

# Dr Kieran Pressley

## Quality Report

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

## Ratings

### Overall rating for this service

Requires improvement



Are services safe?

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

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## Overall summary

### Letter from the Chief Inspector of General Practice

**This practice is rated as Requires Improvement overall.** (Previous inspection 19 May 2015 – Good)

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 rating for safe and well-led is requires improvement. The concerns which led to these ratings apply to everyone using the practice, including all the population groups.

Older People – Requires Improvement

People with long-term conditions – Requires Improvement

Families, children and young people – Requires Improvement

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

People whose circumstances may make them vulnerable – Requires Improvement

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

We carried out an announced comprehensive inspection at Dr Kieran Pressley, known as Totley Rise Medical Centre on 12 December 2017 as part of our inspection programme.

At this inspection we found:

- The practice had not completed a legionella risk assessment to manage, mitigate and monitor the risk of legionella.
- No environmental risk assessments had been completed of systems or premises.
- The fire risk assessment had not been reviewed since July 2016. Actions identified on the last fire risk assessment had not been completed. For example, there had been no fire drills completed and staff had not received fire safety training updates.
- Safety alerts were disseminated but there was no record of what actions had been taken as a result.
- Staff had administered immunisations without a patient specific direction (PSD) from a prescriber.
- There was no record of actions taken from the infection prevention and control (IPC) audit completed in 2015. We observed the same cleaning equipment was used for cleaning all areas in the premises

# Summary of findings

including clinical areas increasing the risk of cross infection and cleaning equipment was not colour coded as recommended in the National Patient Safety Agency specifications for cleanliness in the NHS for primary care medical premises. Sharps bins were not labelled appropriately in two of the three consulting rooms seen as outlined in the Health Technical Memorandum 07-01- safe management of healthcare waste.

- The provider ensured that care and treatment was delivered according to evidence-based guidelines and most staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment. However, some staff had not received or were overdue fire safety and IPC training.
- 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.
- The governance arrangements did not always operate effectively as there was a lack of monitoring and oversight of processes and systems to manage safety

in the practice effectively. There was a leadership structure in place and staff told us they felt respected, supported and valued. They felt part of a team and were proud to work at the practice.

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.

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

- Ensure all staff receive an appraisal as part of the appraisal process.
- Consider keeping a record of all staff meetings.
- Review staff training in infection control and fire safety.
- Record in the patient record what follow up activity has been completed for children who have not attended hospital appointments.

**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>	

# Dr Kieran Pressley

## 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.

## Background to Dr Kieran Pressley

Dr Kieran Pressley is the registered provider who delivers regulated activities from Totley Rise Medical Centre which is located at 96 Baslow Road, Sheffield, S17 4DQ. The practice accepts patients from Totley and the surrounding area.

The practice website is: [www.totleyrisemedicalcentre.co.uk](http://www.totleyrisemedicalcentre.co.uk)

Public Health England data shows the practice population is similar to others in the CCG area with a slightly higher

than average number of patients aged over 50 years old compared to the England average. The practice catchment area has been identified as one of the least deprived areas nationally.

The practice provides general medical services (GMS) under a contract with NHS England for 3395 patients in the NHS Sheffield Clinical Commissioning Group (CCG) area. It also offers a range of enhanced services such as minor surgery and childhood vaccination and immunisations.

Totley Rise Medical Centre has one male GP, two female GPs, one practice nurse, one healthcare assistant, a practice manager and an experienced team of reception and administration staff.

The practice is open and offers appointments between 8am and 6pm Monday to Friday with the exception of Thursday afternoon when the practice closes at 1pm. When the practice is closed between 6pm and 8am patients are automatically diverted to the out of hours service in Sheffield when they telephone the practice number.

# Are services safe?

## Our findings

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

The practice was rated as requires improvement for providing safe services because there were areas that required improvement with regard to health and safety risk assessment, infection prevention and control (IPC) systems and gaps in some medicine management processes.

### Safety systems and processes

The practice had systems in place to keep patients safeguarded from abuse although there were areas that required improvement with regard to health and safety risk assessments and infection, prevention and control (IPC).

- The practice had limited health and safety risk assessments in place. The practice had not completed a risk assessment of the premises to manage, mitigate and monitor the risk of legionella. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings) and there were no environmental risk assessments completed. The fire risk assessment had been completed in July 2016. The practice had completed some of the actions identified in this risk assessment. For example, additional smoke detectors had been fitted. However, there were other areas identified that had not been actioned. For example, a fire drill had not been carried out every six months and staff had not received annual fire safety training. The practice manager confirmed staff had received instruction on fire evacuation at the time the risk assessment was completed and staff we spoke with were aware of the evacuation procedure. There was no record the fire risk assessment had been reviewed since implementation in 2016. Regular fire alarm maintenance checks were not carried out to ensure the system was working inbetween the annual service. Fire extinguishers had been serviced in September 2016. Staff told us a date for this to be completed was currently being arranged.
- The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an 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).
- All staff received up-to-date safeguarding training appropriate to their role. They knew how to identify and report concerns. Both nursing and some reception staff acted as chaperones and all had received a DBS check. Although not all staff had received specific chaperone training the practice manager told us they had received in-house instruction and staff we spoke with could explain their responsibilities when undertaking this role.
- We observed the premises to be clean and tidy. There was an infection control protocol in place and the practice nurse was the infection prevention and control (IPC) clinical lead who had received up to date training. Reception staff had not received IPC training updates in the past two years. However, staff we spoke with had a good understanding of infection control procedures including handling of specimens and had access to handwashing facilities and personal protective equipment including disposable gloves. Sharps bins were available and appropriately located in the three clinical rooms we reviewed although we observed two of these to not be labelled. There were cleaning schedules in place. However, we did not see evidence of cleaning monitoring sheets to confirm what cleaning had taken place and when although the practice manager confirmed she monitored this regularly. We observed the same cleaning equipment was used for cleaning all areas, including clinical areas. An infection control audit had been completed in 2015. The practice manager told us the audit was regularly reviewed with the practice nurse although there was no record of what actions had been taken as a result.
- The practice ensured that equipment was maintained according to manufacturers' instructions. Portable Appliance Tests (PAT) and calibration of equipment

# Are services safe?

where required, for example, blood pressure devices were completed in April 2016. However, a date was booked for these to be completed on 19 December 2017.

## Risks to patients

There were 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 induction system for temporary staff tailored to their role.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis.
- 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.

- 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.
- Referral letters included all of the necessary information.

## Safe and appropriate use of medicines

The practice had some systems for appropriate and safe handling of medicines although there were some shortfalls identified.

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. 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. Patient Group Directions had been adopted by the practice to

allow nurses to administer medicines in line with legislation. The Health Care Assistant was trained to administer vaccines and medicines against a patient specific prescription or direction (PSD) from a prescriber. We observed PSDs were obtained for patients being seen on an individual basis but there was no record of an instruction from a prescriber to administer vaccines to patients attending bulk clinics.

- The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.

## Track record on safety

The process for monitoring safety records required review:

- There were limited risk assessments in relation to safety issues.
- There were shortfalls in monitoring processes. There were some informal processes with no clear documentation of what actions had been taken to enable the practice to understand and mitigate risks.

## Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and 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 learned and shared lessons, identified themes and took action to improve safety in the practice. For example, training and systems for dealing with medical emergencies had been reviewed following three separate incidents within the practice that required urgent action.
- There was a system for receiving and disseminating safety alerts. Staff we spoke with were able to give examples of recent alerts. However, there was no monitoring log or record of what action had been taken as a result.



## Are services safe?



# Are services effective?

(for example, treatment is effective)

## Our findings

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

### Effective needs assessment, care and treatment

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. Clinicians we spoke with were up to date with current evidence-based practice although there was no system for sharing, discussing and recording these within the clinical team.

- Patients' 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.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

#### Older people:

- Patients aged over 75 years could access health checks which were supported by an appropriate care plan. The practice promoted voluntary services and hosted a community support worker who would advise and signpost patients to services. For example, information on housing and social care or support to join local social activities.
- The practice followed up on older patients discharged from hospital. It ensured that their prescriptions were updated to reflect any extra or changed needs.

#### People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. The practice had set up a recall system to coincide with the patient's birthday to assist them in remembering when it was due. 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.

#### Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in line with the target percentage of 90% or above.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. All newly pregnant women were offered an appointment with a GP.

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

- The practice's uptake for cervical screening was 81%, which was in line with the 80% coverage target for the national screening programme.
- 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. The practice had recently started to refer patients to a locally commissioned service for NHS checks for patients aged 40-74.

#### 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 those with a learning disability.
- The practice provided visits to a local care home for younger patients with chronic conditions.

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

- 82% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This is comparable to the national average of 84%.
- 100% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This is above 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

# Are services effective?

## (for example, treatment is effective)

patients experiencing poor mental health who had received discussion and advice about alcohol consumption was 100% (CCG and national average 91%).

### Monitoring care and treatment

The practice had a programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. For example, a clinical audit had been completed to ensure all patients on a specific rheumatology medication had had their medication reviewed and had received the appropriate annual monitoring tests.

The most recent published Quality Outcome Framework (QOF) results were 95.5% of the total number of points available which was the same as the national average and 1.6% above the clinical commissioning group (CCG) average. The overall clinical exception report rating was 7.8% which was 1.6% below the CCG average and 2.2% below the national average (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 was involved in quality improvement activity. For example the practice participated in the local quality improvement scheme to review appropriate prescribing in line with the Sheffield forumulary, including appropriate antibiotic prescribing. Where appropriate, clinicians took part in local and national improvement initiatives. For example, the local initiative to improve outcomes for patients with diabetes where the practice had worked with the diabetic specialist nurses to implement audit tools, protocols and provision of training to improve the standard of diabetic care.

### 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 training to meet them. However, some staff had not received fire safety and IPC training updates. Up to date records of skills, qualifications and training were maintained.
- The practice provided staff with ongoing support. This included an induction process, appraisals, mentoring, clinical supervision and support for revalidation. All staff had received an appraisal in the last 12 months except for the practice nurse who had not received an appraisal in the last two years. The induction process for healthcare assistants included the requirements of the Care Certificate. The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.

### 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.
- 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.

# Are services effective?

(for example, treatment is effective)

- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns.

## 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 area to discuss their needs.
- All of the 41 patient Care Quality Commission comment cards we received were positive about the service experienced. This is in line with the results of the NHS Friends and Family Test and other feedback received by the practice.
- During the inspection we observed staff to be helpful and show kindness to patients who required assistance. For example, a clinician greeted an elderly patient and personally escorted her to and from the consulting room.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. 216 surveys were sent out and 128 were returned. This represented 3.9% of the practice population. The practice was mostly above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 93% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 93% of patients who responded said the GP gave them enough time; CCG - 87%; national average - 86%.
- 96% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 96%; national average - 95%.
- 86% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG - 86%; national average - 86%.

- 96% of patients who responded said the nurse was good at listening to them; CCG - 92%; national average - 91%.
- 98% of patients who responded said the nurse gave them enough time; CCG - 93%; national average - 92%.
- 97% of patients who responded said they had confidence and trust in the last nurse they saw; CCG - 98%; national average - 97%.
- 97% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 91%; national average - 91%.
- 93% of patients who responded said they found the receptionists at the practice helpful; CCG - 87%; national average - 87%.

### Involvement in decisions about care and treatment

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

- Interpretation services were available for patients who did not have English as a first language.
- Staff communicated with patients in a way that they could understand.
- 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 identified patients who were carers when they presented to the practice with the patient or as part of their own consultation. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 52 patients as carers (1.5% of the practice list).

- Staff told us patients who required support would be referred to support services, including the community support worker who could assist in signposting carers to local support groups.
- Staff told us that if families had experienced bereavement, their usual GP may contact them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

## Are services caring?

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. Results were above local and national averages:

- 93% 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 87% and the national average of 86%.
- 88% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 82%; national average - 82%.

- 94% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 90%; national average - 90%.
- 86% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 85%; national average - 85%.

### Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

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

### Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs. (For example, 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, home visits were offered to patients who had clinical needs which resulted in difficulty attending 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:

- 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 practice hosted a community support worker who would advise and signpost patients to services. For example, information on housing and social care or support to join local social activities to aid isolation.

#### People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. The practice had implemented a birthday recall so patients would be reminded their review was due.
- The practice had access to the local district nursing team to discuss and manage the needs of patients with complex medical issues.

#### Families, children and young people:

- All parents or guardians calling with concerns about a child under the age of 16 were offered a same day appointment when necessary through the GP triage system.
- 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 not attended their hospital appointment. However, this activity was not recorded in the patient record.

#### 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, patients could access online services to book an appointment.
- The practice offered weekend and evening appointments at one of the four satellite clinics in Sheffield, in partnership with other practices in the area.
- Telephone consultations were available with a GP 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 and those with a learning disability.
- Staff told us patients who had been identified as vulnerable were offered a double appointment to ensure they had the time in their appointment to discuss their needs.
- The practice provided medical care to patients who resided in a local care home for younger patients who have chronic conditions.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia. For example, staff told us they proactively telephoned patients who had failed to attend an appointment to rebook them.
- The practice hosted Improving Access to Psychological Therapies Programme (IAPT), a counselling service to support patients' needs.

# Are services responsive to people's needs?

(for example, to feedback?)

## Timely access to the service

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

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

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was above local and national averages. This was supported by observations on the day of inspection and completed comment cards. 216 surveys were sent out and 128 were returned. This represented about 3.9% of the practice population.

- 87% of patients who responded said they could get through easily to the practice by phone; CCG – 69%; national average - 71%.
- 90% 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; CCG - 82%; national average - 84%.
- 91% of patients who responded said their last appointment was convenient; CCG - 79%; national average - 81%.

- 83% of patients who responded described their experience of making an appointment as good; CCG - 70%; national average - 73%.
- 67% of patients who responded said they don't normally have to wait too long to be seen; CCG - 56%; national average - 58%.
- 72% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group CCG average of 74% and the national average of 76%.

## Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available in the practice leaflet. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. One complaint was received in the last year which had been satisfactorily handled in a timely way.
- There was no learning to be ascertained from the complaint received. However, the practice manager told us complaints would be shared with staff for learning and improvement. The practice kept a book of compliments received from patients which was shared with staff.



# 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 systems to manage, monitor and mitigate risks to the health and safety of service users receiving care and treatment required improvement.

### Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders had the experience, capacity and skills to deliver the practice strategy. However, there was a shortfall with regard to oversight and monitoring of health and safety risk assessments, infection prevention and control procedures and the practice did not have an effective system for managing patient specific directives for staff administering vaccinations.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. Staff told us the practice did not hold regular formal staff meetings but they felt informed and upto date with any changes through informal discussion or memorandums. Clinical meetings had stopped for a period of time but had recommenced in the previous two weeks and the GPs met informally on a daily basis. There were no minutes of meetings or discussions maintained.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

### Vision and strategy

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

- There was a clear vision and set of values and the practice had a realistic strategy to achieve priorities.
- Staff we spoke with 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 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.
- 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 staff with the development they needed. This included appraisal and career development conversations. All staff had received regular annual appraisals in the last year with the exception of the practice nurse whose appraisal was overdue. Staff were supported to meet the requirements of professional revalidation where necessary. There were some gaps in training identified with regard to IPC and fire safety.
- The practice promoted equality and diversity. Staff had access to the practice equality and diversity policy.
- There were positive relationships between staff and teams.

### Governance arrangements

The governance arrangements did not always operate effectively.

- There was a lack of monitoring and oversight of processes and systems to manage safety in the practice effectively. Practice leaders had established some policies, procedures and activities to ensure safety. However, some actions identified on risk assessments had not been completed or monitored and environmental risks had not been assessed.
- The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.



# Are services well-led?

Requires improvement 

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

- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.

## Managing risks, issues and performance

There were processes for managing issues and performance. However, these were not always effective with regard to health and safety risk assessments, IPC and some areas of medicines management.

- There were gaps in identifying, monitoring and addressing current and future risks including risks to patient safety. For example, fire, legionella and IPC.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. However, there was a shortfall with regard to a lack of patient specific directions to support healthcare assistant staff administering vaccinations. Practice leaders had oversight of incidents, and complaints and were aware of medicines alerts although there was no log of what action had been taken as a result of them.
- 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.

## Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.

- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust 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 range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.
- The practice did not have an active patient participation group. Staff told us attempts to start one had been unsuccessful. However, the practice manager told us there was a plan to complete a patient survey and the NHS Friends and Family survey was also used to gain patient views.
- The service was transparent, collaborative and open with stakeholders about performance.

## Continuous improvement and innovation

There were systems and processes for learning and continuous improvement.

- There was a focus on continuous learning and improvement at all levels within the practice. For example, the practice was due to commence using the electronic prescribing system to send prescriptions direct to a pharmacy.
- Leaders and managers encouraged staff 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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Family planning services	Care and treatment must be provided in a safe way for service users
Maternity and midwifery services	<b>How the regulation was not being met</b>
Surgical procedures	Assessments of the risks to the health and safety of service users receiving care or treatment were not being carried out. In particular:
Treatment of disease, disorder or injury	<ul style="list-style-type: none"><li>• The practice had not completed a legionella risk assessment to manage, mitigate and monitor the risk of legionella.</li><li>• No environmental risk assessments had been completed of systems or premises.</li></ul>
	<b>The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:</b>
	<ul style="list-style-type: none"><li>• The fire risk assessment had not been reviewed since July 2016. Actions identified on the last fire risk assessment had not been completed. For example, there had been no fire drills carried out and staff had not received annual fire safety update training.</li></ul>
	<b>There was no proper and safe management of medicines. In particular:</b>
	<ul style="list-style-type: none"><li>• Staff had administered immunisations without a patient specific direction from a prescriber.</li><li>• Safety alerts were disseminated but there was no record of what actions had been taken as a result.</li></ul>
	<b>There was no assessment of the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated. In particular:</b>
	<ul style="list-style-type: none"><li>• There was no record of actions taken from the infection prevention and control audit completed in 2015.</li></ul>

## Requirement notices

- The same cleaning equipment was used for cleaning all areas in the premises including clinical areas increasing the risk of cross infection and cleaning equipment was not colour coded as recommended in the National Patient Safety Agency specifications for cleanliness in the NHS for primary care medical premises.
- Sharps bins were not labelled appropriately in two of the three consulting rooms seen as outlined in the Health Technical Memorandum 07-01- safe management of healthcare waste.

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