

# Severnbank Surgery

## Inspection report

Tutnalls Street  
Lydney  
Gloucestershire  
GL15 5PF

Tel:  
[www.severnbanksurgery.co.uk](http://www.severnbanksurgery.co.uk)

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

## Ratings

### Overall rating for this location

Requires improvement



Are services safe?

Inadequate



Are services effective?

Good



Are services caring?

Good



Are services responsive?

Requires improvement



Are services well-led?

Requires improvement



# Overall summary

## **This practice is rated as requires improvement**

**overall.** The practice was previously inspected in January 2016 and was rated as good overall and required improvement in the safe key question. A follow up desk based inspection was carried out in June 2016 and the practice was rated as good for providing safe services.

The key questions are rated as:

Are services safe? – *Inadequate*

Are services effective? – *Good*

Are services caring? – *Good*

Are services responsive? – *Requires Improvement*

Are services well-led? – *Requires Improvement*

We carried out an announced comprehensive inspection at Severnbank Surgery on 02 October 2018 as part of our inspection programme. We revisited the practice again on the 9 October 2018 to gather some additional information.

At this inspection we found:

- The practice had systems to manage risk so that safety incidents were less likely to happen. However, the system was not always clear and had not been applied consistently. When incidents did happen, the practice generally learned from them and improved their processes. However, there was no evidence that learning from incidents in the dispensary had led to improvements in systems and processes.
- Systems and processes for the safe management of medicines including emergency medicines held in the practice were not effective.
- There was a process for receiving medical and medicines safety alerts, however, there was not a recorded process and actions taken were not recorded.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence- based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.

- Records relating to complaints were not always complete and complaints had not been analysed for trends and actions not taken to prevent the same things happening again.
- The practice had adopted policies and procedures; however, these were not personalised to ensure they were practice specific.
- There was focus on continuous learning and improvement at all levels of the organisation.

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

- Ensure care and treatment is provided in a safe way to patients.
- Ensure there is an effective system for identifying, receiving, recording, handling and responding to complaints by patients and other persons in relation to the carrying on of the regulated activity.
- 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:

- Continue to improve the uptake for reviews of patients with long term conditions.
- Take action to ensure staff have received the appropriate immunisation.
- Record the system for the management of test results and the checking of staff registration.
- Identify ways to improve uptake for cervical screening.
- Improve engagement with the patient participation group so feedback is received and acted on.

Where a service is rated as inadequate for one of the five key questions or one of the six population groups, it will be re-inspected no longer than six months after the report is published. If, after re-inspection, the service has failed to make sufficient improvement, and is still rated as inadequate for any key question or population group or overall, we will place the service into special measures. Being placed into special measures represents a decision by CQC that a service has to improve within six months to avoid CQC taking steps to cancel the provider's registration.

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

## Population group ratings

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

## Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser, a practice nurse specialist adviser who was observing the inspection and a pharmacist specialist advisor.

## Background to Severnbank Surgery

Severnbank Surgery is located in Lydney in the Gloucestershire area. The practice provides its services from a purpose-built building to approximately 3,900 patients under a General Medical Services (GMS) contract with NHS England. (A GMS contract is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract).

The practice provided its services from the following address:

Severnbank Surgery  
Tutnalls Street  
Lydney  
Gloucestershire  
GL15 5PQ

Information about the practice can be obtained through their website at:

The practice has two GP partners of whom one is male and one is female. The practice employed three practice


nurses, a healthcare assistant, a phlebotomist and three dispensers (all female). The practice management team include a practice manager, an administration manager, two medical secretaries, a cleaner and 4 receptionists.

The practice was able to offer dispensing services to those patients on the practice list who lived more than one mile (1.6km) from their nearest pharmacy. There were two dispensers employed by the practice. One of the dispensers also undertook phlebotomy and the other also undertook reception duties.

The general Index of Multiple Deprivation (IMD) population profile for the geographic area of the practice shows the practice is in the fifth least deprivation decile on a scale of one to 10 with 10 being the least deprived. (An area itself is not deprived: it is the circumstances and lifestyles of the people living there that affect its deprivation score. Not everyone living in a deprived area is deprived and that not all deprived people live in deprived areas). Average male and female life expectancy for the practice is 78 and 85 years, which is in line with the national average of 79 and 83 years respectively.

The practice is registered to provide the following Regulated Activities:

- Diagnostic and screening procedures.

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- Treatment of disease, disorder or injury.
  - Maternity and midwifery services.
  - Surgical Procedures.

- 
- Family Planning.

When the practice is closed and at weekends the out of hours GP cover is provided by CareUK which patients can access via NHS 111.

# Are services safe?

## We rated the practice as inadequate for providing safe services.

The practice was rated as inadequate for providing safe services because:

We inspected this practice in January 2016 and we identified shortfalls in the management of medicines. Specifically, we told the practice:

- Establish and operate an effective system to check, manage and mitigate the risks associated with the emergency equipment and medicines.
- Ensure there is a robust and consistent system in place for signing out dispensed controlled drugs.

We carried out a follow up desk based inspection in June 2016 to check the practice had addressed the issues identified at the inspection in January 2016. Although we found the practice had addressed the issues around medicines management, at this inspection we found the actions implemented had not been sustained. Specifically, we found:

- Systems and processes for the management of medicines including emergency medicines were not effective.
- There was no evidence that learning from incidents in the dispensary had led to improvements in systems and processes.
- There was no evidence that fire drills were undertaken regularly.

### Safety systems and processes

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

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Reports and learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for their role, however, not all staff had received a DBS check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.). The practice told us that clinical staff would be asked to undertake chaperone duties, however, in their absence, a member

of the non-clinical staff would be asked to undertake these duties. There was not a risk assessment in place for staff who had not received a DBS check to undertake this role and the chaperone policy was not clear on how the risks associated with this task would be managed.

- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment. The practice told us that the registration of staff was checked and monitored regularly, however, this was not recorded and the practice could not demonstrate there was adequate indemnity insurance cover for staff who needed this.
- There was an effective system to manage infection prevention and control.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

### Risks to patients

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

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- There was an effective induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures. However, emergency medicines were not stored so that they were easily and quickly accessible in a medical emergency.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

### Information to deliver safe care and treatment

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

# Are services safe?

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff. There was a process for managing test results, however, there was not a clear documented policy in place.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

## Appropriate and safe use of medicines

The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, did not minimise risks because:

- Emergency medicines were not easily accessible in the event of a medical emergency. These were stored in a cupboard over three shelves. There was not a risk assessment for the emergency medicines held in stock, its storage and accessibility.
- From the emergency medicines held in stock, we found antibiotics to be administered if a patient presented with suspected Meningitis had expired in January 2018 and water used for the administering of injections had expired in June 2018. Apart from the water for injections, there was no additional stock to replace these. Another medicine in stock for the treatment and prevention of irregular heartbeat had expired in September 2018. We also found three syringes and five needles had expired in September 2018 and June 2018 respectively.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.
- Arrangements for dispensing medicines at the practice did not keep patients safe.
- The practice held controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) on the premises and these were securely stored. However, there were discrepancies between the stock and the records held by the practice. For example, the records showed that there were eight BuTrans 20 microgramme patches (a skin patch for treatment of pain of moderate intensity when an opioid is necessary for obtaining adequate pain relief) in stock, however, only four were in the Controlled Drugs cabinet. These had also expired in August 2018. The practice told us that the patient had collected the four patches but this had not been recorded. Similarly, we found two other controlled drugs which had not been accounted for and dated back to March 2017. For example, records from March 2017 showed there were five ampoules of a controlled drug in stock, however, these were not in the medicines cabinet and a balance of 60 other controlled drugs were recorded in September 2017 but these were not in the controlled drugs cabinet.
- Dispensers used a scanning system to check the medicines dispensed were correct. However, we were told by the practice that when the system flagged an error, dispensers overrode the system. They did not obtain a second member of staff to check the dispensing process following errors flagged by the system.
- Dispensing staff were not fully aware of medicines that were not suitable for inclusion in weekly or monthly blister packs.
- Dispensing errors and near misses were recorded including the actions taken. However, there was no evidence that trends had been analysed, and that learning from incidents in the dispensary had led to improvements in systems and processes.

## Track record on safety

The practice did not have a good track record on safety.

- There were comprehensive risk assessments in relation to safety issues. Staff told us they had received fire training; however, the practice could not evidence that a fire drill had been undertaken recently.
- The practice had not monitored and reviewed activities to ensure risks were understood to give a clear, accurate and current picture of safety that led to safety improvements.

## Lessons learned and improvements made

The practice did not always learn and make improvements when things went wrong. For example, there was no evidence that learning from incidents in the dispensary had led to improvements.

## Are services safe?

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were systems for reviewing and investigating when things went wrong. However, these had not always been applied consistently. For example, we saw a significant event had been discussed in a team meeting, however, the full event had not been recorded on the practice's proforma and stored in the appropriate file for significant events. The practice shared lessons, identified themes and took action to improve safety in the practice.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts. The practice was able to describe the process for receiving and acting on alerts, however, these were not recorded and monitored to ensure actions identified were completed. The GP partners told us they had oversight of alerts and ensured these were acted on.

**Please refer to the Evidence Tables for further information.**



# Are services effective?

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

## Effective needs assessment, care and treatment

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

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- The practice used their computer systems to undertake searches of patients when identifying patients on disease register or those who require regular monitoring. For example, one of the GPs undertook a review of patients with complex health needs where those patients may not be on the appropriate combination of medicines due to their health issues. This was undertaken to ensure their health needs had not changed and that the combination of medicines was still appropriate.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

### Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.
- 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.
- Monthly safeguarding meetings were held where patients at risk of abuse, including those on the palliative care register were discussed.

### People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- Adults with newly diagnosed cardiovascular disease were offered medicines to lower cholesterol and prevent further complications. People with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice was able to demonstrate how it identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension).
- The practice's performance on quality indicators for long term conditions was in line with local and national averages. We saw there were areas of high exception reporting for some long-term conditions. We discussed this with the practice and looked at 2017/18 data which was unverified and found that those patients had been reviewed appropriately.

### Families, children and young people:

- Childhood immunisation uptake rates were above the target percentage of 90% or above. The practice had exceeded this target and achieved 100% in all childhood immunisation.
- 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 78%, which was below the 80% coverage target for the national screening programme. Nurses we spoke with had received initial training as well as updates. Female sample takers were available. Nurses kept records of samples they had taken and there were systems to ensure results were obtained for the sample that had been sent.



# Are services effective?

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

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

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

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. There was a system for following up patients who failed to attend for administration of long term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice offered annual health checks to patients with a learning disability. Practice data showed that 27 out of 51 patients had received an annual health check during 2017/18.
- The practice's performance on quality indicators for mental health was above local and national averages. The practice worked closely with the community mental health nurse who held weekly clinics.

## Monitoring care and treatment

The practice had a programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.

- We reviewed exception reporting for where published data from 2016/17 showed these were higher than local and national averages. Data from the practice for the year 2017/18 which was unverified, showed an improvement in exception reporting. (Exception reporting is the removal of patients from quality indicators calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).
- The practice used information about care and treatment to make improvements.
- The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives.

## Effective staffing

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

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. There was an induction programme for new staff. This included one to one meetings, appraisals, coaching and mentoring, clinical supervision and revalidation.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.
- Dispensary staff were qualified and their competence was assessed regularly. However, they could not

# Are services effective?

demonstrate how they kept up to date. For example, staff could not demonstrate they were aware of medicines which were not suitable for inclusion in weekly or monthly blister packs.

## Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when discussing care delivery for people with long term conditions and when coordinating healthcare for care home residents. They shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for children who have relocated into the local area.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

## Helping patients to live healthier lives

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

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

## Consent to care and treatment

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

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

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

# Are services caring?

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

## **Kindness, respect and compassion**

Staff treated patients with kindness, respect and compassion.

- Feedback from patients we spoke with during the inspection was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The practice's GP patient survey results (2018) were in line with local and national averages for questions relating to kindness, respect and compassion.

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

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

- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.

- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice proactively identified carers and supported them. The practice had identified 119 patients as carers which represented approximately 3% of the practice population.
- The practice's GP patient survey results (2018) were in line with local and national averages for questions relating to involvement in decisions about care and treatment.

## **Privacy and dignity**

The practice respected patients' privacy and dignity.

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

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

# Are services responsive to people's needs?

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

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

- Records did not indicate if all actions arising from investigations had been completed.
- There was no evidence that complaints had been monitored over time, looking for trends and areas of risks that may be addressed.

## Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs.
- The practice held a daily "open surgery" between 11.30am and 12.30am where patients could access a three-minute appointment with a GP. The practice told us this enabled them to see more patients with non-complex medical issues and this gave patients the choice to assess if this type of appointment was suitable for them.
- The practice worked with other local practices and had implemented an access hub with 10 other practices in the area in order to improve patient access to primary care services. Additional GP and nurse Clinics were held during normal hours and additional appointments were also offered at one of the participating surgeries between 6.30 pm and 8.00 pm on weekdays and on Saturday mornings. Patients registered with any GP practice within the Forest of Dean were able to book an appointment at these extra clinics.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice provided effective care coordination for patients who are more vulnerable or who have complex needs. They supported them to access services both within and outside the practice.

- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

We rated this population group as requires improvement, however, there was good practice.

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GPs accommodated home visits for those who had difficulties getting to the practice.

People with long-term conditions:

We rated this population group as requires improvement, however, there was good practice.

- 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 rated this population group as requires improvement, however, there was good practice.

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

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

We rated this population group as requires improvement, however, there was good practice.

# Are services responsive to people's needs?

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours on Monday evenings.

People whose circumstances make them vulnerable:

We rated this population group as requires improvement, however, there was good practice.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.

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

We rated this population group as requires improvement, however, there was good practice.

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice held GP led dedicated mental health and dementia clinics. Patients who failed to attend were proactively followed up by a phone call from a GP. They worked closely with the community Mental Health Nurse who also held weekly clinics at the practice.

## Timely access to care and treatment

Patients 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.
- Patients reported that the appointment system was easy to use.
- The practice's GP patient survey results (2018) were above local and national averages for questions relating to access to care and treatment.

## Listening and learning from concerns and complaints

The practice took complaints and concerns seriously, however, records did not show if complaints or concerns have been fully addressed and responded.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. There was no evidence the practice learned lessons from individual concerns and complaints and also from analysis of trends.
- Verbal complaints were recorded and we saw the practice invited patients to meet with the practice to discuss complaints. However, the records did not indicate if all actions resulting from those meetings were completed.

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

# Are services well-led?

## We rated the practice as requires improvement for providing a well-led service.

The practice was rated as requires improvement for well-led because:

- The governance arrangements had not ensured systems and processes were effective to keep patients safe.

### Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care. However, leaders told us they had experienced several challenges over the last two years which had impacted on staff retention and resulted in staff shortages for a period of time.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. For example, they had recruited additional nursing staff with experience in minor illness who was due to start on the day following the inspection. The practice told us their expertise will assist the GPs with workload.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had processes to develop leadership capacity and skills, including planning for the future leadership of the practice. However, systems and processes such as those relating to medicines management needed to be reviewed to ensure they were sustainable for the provision of safe services to patients.

### Vision and strategy

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

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities. They worked with local practices to assess and understand local priorities, and tailored services to meet the needs of the local population. For example, the practice worked within a cluster of local practice to offer extended hours to patients.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social care priorities across the region. The practice planned its services to meet the needs of the practice population.

- The practice monitored progress against delivery of the strategy.

### Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. The practice manager told us staff received regular annual appraisals. Staff we spoke with had joined the practice less than 12 months ago and told us they were due their appraisal in the next two months and that they had received a three months review following their appointment in the practice. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

### Governance arrangements

- Most arrangements were in the process of being either implemented or embedded to ensure clear responsibilities, roles and systems of accountability to support good governance and management. Structures, processes and systems to support good governance and management were not clearly set out, understood and effective.
- The overarching governance framework had not ensured that systems and processes were operating



# Are services well-led?

effectively to ensure the safe and effective management of medicines, risks were assessed and managed effectively in the dispensary, regular fire drills were undertaken, policies were personalised to the practice, complaints were managed effectively and that learning from incidents had led to improvements in the dispensary.

- The governance and management of partnerships, joint working arrangements and shared services promoted co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice leaders had not established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

## Managing risks, issues and performance

There was no clarity around processes for managing risks, issues and performance.

- There was not an effective process to identify, understand, monitor and address all current and future risks including risks to patient safety.
- Practice leaders had oversight of safety alerts, incidents, and complaints. However, safety alerts were not recorded and the process for managing incidents were not always applied consistently.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was evidence of action to change practice to improve quality.
- There was a business continuity plan in place, however this had not been reviewed since 2016. There was no evidence that staff had been trained in preparation for major incident. However, one of the GP described how they ensured business continuity during adverse weather conditions in early 2018.
- The practice considered and understood the impact on the quality of care of service changes or developments.

## Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.

- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses such as monitoring the practice's financial performance and implementing practice specific policies.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required with the exception of Controlled Drugs where discrepancies had not been reported to the Controlled Drugs Accountable Officer for the local area.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

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

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. There was an active patient participation group (PPG). However, the PPG did not feel the practice shared enough information with them. For example, they told us the practice did not inform them of staff changes. They did not feel that the complaint system was operated with openness and transparency.

## Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement. A dedicated member of staff reviewed staff training matrix and reminded staff to complete outstanding training.
- Staff knew about improvement methods and had the skills to use them.



## Are services well-led?

- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements in the practice. However, there was no evidence that learning from incidents in the dispensary had led to improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

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

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or in	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>How the regulation was not being met:</b></p> <p><b>The overarching governance framework had not ensured that systems and processes were operating effectively to ensure good governance. This is in respect of:</b></p> <ul style="list-style-type: none"><li>• Systems and processes for the safe management of medicines had not been reviewed and actions had not been taken to ensure these were operating effectively.</li><li>• Policies were not fully personalised for the practice.</li><li>• There were shortfalls in the management of health and safety in the practice. For example, the business continuity plan had not been reviewed and there was no evidence that fire drills had been undertaken.</li><li>• There was a lack of oversight to ensure staff who required indemnity insurance had this in place.</li><li>• Systems and processes for the management of complaints and significant events did not operate effectively.</li></ul>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints</p> <p><b>How the regulation was not being met:</b></p> <ul style="list-style-type: none"><li>• Records did not indicate if all actions arising from investigations had been completed.</li><li>• There was no evidence that complaints had been monitored over time, looking for trends and areas of risks that may be addressed.</li></ul>

This section is primarily information for the provider

## Enforcement actions

### Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these. We took enforcement action because the quality of healthcare required significant improvement.

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>A section 29 Warning Notice has served to the provider.</b></p> <p><b>How the regulation was not being met:</b></p> <ul style="list-style-type: none"><li>• Emergency medicines were not easily accessible in the case of an emergency.</li><li>• There were medicines and equipment used for the administration of medicines which had passed their expiry date.</li><li>• There was no evidence that a fire drill had been undertaken recently.</li><li>• There were discrepancies between records and stock of Controlled Drugs.</li><li>• There was no evidence that learning from incidents in the dispensary has led to improvements.</li><li>• The practice could not demonstrate that nurses had the appropriate indemnity insurance in place.</li></ul>