

# The Valkyrie Surgery

## Quality Report

50 Valkyrie Road Westcliff-on-Sea Essex SS0 8BU

Tel: 01702221622

Website: [www.valkyriesurgery.nhs.uk](http://www.valkyriesurgery.nhs.uk)

Date of inspection visit: 6 March 2018

Date of publication: 23/04/2018

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?

Requires improvement



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

## Contents

### Summary of this inspection

Overall summary	2
The six population groups and what we found	4

### Detailed findings from this inspection

Our inspection team	5
Background to The Valkyrie Surgery	5
Detailed findings	6
Action we have told the provider to take	18

## Overall summary

### Letter from the Chief Inspector of General Practice

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

The key questions are rated as:

Are services safe? – Requires Improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Requires Improvement

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

Older People – Requires Improvement

People with long-term conditions – Requires Improvement

Families, children and young people – Requires Improvement

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

People whose circumstances may make them vulnerable – Requires Improvement

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

We carried out an announced inspection at The Valkyrie Surgery on 7 March 2018 as part of our routine inspection programme.

At this inspection we found:

- The practice had some systems to manage risk so that safety incidents were less likely to happen.
- Although significant events were identified and some actions taken to avoid repetition, there was little evidence of learning being disseminated.
- Complaints were handled appropriately however it was not always clear to see what actions had been taken to avoid repetition, and there was limited evidence of shared learning from these.
- Processes for monitoring patients prescribed high risk medicines were satisfactory.
- Several of the medicines expected to be kept by the practice in case of a medical emergency were not kept and there was no risk assessment completed to explain their absence.
- Although there was a system in place to deal with patient and medicine safety alerts, there was no clear ownership of the clinical alerts and therefore there was limited assurance that actions had been taken.

# Summary of findings

- There were systems in place to keep adults and children safeguarded from abuse, however staff found it difficult to easily access the contact details for referring on concerns relating to vulnerable adults.
- Equipment was calibrated and tested appropriately.
- There were infection control processes in place, although some staff did not know who the lead was for infection control. There was no check lists to show that ear irrigation equipment had been cleaned between uses.
- Care and treatment was delivered according to evidence- based guidelines.
- Published clinical performance data for the year 2016-2017 showed the practice performance was lower than the local and national average in several clinical areas.
- Unverified clinical performance data for the last performance year to date showed that the practice had made improvements with the majority of its clinical performance.
- The staff files we reviewed showed that the majority of staff had received appraisals and support, however the practice manager had not received an appraisal since 2016.
- The practice demonstrated strong multi-disciplinary working and a good awareness of its patients with the most complex needs.
- The practice was aware of its patient populations need and the staffing diversity reflected the diversity of the patients. Staff spoke a variety of different languages and were able to advise each other on cultural differences.
- 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.

- Staff felt supported and able to raise concerns. Both staff and patients we spoke to felt that if they raised concerns they would be listened to.
- There was a strong focus on continuous learning 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
- 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:

- Ensure all staff receive appraisals necessary to support them to carry out their duties.
- Ensure staff have ready access to the contacts for referring on concerns relating to vulnerable adults.
- Inform all staff of the relevant clinical leads and their deputies when any staffing changes are made. Ensure policies are kept up to date and read by staff.
- Implement a system for recording the cleaning of ear irrigation equipment.
- Review systems relating to cervical screening to improve the uptake of this screening.
- Continue to review and improve the systems relating to performance for patients with diabetes. Review levels of exception reporting.
- Monitor and improve patient satisfaction in relation to nurse consultations and access to the practice by telephone.

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

# Summary of findings

## The six population groups and what we found

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

<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> 

# The Valkyrie Surgery

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

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

### Background to The Valkyrie Surgery

The provider for this service is Dr Chisnell. The practice is based in Westcliff-on-sea, and provides general medical services to the local population. There are approximately 31 care homes with patients registered with this practice. The practice website is: <http://www.valkyriesurgery.nhs.uk>

The Valkyrie Surgery has a patient list size of around 16,755. The patient population it serves has slightly high levels of deprivation that the Clinical Commissioning Group (CCG) and England average. Income deprivation affecting older people is also slightly higher than the local and England average.

# Are services safe?

## Our findings

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

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

- The systems relating to the assessment and stocking of emergency medicines were not sufficient.
- Learning from significant events was lacking.
- Staff lacked awareness of where to find the contacts for referring on concerns relating to vulnerable adults.
- Whilst patient safety and medicine alerts were received and disseminated to clinical staff there was no clear clinical ownership for what action was required as a result of the alert.

### Safety systems and processes

The practice had some systems to keep patients safe and safeguarded from abuse however, these required strengthening.

- The practice had a suite of safety policies including adult and child safeguarding policies. Some staff were unaware of where to find the policy and contact numbers for when they had concerns regarding vulnerable adults. The review dates on some policies were inconsistent with when they had been altered electronically, and others were out of date for review. Staff received safety information for the practice as part of their induction training. Policies were accessible to all staff, including locums on a shared drive. During and immediately following our inspection the practice manager reviewed and updated the policies and procedures.
- There was a system to highlight vulnerable patients on records.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns for children but not for vulnerable adults. Not all staff were aware of whom the safeguarding clinical lead was.

- Staff who acted as chaperones were trained for the role and had received a DBS check.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (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).
- There was a system to manage infection prevention and control. However not all staff were aware of whom the infection control lead was.
- There were systems for safely managing healthcare waste.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions.
- Staff told us that ear irrigation equipment was cleaned, but no records were kept to evidence this.

### Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed. There was an effective approach to managing staff absences and for responding to epidemics, sickness, holidays and busy periods.
- 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.
- 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?

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. There was a documented approach to the management of test results.
- Referral letters included all of the necessary information.

## Safe and appropriate use of medicines

The practice had systems for the handling of medicines; however those relating to the stocking of emergency medicines were not reliable.

- The systems for managing and storing medicines, including vaccines, medical gases, and emergency equipment minimised risks. However, the practice had not carried out an appropriate risk assessment to identify what emergency medicines that it should stock. In addition, the list of emergency medicines identified on the storage box did not reflect the contents of the emergency medicines box.
- The practice kept prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and 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. They had employed a pharmacist to work for them to review their prescribing and assist with medicines reviews.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.
- The practice data for antibacterial prescribing was comparable with the Clinical Commissioning Group (CCG) and England average although slightly higher than Public Health England aim.

- The practice data for antibiotic items prescribed that are Co-Amoxiclav, Cephalosporins or Quinolones was comparable with the Clinical Commissioning Group (CCG) and national average although outside of optimal prescribing targets.

## Track record on safety

The practice had a good safety record.

- There were risk assessments in relation to most safety issues (Risk assessments related to emergency medicines has been discussed in the section above).
- The practice was mostly aware of its activity. This helped it to understand most risks and gave a clear and current picture that led to safety improvements in those areas.

## Lessons learned and improvements made

The practice could not evidence learning and in some cases improvements when things went wrong.

- There was a system and policy for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong.
- The practice agenda for clinical meeting and other meetings had significant incidents as an agenda item however we could only find two clinical meeting minutes for the last 12 months. Although some investigation summaries stated action taken to improve safety in the practice, other incidents had recommendations for what actions were required but no evidence that this had been completed.
- There was a system for receiving and acting on patient and medicine safety alerts, however there was no consistent clinical ownership for action to be taken beyond sharing the alert. There was limited evidence of actions taken in response to alerts.

# Are services effective?

(for example, treatment is effective)

## Our findings

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

### 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 needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- Prescribing data from the period July 2016 to June 2017 showed that the practice was comparable with the Clinical Commission Group (CCG) and England average for prescribing of antibiotic and antibacterial items. The levels of prescribing were still slightly above the Public Health England (PHE) aim. For example, the percentage of antibiotic items prescribed that were Co-Amoxiclav, Cephalosporins or Quinolones was 12% compared with the CCG average of 11% and the national average of 9%. PHE advises practices to aim for prescribing of below 10%. The practice showed us unverified data that their prescribing figures indicated a downward trend from 12% in January 2018 to 10% in December 2018.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff were able to use translation tools provided by online search engines to aid in explaining care and treatment.
- 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.
- 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.
- Those patients aged 70 and over were invited for a shingles vaccine.

#### People with long-term conditions:

- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- Patients with long-term condition had received 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.
- The practice quality and outcomes framework (QOF) performance for patients with diabetes was lower than the CCG and national average for several indicators.
- The percentage of patients with diabetes, on the register, whose last blood pressure reading without certain target levels was 53% compared with the CCG average of 73% and the national average of 78%.
- The percentage of patients with diabetes, on the register, whose last cholesterol reading was within a specific range, was 66% compared with the CCG average of 74% and the national average of 80%.
- The practice performance for patients with hypertension was lower than the CCG and England average for one indicator. For example, the percentage of patients with hypertension in whom the last blood pressure reading was within a specific range was 73% compared with the CCG average of 79% and the national average of 83%.
- The practice performance for patients with Chronic Obstructive Airways Disease (COPD) was lower than the CCG and national average for one indicator. For example, the percentage of patients with COPD who had a review using a specific measuring assessment was 66% compared with the CCG average of 88% and the national average of 90%.
- We spoke with the practice about the below average data for patients with long term conditions. They accepted that data was below the CCG and national averages they told us they were aware that it required improving. The practice showed us unverified data that evidenced an improvement in the majority of areas of lower performance, with significant improvement in the COPD indicator.



# Are services effective?

## (for example, treatment is effective)

- We viewed anonymised patient records for some patients with diabetes and found that blood pressure recordings were shown as abnormal but there was no follow up documented in the record. This was discussed with staff who told us that due to the large clinical team, which includes trainees, tracking this could be challenging.

### Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates, for the period 2016 to 2017, for the vaccines given met the target percentage of 90% or above. The practice told us that there are challenges with children who have moved to this country as history of immunisations can be incomplete or require checking prior to vaccinating the child.
- 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 67%, which was in line with CCG and national average but below the 80% coverage target for the national screening programme. The practice told us that they have a variety of checks and systems for recalls of patients. Staff told us that there are some challenges with patients who have received health care in other countries, which UK systems do not have records of.
- The practices' uptake for breast and bowel cancer screening was in line with the national average.
- 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.

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

This population group was requires improvement for effective because the evidence that made the practice requires improvement overall also affect this population group.

- 72% of patients diagnosed with dementia had their care reviewed in a face-to-face meeting in the previous 12 months. This was comparable to the CCG average of 80% and lower than the national average of 84%.
- 95% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This is comparable with the CCG of 86% and the national average of 90%.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example, the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption was 97%, compared with the CCG average of 88% and the national average of 91%.

### Monitoring care and treatment

The practice had a programme of quality improvement activity. There were two members of administrative staff dedicated to dealing with quality improvement.

The most recent published Quality Outcome Framework (QOF) results, for the period 2016 to 2017, were 91% of the total number of points available compared with the clinical commissioning group (CCG) average of 93% and national average of 96%. The overall exception reporting rate was 17% compared with the CCG average of 8% and the national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

- The practice exception reporting for the majority of clinical domains and some specific indicators within clinical domains was higher than the CCG and England average. We spoke with the practice about this and they seemed unaware that their exception reporting was higher than average and could offer no explanation.

# Are services effective?

## (for example, treatment is effective)

- The practice was actively involved in quality improvement activity. For example, clinicians carried out audits relating to clinical outcomes, and medicines interactions. 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. For example, 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. This included an induction process, appraisals, coaching and mentoring, clinical supervision and support for revalidation. However, we found that although the practice manager had access to informal support and as required as felt supported they had not had an appraisal since 2016.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

### Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when

they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.

- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

### Helping patients to live healthier lives

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

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- The percentage of patients who were a new cancer case referred using the urgent two-week wait referral pathway was comparable to other practices.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

### Consent to care and treatment

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

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

# Are services caring?

## Our findings

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

### Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- All of the four patient Care Quality Commission comment cards we received were positive about the service experienced.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. 322 surveys were sent out and 106 were returned. This represented a response rate of 33%. The practice was in line with average for its satisfaction scores on consultations with GPs and nurses. For example:

- 92% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 96% of patients who responded said they had confidence and trust in the last GP they saw compared with the CCG average of 94% and the national average of 95%.
- 90% of patients who responded said the last GP they spoke to was good at treating them with care and concern compared with the CCG average of 83% and the national average of 85%.
- 92% of patients who responded said the nurse was good at listening to them compared with the CCG average of 93% and the national average of 91%.
- 90% of patients who responded said the last nurse they spoke to was good at treating them with care and concern compared with the CCG average of 92% and the national average of 91%.

### Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care:

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them.
- 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 patients who were carers, through the new patient registration form and from asking when they attended the practice. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 194 patients as carers (just over 1% of the practice list).

- Staff told us that carers were offered an annual influenza (flu) vaccination, and were offered annual health checks and access to a carer's forum.
- Staff told us that if families of patients with complex needs had experienced bereavement, their usual GP contacted them and by give them advice on how to find a support service. In addition, there was a member of administrative staff could offer immediate support as a listening ear.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment with regards to consultations with GPs. Patients responded less positively about their experience with nursing staff. Results were in line with local and national averages for GP scores and below for one nursing indicator:

- 86% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 84% and the national average of 86%.
- 77% of patients who responded said the last GP they saw was good at involving them in decisions about their care compared with the CCG average of 78% and the national average of 82%.

## Are services caring?

- 92% of patients who responded said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 92% and the national average of 90%.
- 75% of patients who responded said the last nurse they saw was good at involving them in decisions about their care compared with the CCG average of 87% and the national average of 85%.

The practice was aware of this data and had informed us that there had been a change of nursing staff since the previous survey and that they felt this change of staffing would have a positive impact on patient experience.

### **Privacy and dignity**

The practice respected patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- Conversations with receptionists could not be overheard by patients in the waiting room.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

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

### 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. For example, they offered extended opening hours, online services such as repeat prescription requests and advanced booking of appointments.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. For example, where patients had a visual impairment, staff physically assisted them to access different areas of the practice. For patients with a hearing impairment, staff notified clinical staff for them to collect the patient from the waiting area without calling out. Text messages were also used for those patients with a hearing impairment.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

#### Older people:

- All patients had a named GP who supported them in whatever setting they lived, 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 GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.
- The practice had employed a practice nurse to solely deal with their care home patients and to provide a home visiting service.

#### People with long-term conditions:

This population group was rated good for responsive because:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met.
- For those patients who had received a review 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 other health professionals to discuss and manage the needs of patients with complex medical issues.

#### Families, children and young people:

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

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, they offered extended opening hours.
- Telephone GP consultations were available, which supported patients who were unable to attend the practice during normal working hours.

#### People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- For those patients with no fixed abode the practice let them register using the practice address.
- The practice told us that they had a community of travellers who returned annually. When patients from this group attended the GP practice they tried to complete any necessary reviews.
- The practice told us that they had a large amount of patients from Eastern Europe who attended the practice with medical information in their native language, these patients experienced a slight delay in treatment whilst the medical records were verified.

# Are services responsive to people's needs?

## (for example, to feedback?)

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- Reception staff had the autonomy to book a triple appointment for patients with mental health needs if they required it.
- Wherever possible staff told us that patients would see the same named GP in order for patients to build a rapport with clinical staff and to provide consistency.
- Reception staff had received dementia friends training.

### Timely access to care and treatment

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

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

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages for most questions but lower for satisfaction with accessing the practice by telephone.

- 80% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 79% and the national average of 80%.

- 47% of patients who responded said they could get through easily to the practice by phone compared with the CCG average of 62% and the national average of 71%.
- 72% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 71% and the national average of 75%.
- 66% of patients who responded described their experience of making an appointment as good compared with the CCG average of 70% and the national average of 73%.

The practice told us that they had reviewed and made changes to staffing structures and telephone access. Patients were able to book appointments in person from 8am, by phone or online (for prebookable).

### Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately. There was limited evidence on how these were used to improve the quality of care.

- 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. Seventeen complaints were received in the last year. We reviewed three complaints in detail and found that they were satisfactorily handled in a timely way. However, where the complaint was upheld although an apology was given there was a lack of information what the practice had done to ensure that outcomes were improved.
- There was limited evidence of lessons learned being disseminated although the structure was in place for this to take place. It was not always evident what action had been taken to improve the provision of care.



# Are services well-led?

Requires improvement 

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

## Our findings

**We rated the practice and all of the population groups as requires improvement for providing a well-led service.**

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

- Although the culture was open, staff were supported and both staff and patients felt able to raise concerns and be confident these would be looked into; some of the systems relating to safety and to improving outcomes and care for patients required strengthening.
- Clinical staff given a clinical lead area or those deputising did not have sufficient oversight of performance.
- We acknowledge that the practice had registered over 2000 new patients, from practices closing in the area, and this had caused them additional workload. This impact will require regular review.
- Although there were systems in place for governance, some of these needed review as they were not effective.

### Leadership capacity and capability

Leaders had the skills to deliver high quality, sustainable care, however planned and unplanned pressures on the practice had a negative effect on the leaders' capacity to deliver high quality care.

- Leaders had the experience and integrity to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were working to address them. However, due to several factors, including a rapid influx of new patients from planned and unplanned local GP practice closures, the practice was put under pressure and this affected their ability to provide a high level of care.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

### Vision and strategy

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

- There was a vision and set of values. The practice had a strategy to achieve their priorities and was aware of challenges to achieving this.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.
- We did not see evidence that the practice monitored progress against delivery of the strategy.

### Culture

The practice had an open, supportive culture.

- Staff stated they felt respected, supported and valued.
- 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. However, there was limited evidence of the provider sharing what actions would be taken to avoid repetition of the incident. 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. Most staff had received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. We found examples of staff progressing through different roles within the practice.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There were positive relationships between staff and teams.

### Governance arrangements

Although the structures were in place there were often not clear responsibilities, roles and systems of accountability that are required to support good governance and management.

# Are services well-led?

Requires improvement 

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

- Structures, processes and systems to support good governance and management were set out and mostly understood but not always effective.
- The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control. However, some staff were unable to locate key contact details or lacked awareness of who had clinical leadership in certain areas.
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended, however it was unclear whether these had been updated or not. In some cases it was evident that they required review due to staffing changes.

## Managing risks, issues and performance

There were some clear and effective processes for managing risks, issues and performance, however others required review.

- There were some processes to identify, understand, monitor and address current and future risks including risks to patient safety, but these were not comprehensive.
- The practice had some processes to manage current and future performance however these were not always effective. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions.
- Practice leaders had oversight of incidents, and complaints, however systems related to using these to improve patient outcomes, required review to ensure they were effective.
- Systems relating to handling of patient and medicines alerts also required reviewing and strengthening.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

## Appropriate and accurate information

The practice did not have strong systems to ensure that they had appropriate and accurate information.

- It was not clear whether all quality and operational information was used to ensure and improve performance. There was evidence that some information was used to improve performance but this was not consistent across all areas.
- Quality and sustainability were discussed in relevant meetings but it was not clear if staff had sufficient access to this 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 some plans to address any identified weaknesses, however further progress was required.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were 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.
- The service was transparent, collaborative and open with stakeholders about performance.

## Continuous improvement and innovation

There was some evidence of systems and processes for learning and continuous improvement, but this could do with improving.

- There was a focus on continuous learning and improvement at all levels within the practice.
- Staff knew about improvement methods and had the skills to use them.



# Are services well-led?

Requires improvement



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

- The practice did not have sufficient evidence of how they made use of internal and external reviews of incidents and complaints. This meant that it was not possible to verify if learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>Good Governance: Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</b></p> <p><b>How the regulation was not being met</b></p> <p>The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:</p> <ul style="list-style-type: none"><li>• The system for responding to patient safety and medicine alerts was not effective.</li><li>• The learning from significant events and complaints was not being routinely shared with staff to avoid reoccurrence.</li></ul> <p>Regulation 17(1)</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>Regulation 12(1) HSCA (RA) Regulations 2014:</b></p> <p><b>Safe care and treatment: Care and treatment must be provided in a safe way for service users</b></p> <p><b>How the regulation was not being met:</b></p> <p>Assessments of the risks to the health and safety of service users of receiving care or treatment were not effective.</p>

This section is primarily information for the provider

## Requirement notices

In particular: There was no risk assessment to determine which emergency medicines the practice needed to have on the premises. Medicines identified by the practice to be stored for emergencies were missing from the container holding them.

Regulation 12 (1)