporting patients to live healthier lives through a targeted and proactive approach to health promotion.

- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged between 40 and 74 years.
- There were suitable arrangements for making sure any abnormalities or risks identified during these checks were followed up by a GP.

The practice had a comprehensive screening programme. Nationally reported information showed the practice had performed in line with the national averages in relation to breast and cervical screening, but less well with regards to bowel cancer screening rates. The practice had not developed a targeted improvement plan to address the lower rate of uptake of bowel cancer screening by their patients, and their higher than average exception reporting rate for cervical screening.

# Are services effective?

(for example, treatment is effective)

- The uptake of breast screening by females aged between 50 and 70, during the last 36 months, was above the national average, 72.1% compared to 72.2%.
- The uptake of bowel cancer screening in patients aged between 60 and 69, during the previous 30 months, was lower than the national average, 51.3% compared to 57.9%.
- The uptake of cervical screening by females aged between 25 and 64, attending during the target period, was higher at 88%, than the national average of 81.8%. However, the practice's exception reporting rate for cervical screening was 19.5% compared to the local CCG average of 5.3% and the national average of 6.5%. The

practice had protocols for the management of cervical screening, and for informing women of the results of these tests. These protocols were in line with national guidance.

The practice offered a full range of immunisations for children. Publicly available information showed they had performed well in delivering childhood immunisations to children under the age of two, when compared to the 90% national target set by the NHS England. The practice's immunisation rates, for the four immunisations given to children under the age of two, ranged from 97.8% to 98%. For five year olds, the rates ranged from 97% to 98% (the local CCG averages ranged from 95.8% to 97.9%).

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations so that conversations could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

As part of our inspection we asked practice staff to invite patients to complete Care Quality Commission (CQC) comment cards. We received two completed comment cards. Neither contained positive comments. We also spoke with three patients, including a member of the practice's patient participation group, and they mostly expressed positive comments about the quality of the care and treatment they received.

Data from the NHS National GP Patient Survey of the practice, published in July 2016, showed patient satisfaction with the quality of GP and nurse consultations, was similar to most of the local clinical commissioning group (CCG) and national averages. However, the scores were lower than the local CCG and national averages for the helpfulness of the receptionists. For example, of the patients who responded to the survey:

- 95% had confidence and trust in the last GP they saw. This was the same as the national average, but just below the local CCG average of 96%.
- 79% said the last GP they saw treated them with care and concern. This was below the local CCG average of 86% and the national average of 85%.
- 84% said the last GP they saw was good at listening to them, compared to the local CCG and national averages of 89%.

- 84% said the last GP they saw was good at giving them enough time, compared to the local CCG of 89% and the national average of 87%.
- 97% had confidence and trust in the last nurse they saw or spoke to. This was the same as the local CCG and the national averages.
- 93% said the last nurse they saw was good at listening to them, compared to the local CCG of 92% and the national average of 91%.
- 91% said the last nurse they saw treated them with care and concern. This was the same as the local CCG and national averages.
- 92% said the last nurse they saw was good at giving them enough time. This was the same as the national average, but below the local CCG of 94%.
- 70% found receptionists at the practice helpful, compared with the local CCG average of 88% and the national average of 87%.

### Care planning and involvement in decisions about care and treatment

Results from the NHS GP Patient Survey of the practice, published in July 2016, showed patient satisfaction levels regarding involvement in decision-making were similar to most of the local CCG and national averages. However, scores were lower than the local CCG and national averages in relation to how well their doctors explained tests and treatments. Of the patients who responded to the survey:

- 76% said the last GP they saw was good at explaining tests and treatments, compared to the local CCG average of 87% and the national average of 86%.
- 82% said the last GP they saw was good at involving them in decisions about their care. This was the same as the national average, but below the local CCG average of 83%.
- 91% said the last nurse they saw was good at explaining tests and treatments. This was the same as the local CCG average, and above the national average of 90%.
- 86% said the last nurse they saw was good at involving them in decisions about their care. This was same as the local CCG average, and above the national average of 85%.



## Are services caring?

### **Patient and carer support to cope emotionally with care and treatment**

Staff were good at helping patients and their carers to cope emotionally with their care and treatment.

- Staff understood patients' social needs, supported them to manage their own health and care, and helped them maintain their independence.
- Notices in the patient waiting room told patients how to access a range of support groups and organisations.
- Where patients had experienced bereavement, staff would contact them to offer condolences and support.

The practice was committed to supporting patients who were also carers.

- Staff maintained a register of these patients, to help make sure they received appropriate support, such as an annual influenza vaccination. There were 220 patients on this register, which equated to 2.8% of the practice's patient population.
- The practice had a designated carers' lead, and information about their role and how to contact them, was displayed in the reception area. Information about the local carers' support group was also displayed, as well as information encouraging patients to inform the practice if they were also carers.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

Services were planned and delivered to take into account the needs of different patient groups and to provide flexibility and choice. Examples of the practice being responsive to, and meeting patients' needs included:

- Providing all patients over 75 years of age with a named GP who was responsible for their care. Staff attended fortnightly multi-disciplinary meetings at their designated care home, to help ensure that the needs of the patients who lived there were being met.
- The provider collaborating with the local hospital trust, to set up and manage a 'step-down' service (the provision of which was outside of their core GP contract), to help facilitate the early discharge of older patients with complex needs, from hospital. Over the eighteen months the project ran, 750 patients received a service. The provider had a 80% success rate at getting people back home (whether with packages of care/adaptations or no further interventions), with only 20% requiring a long term residential placement.
- The provider had set up an Elderly Care Facilitators Team (ECFT), to carry out comprehensive assessments of older patients in their own homes. Between September 2016 and January 2017, the ECFT had visited 196 patients aged over 85 years of age. (These were patients from their own practice and others registered with two other local practices.) Examples of outcomes for those patients included: providing 63 patients with a Lions 'Message in a Bottle', which enabled them to have their personal and medical details stored in a location that could easily be found in the event of an emergency; delivering 30 shoeboxes (containing helpful supplies, such as food items and toiletries) to patients who were identified as having no family or regular visitors over the Christmas period; referring three patients to local befriending services, and referring six patents to the occupational therapy service. Other impacts included making a number of audiology referrals and following up hospital letters, for patients who had raised concerns or queries about their content. The ECFT team had just commenced providing the same service to the practice's own patients aged over 75 years.
- Offering appointments outside of school hours. The premises were suitable for children and babies. The practice offered contraceptive services and sexual health information was available in the waiting area. The practice was taking steps to gain accreditation for developing adolescent sexual health services. Ante-natal and post-natal care was provided by community midwives in conjunction with the GPs. Staff met regularly with local health visitors and had a practice specific template, to record information regarding child protection, domestic abuse, and female genital mutilation.
- Clearly identifying patients on the The practice provided support to a higher than average number of patients with mental health needs living in local care homes. Staff carried out twice weekly visits to review the needs of the patients living there. They also participated in fortnightly multi-disciplinary meetings with health and social care colleagues as part of the local care home liaison team arrangements. Patients experiencing poor mental health had access to information about relevant support groups and voluntary organisations. The branch surgery was based in a health centre which also housed the local mental health team. Staff told us this had enabled them to develop close working links with members of the team.
- The nursing team offering a range of health promotion clinics, including Well Person screening and new patient checks. Extended hours appointments were available each Monday evening between 6:30pm and 8:30pm and telephone consultations were provided for those who might find it difficult to attend an appointment. Patients were able to book appointments, request prescriptions, and view their medical records online. The practice also made use of digital services such as SMS (short messaging services) which helped their patients access test results.
- Making reasonable adjustments to help patients with disabilities, and those whose first language was not English, to access the practice. disabled toilet which had appropriate aids and adaptations. Disabled parking was available.
- Making arrangements to meet the needs of vulnerable patients. For example, staff attended Integrated Local Care Teams meetings every two months, to discuss the needs of those identified as being vulnerable. The



# Are services responsive to people's needs?

## (for example, to feedback?)

practice maintained a register of patients with learning disabilities, which they used to ensure they received an annual healthcare review. Systems were in place to protect vulnerable children from harm and staff used their IT system to identify vulnerable patients. Staff understood their responsibilities regarding information sharing and the documentation of safeguarding concerns, and they regularly worked with multi-disciplinary teams to help protect vulnerable patients. The practice was contracted by NHS England to provide the 'violent and aggressive' patient scheme for Stoke on Trent CCG patients. (This is for a specific group of patients with complex health and social care needs who receive specialised input and support, such as direct telephone support during normal surgery hours.)

**Access to the service** The practice and its branch surgery are open: Monday: 8am to 8:30pm; Tuesday, Wednesday and Friday: 8am to 6:30pm; Thursday: 8am to 1pm. GP appointment times are:

Monday: 9am to 11am, 11:30am to 2pm and 3pm to 8pm.

Tuesday, Wednesday and Friday: 9am to 11am, 11:30am to 2pm and 3pm to 6pm.

Thursday: 9am to 11am and 11:30am to 1pm.

All consultations were by appointment only and could be booked by telephone, in person or on-line. The practice's appointment system provided pre-bookable and same-day appointments, as well as access to telephone consultations.

Results from the NHS GP Patient Survey of the practice, published in July 2016, showed levels of patient satisfaction were similar to most of the local CCG and national averages. However, patients were less satisfied with appointment availability and appointment waiting times. Of the patients who responded to the survey:

- 92% said the last appointment they got was convenient. This was the same as the national average, but below the local CCG average of 95%.
- 76% were able to get an appointment to see or speak to someone the last time they tried, compared with the local CCG average of 87% and the national average of 85%.

- 69% found it easy to get through to the surgery by telephone, compared with the local CCG average of 72% and the national average of 73%.
- 61% said they usually waited 15 minutes or less after their appointment time, compared to the local CCG average of 70% and the national average of 65%.

One of the two patients who provided feedback on CQC comment cards, reported that they experienced difficulties trying to access a same-day appointment. A patient survey carried out by the practice in 2016, identified that some patients were frustrated with the practice's appointment system. The practice's action plan to address this included creating more types of appointment slots, to improve access and waiting times. For example, the practice introduced seven-day embargoed appointment slots, increased the number of telephone consultations and provided additional same-day appointments with the advanced nurse practitioner. A real-time check of the appointment system indicated that same-day urgent appointment slots for a GP or nurse were available on the afternoon of the inspection.

The business partner told us that more recent changes in how services were delivered were aimed at further improving patient access. For example, all incoming calls were now being handled by a new 'call handling team', to help promote promptness, consistency and efficiency.

### Listening and learning from concerns and complaints

The practice had a system in place for managing complaints.

- This included having a designated senior member of staff who was responsible for handling any complaints and there was a complaints policy which provided staff with guidance about how to handle them. Information about how to complain was available on the practice's website and was also on display in the patient waiting areas.
- The practice had received nineteen complaints during the previous 12 months. In the complaint we sampled, it was clear staff had responded promptly to the patient's concerns, treated the issues they raised seriously, and had offered an apology. The letter included contact

# Are services responsive to people's needs?

(for example, to feedback?)

details for the Parliamentary and Health Service Ombudsman (PHSO) so the patient could take the matter further if they were not happy with the practice's response.

# Are services well-led?

Requires improvement 

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

## Our findings

### Vision and strategy

The provider had a clear vision to deliver high quality care and promote good outcomes for their patients.

- The GP partners and business partner demonstrated they were taking steps to implement their vision. For example, they had very recently restructured the organisation and introduced new roles at a senior level, to help improve the way services were managed and delivered. We were told strategic decisions were made during partner meetings.
- Staff were aware of the practice's commitment to providing good patient care and how they were expected to contribute to this. They were proud to work for the practice and had a clear understanding of their roles and responsibilities.

### Governance arrangements

The governance arrangements did not always operate effectively. In particular, there was a lack of oversight of the practice's systems and processes for ensuring patient safety. For example, the provider did not have effective systems for:

- Checking that equipment kept in the anaphylactic box was within their expiry dates.
- Monitoring and reviewing the practice's arrangements for non-clinical staff being responsible for making changes to patients' prescriptions before they were signed by a doctor.
- Recording and reviewing the minor surgery activities carried out by clinicians.
- Ensuring that fire safety checks were consistently carried out, or for ensuring that actions identified in a fire risk assessment were appropriately addressed.
- Monitoring and reviewing the delivery of staff training.

Also, the practice had not completed a risk assessment to identify the potential risks associated with the GPs not carrying a supply of emergency medicines for use in acute situations, when carrying out home visits.

There were also examples of good governance arrangements. These included:

- Having a clear staffing structure to help ensure the practice could deliver its chosen model of delivering care and treatment. Staff understood their roles and responsibilities.
- Providing staff with access to a range of policies and procedures, which they were expected to follow. These were currently under review.
- The allocation of lead roles to staff, to help ensure key tasks were carried out safely and effectively.
- Undertaking quality improvement activities, to help promote better patient outcomes. Staff were supported to learn lessons when things went wrong, and there was a culture which supported the identification, promotion and sharing of good practice.
- Holding regular planned meetings to share information and manage patient risk. These included, for example, monthly clinical meetings to discuss clinical issues and the management of patient risks. Bi-monthly child protection meetings were also held to help protect vulnerable patients. These meetings helped to ensure the needs of vulnerable patients were regularly reviewed.
- Using performance management information to monitor patients' care and treatment. The practice used the Quality and Outcome Framework system, as well as systems supported by the local clinical commissioning group and medicines optimisation team, to prioritise and direct their clinical activity.

### Leadership, openness and transparency

The GP partners and business partner told us they prioritised safe, high quality and compassionate care. They said they were taking action to deliver this through the service improvements they had recently introduced. There was a clear leadership structure in place to help deliver these changes.

The provider had complied with the requirements of the Duty of Candour regulation. (The Duty of Candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.)

# Are services well-led?

Requires improvement 

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

- The GP partners and business partner encouraged a culture of openness and honesty. There were effective systems which ensured that when things went wrong, patients received an apology and action was taken to prevent the same thing from happening again.
- A culture had been created which encouraged and sustained learning at all levels. Staff we spoke with told us they felt supported, valued and respected by the GPs and practice management team. They said they would feel comfortable about raising any concerns.

## Seeking and acting on feedback from patients, the public and staff

The practice encouraged and valued feedback from patients and staff. They had gathered feedback from patients through their patient participation group (PPG), the surveys they carried out and the complaints they had received. A suggestions box in the waiting area also provided an opportunity for patients to leave feedback. We were told the PPG was still in its early stages of development. Information on the practice's website, and in the patient waiting area, provided information about how to join if patients were interested. Evidence obtained during the inspection demonstrated that the practice listened to their patients, and took action to improve their services on the basis of the feedback they received.

A system for staff appraisal was in place. Staff told us they would not hesitate to give feedback or discuss any concerns and issues with the practice management team. They told us they felt involved and engaged in improving how the practice was run.

## Continuous improvement

There was a strong focus on service development aimed at improving the patient experience. For example, the provider had set up an Elderly Care Facilitators Team (ECFT), to carry out comprehensive assessments of older patients in their own homes. Between September 2016 and January 2017, the ECFT had visited 196 patients aged over 85 years of age.

The practice had developed links with local universities to help them improve the services they provided to students. They provided training placements for years four and five medical students and GP trainees. The lead GP partner had also provided support and acted as a mentor to help a refugee doctor to retrain. The team demonstrated their commitment to continuous improvement through:

- Their involvement in supporting other local practices to develop and improve.
- Carrying out quality improvement activities, including clinical audits, to help improve patient outcomes. The practice had helped develop IT systems for medical practice by, for example, participating in a pilot to develop local pathology laboratory links.
- Encouraging and supporting staff to access relevant training. The practice was in the process of developing educational and training resources to help clinicians meet the needs of older frail patients, to help promote continuing professional development.
- Learning from any significant events that had occurred, to help prevent them from happening again.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <p>Medicines were not being properly and safely managed.</p> <p>Some of the equipment kept in the anaphylactic box was out-of-date.</p> <p>Non-clinical staff were making changes to patients' prescriptions, including adding additional medicines, before sending them to the relevant GP for authorisation. The provider was not able to demonstrate they had carried out an assessment, to identify potential risks associated with this process and how they would be mitigated. Also, there was no protocol in place to underpin this process, and there was no documented evidence that staff making these changes had received relevant training. In addition, the process had not been audited to ensure it was being carried out consistently.</p> <p>The provider did not have a stock of atropine for use in an emergency, when GPs were fitting or removing contraceptive coils (intrauterine devices). They had also not completed a risk assessment regarding the decision not to keep a stock of this medicine.</p> <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</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 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>How the regulation was not being met:</b></p>

## Requirement notices

There was a lack of systems and processes in place to assess, monitor and improve the quality and safety of some of the services provided.

The provider did not have an effective system for monitoring that staff had completed all of the training required to carry out their roles safely.

The provider did not have an effective system for recording and reviewing the minor surgery activities carried out by clinicians.

The provider did not have an effective system for ensuring that fire safety checks were consistently carried out, or for ensuring that actions identified in a fire risk assessment were appropriately addressed.

This was in breach of regulation 17 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.