

Swanlow Medical Centre

Inspection report

Dene Drive Primary Care Centre
Winsford
Cheshire
CW7 1AT

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

Ratings

Overall rating for this location

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Overall summary

This practice is rated as Good overall. (Previous rating June 2015 – Good)

The key questions at this inspection are rated as:

Are services safe? – Requires Improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Swanlow Medical Centre on 20 November 2018 as part of our inspection programme.

At this inspection we found:

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- There were shortfalls in the required information to demonstrate staff were suitable for employment. The practice was not able to show all clinical staff had completed fire safety and infection control training.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- The most recent results from the GP national patient survey (August 2018) showed patient satisfaction with the service. Feedback was overall in line with local and national averages.
- The practice monitored patient access to services. It had a range of appointment options available for patients which included extended hours.
- The practice organised and delivered services to meet the needs of patients.
- There was a system in place for investigating and responding to patient feedback including complaints.

- There was a focus on continuous learning and improvement at all levels of the organisation.
- The practice engaged with local community organisations and charities to support patients.

We saw one area of outstanding practice:

- One of the GPs had worked closely with the local hospital and had just completed a 12-month pilot in a community heart failure clinic. They had worked to expand this to one clinic for each care community across the locality. This had significant benefits for the heart failure patients at this practice who could be treated locally, in a timely manner, adhering to the latest NICE quality standards for chronic heart failure. This also supported other clinicians to develop their cardiology skills to deliver improved care for all patients.

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

- Ensure specified information is available regarding each person employed.
- Demonstrate that all staff have received training in fire safety and infection control suitable for their role.

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

- Review the safeguarding procedures to provide guidance for staff on female genital mutilation (FGM), modern slavery and Prevent.
- Document the safety measures in place to promote the safe storage and use of oxygen and the measures in place to promote the security of the premises.
- Complete cleaning schedules for rooms and equipment and record observations of the cleaning standards provided by the external cleaning company.
- A copy of the annual review of complaints should be kept at the practice to show that complaints are reviewed to identify patterns and trends.
- Formalise the system for reviewing the practice of clinical staff to ensure consultations, referrals and prescribing are appropriate.

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

Population group ratings

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

Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector. The team included a second CQC inspector and a GP specialist adviser.

Background to Swanlow Medical Centre

Swanlow Medical Centre is located in Winsford, Cheshire. The practice website address is www.swanlowmedicalcentre.co.uk. The practice is part of NHS Vale Royal Clinical Commissioning Group (CCG) and has a General Medical Services (GMS) contract. The practice is located in a purpose-built facility, which it shares with other GP practices and community health services. The practice is based in a more economically deprived area when compared to other practices nationally.

At this practice there are currently four GP partners and two salaried GPs. There are two advanced nurse practitioners, one practice nurse and a health care assistant. There is one nurse on long term absence from the practice and the practice has experienced difficulty recruiting to nursing posts following two practice nurses leaving their employment. Locum nursing staff are utilised to cover shortfalls in staffing. Clinicians are supported by a practice manager (who is also a partner) and reception and administration staff. The practice is a training practice for GP registrars.

Swanlow Medical Centre is registered with the Care Quality Commission to carry out the following regulated activities:

Diagnostic and screening procedures,

Family planning,

Maternity and midwifery services,

Surgical procedures,

Treatment of disease, disorder or injury.

The practice provides a service to approximately 10,297 patients. The practice is open 7am to 8pm Monday and Tuesday, 7am to 6.30pm Wednesday and Thursday, 8am to 6.30pm on Friday and from 8am to 12pm alternate Saturdays. Extended hours services are also available to patients through two community hub services and a paediatric appointment service is available to patients from five Winsford GP practices from 3pm to 6pm Monday to Friday. Patients are directed to telephone 111 for GP services outside of normal operating hours with some out of hours appointments being available in the same building as the practice.

Are services safe?

We rated the practice as requires improvement for providing safe services.

This was because there were shortfalls in the required information to demonstrate staff were suitable for employment and because the practice was not able to show all clinical staff had completed fire safety and infection control training.

Safety systems and processes

Overall, the practice had systems to keep people safe and safeguarded from abuse.

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. Staff received safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff had access to written policies and procedures for safeguarding vulnerable adults and children however the procedures had not been updated with information on modern slavery and Prevent (support to people at risk of joining extremist groups and carrying out terrorist activities). The practice manager allocated this task to an appropriate member of staff to complete on the day of the inspection. Training records showed training in these areas was available for staff. A number had completed this and there was a plan in place for all staff to undertake this.
- Staff who acted as chaperones were trained for their role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, discrimination and breaches of their dignity and respect.
- We looked at two recruitment records for staff employed since the last inspection and for a locum GP. A risk assessment was in place when the practice had made a decision not to carry out a DBS check on non-clinical staff. This was signed by the manager but not staff to indicate their awareness of it. Staff spoken with were fully aware that they could not act as chaperones without a DBS check. The practice manager advised that a copy of the assessment would be provided to all relevant staff. The practice manager reported that they assessed a candidate's physical and mental suitability

for employment, however they had not recorded this. A template to ensure this information is recorded for future employees was available. At the last inspection we reported that the provider should demonstrate these checks are carried out. Proof of identity had been obtained to apply for NHS identity cards and DBS checks but was not retained in the recruitment records.

- The last infection control audit was undertaken by the Infection Prevention and Control Team from the Clinical Commissioning Group (CCG). The practice's overall score was 94%. An action plan was completed to demonstrate the action taken to address the issues identified. The lead nurse for infection control was currently absent from her employment. A newly recruited practice nurse had been designated as infection control lead in the interim. They had not yet had the opportunity to attend meetings with the infection prevention and control team, however the practice manager was addressing this. The training records showed this member of staff and four other clinical staff had no recorded date of when infection control training was completed. We were informed this had been completed in the past. A cleaning protocol and log for rooms and equipment were not in place for clinicians to follow and complete. There was not a system for the practice to monitor the cleaning standards provided by the external cleaning company. A recording template to address this was developed following the inspection.
- The practice had arrangements to ensure that equipment was safe and in good working order. There were arrangements in place for ensuring the premises were secure however a risk assessment had not been recorded. The practice manager told us that they had safety measures in place for the safe storage and use of oxygen. This was not recorded in a risk assessment. Overall staff had completed annual fire safety training. The training records showed there was no recorded date of when four clinical staff had completed fire safety training. We were informed this had been completed in the past. The three practice managers at the premises were the designated fire marshalls for the building.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

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

Are services safe?

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- The practice manager told us that there was an induction 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.

- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

Appropriate and safe use of medicines

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

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks. One type of medication that could be used in an emergency was not held on site and a recorded risk assessment was not in place to demonstrate why. Following the inspection, the provider confirmed that this medication had been obtained for use in an emergency.
- Staff prescribed and administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.

- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in reviews of their medicines.
- The practice monitored prescribing to ensure this was safe and effective. For example, the lead GP for medicines management was currently working on reducing the prescribing of opioids as the practice was a higher prescriber of this medication when compared to other practices locally.

Track record on safety

- The practice monitored and reviewed safety using information from a range of sources.
- There was a system for receiving and acting on safety alerts.

Lessons learned and improvements made

The practice made improvements when things went wrong. The systems in place to share learning had been identified as needing improvements.

- 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.
- Learning from significant events was shared with the practice team at protected learning time meetings and GP partner meetings. The practice had identified that improvements were needed to the frequency of meetings to assist communication across the practice and a schedule for meetings to occur more frequently had been put in place.
- The practice manager informed us that where any changes to practice were needed as a result of an investigation into a complaint or significant event an email was sent to all staff to ensure these changes were made.

Please refer to the evidence tables for further information.

Are services effective?

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 and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- The practice provided the Gold Standard Care Home Scheme for patients. This scheme improved collaboration between GP and other health care services, reduced hospital admissions and improved quality of care in the final stages of life. The practice told us that all their patients in a care home had a care plan which included their wishes for long term and end of life care. The care plans were reviewed on a regular basis by a GP or an advanced nurse practitioner. This scheme had been running for over seven years and the provider told us it had significantly reduced their hospital admission rates.
- As part of the Gold Standard Care Home Scheme the practice mentored senior staff at the care home to provide advice on best clinical pathways and support to reduce admissions to hospital including visits to accident and emergency. A weekly ward round was provided which involved shared learning, assessing high risk patients and ensuring care plans were up to date.
- The practice promoted the Red Bag Scheme amongst its care home patients. The bag was used to store personal items such as glasses, hearing aids and mobile telephones as well as important medication and specifically produced patient notes. The bag followed the patient to hospital and was updated by the hospital discharge team for return to the care home.

- Older patients who were 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.

People with long-term conditions:

- Patients with a long-term condition were offered an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs. The practice offered early week day and alternate Saturday appointments and had a dedicated nurse administrator who coordinated appointments for patients with long term conditions to reduce recalls, provide longer appointments and review all conditions at the same time. The practice offered appointments of 50 minutes to accommodate these holistic long-term condition reviews.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.
- Adults with newly diagnosed cardiovascular disease were offered statins for secondary prevention. People with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice was able to demonstrate how it identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension)
- The practice's performance on quality indicators for long term conditions was overall in line with local and national averages. Exception reporting for asthma and COPD reviews was higher than local and national averages. This had been as a result of a shortfall in practice nurse appointments. The practice had a plan in place to address this.

Families, children and young people:

- Childhood immunisation uptake rates were overall in line with the target percentage of 90% or above. The

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practice was taking action to ensure that the 90% target was reached for all immunisations by offering opportunistic screening and flexible appointment times. The practice provided weekly clinics for children's immunisations and mother and baby 6 weekly checks and coordinated these clinics on the same day for the convenience of their patients.

- 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 69%, which was comparable to the CCG and national average but below the 80% coverage target for the national screening programme. The practice had experienced a decrease in practice nurse availability over the last 12 months as a result of absence and practice nurses leaving their employment. The practice had experienced difficulty recruiting to these posts. At the time of the inspection the practice had one permanent practice nurse and was in the process of recruiting a further practice nurse. Since April 2018 the practice had ensured sufficient locum practice nursing staff were available. To increase coverage of cervical screening more practice nurse appointments early morning and on a Saturday morning had been introduced, opportunistic screening, alerts were placed on patient records and the importance of this screening was publicised at the practice.
- The practice's 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:

- The practice held meetings and communicated with health and social care professionals to ensure that end of life care was delivered in a coordinated way which considered the needs of those whose circumstances may make them vulnerable.
- The practice offered annual health checks to patients with a learning disability.

- Alerts were placed on the records of patients who needed additional support, for example, if they were unable to read or needed an interpreter service. Patients were asked at registration if they needed additional support to use the service.

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

- The practice maintained a register of patients who experienced poor mental health. The register supported clinical staff to offer patients experiencing poor mental health, including dementia, an annual health check and a medication review.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. Over the past 12 months the practice had undertaken searches of referrals and medication and opportunistically screened patients for dementia. The provider told us this had significantly increased the number of patients with dementia. An advanced nurse practitioner visited patients at home, where appropriate, to develop a care plan. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice's performance on quality indicators for mental health were overall in line with local and national averages. The percentage of patients diagnosed with dementia whose care plan has been reviewed in the preceding 12 months was below local and national averages. The practice manager told us that a reduction in practice nursing staff had impacted on the availability of other clinicians to carry out these assessments. The practice had a plan in place to address this.

Monitoring care and treatment

The practice reviewed the effectiveness and appropriateness of the care provided. Where appropriate, clinicians took part in local and national improvement initiatives.

- The practice used information about care and treatment to make improvements.
- The practice had completed clinical audits to evaluate the operation of the service and the care and treatment given.
- Where appropriate, clinicians took part in local and national improvement initiatives. One of the GP partners

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was also the lead for cancer and end of life care at the Clinical Commissioning Group (CCG). Together with the Action on Cancer team they had recently won an award for the most improved outcomes of patients affected by cancer. They had also been nominated for a local CCG award in recognition of their work on cancer.

- The practice was keen to consider new initiatives instigated by the CCG. For example, they were a pilot site for the Macmillan Toolkit which provided an up to date electronic health record that could be shared across organisations in the last weeks of a patients' life.
- The practice used the Quality and Outcomes Framework (QOF) and other performance indicators to measure their performance. As already indicated the quality outcome indicators for dementia reviews in the preceding 12 months were lower than local and national averages and exception reporting for asthma and COPD reviews was higher than local and national averages. This had been as a result of staffing shortfalls. The practice had a plan in place to address this.

Effective staffing

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

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- The practice nurse had completed immunisation training but had not updated this training in the last 12 months. The practice manager and nurse described how they had kept themselves up to date with any changes. An immunisation update course was booked for February 2019.
- The practice had experienced shortfalls with the number of practice nurses available. To address this they had used locum practice nurses. The practice manager told us how they ensured they were up to date with their specific training for this role and we saw a sample of records that showed confirmation of this was obtained from the locum agency.
- Overall, the practice understood the learning needs of staff and there was access to training to meet these needs. The practice was not able to show all clinical staff had completed fire safety and infection control training.

- Staff were encouraged and given opportunities to develop. The practice provided staff with ongoing support. This included one to one meetings, appraisals, coaching and mentoring, clinical supervision and revalidation.
- The practice manager told us there was a clear approach for supporting and managing staff when their performance was poor or variable.
- The provider told us that they monitored the consultations, referrals and prescribing of locum and salaried clinicians. A record of these checks was not recorded.

Coordinating care and treatment

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

- The clinicians told us how the practice shared clear and accurate information with relevant professionals when discussing care delivery for people with long term conditions and when coordinating healthcare for care home residents. They shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for children.
- Clinicians told us how 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 held regular meetings with the local community nursing teams to discuss and manage the needs of patients with complex medical issues.

Helping patients to live healthier lives

Staff were 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 own health, for example through social prescribing schemes.
- Staff discussed changes to care or treatment with patients and their carers as necessary.

Are services effective?

- 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 told us how they supported patients to make decisions. Where appropriate, they told us they assessed and recorded a patient's mental capacity to make a decision.

Please refer to the evidence tables for further information.

Are services caring?

We rated the practice as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The practice's GP patient survey results were in line with local and national averages for questions relating to kindness, respect and compassion. They were above average for the percentage of patients who stated that the last time they had an appointment, the healthcare professional was good or very good at listening to them (practice 99%, CCG average 88%, national average 89%).

Involvement in decisions about care and treatment

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

- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials could be made available.
- Staff helped patients and their carers find further information and access community and advocacy services.
- The practice proactively identified carers and supported them.
- The practice's GP patient survey results were in line with local and national averages for questions relating to involvement in decisions about care and treatment.

Privacy and dignity

The practice respected patients' privacy and dignity.

- When patients wanted to discuss sensitive issues or appeared distressed reception staff offered them a private room to discuss their needs.
- Staff recognised the importance of treating patients with dignity and respect.

Please refer to the evidence tables for further information.

Are services responsive to people's needs?

We rated the practice, and all of the population groups, as 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 of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs.
- A range of appointments were available to meet the needs of patients which included appointments outside normal working hours.
- Telephone consultations were available which supported patients who were unable to attend the practice.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice provided effective care coordination for patients who were more vulnerable or who had complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- 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.
- Referrals were made to support services to assist older patients such as Age UK. The practice had written to all patients identified as at risk of having a fall to advise them they could self-refer to Age UK who worked in conjunction with Brightlife (part of the lottery funded Better Ageing Programme). This service visited patients at home to advise how to reduce the risk of falls and how to exercise to maintain posture and balance.

People with long-term conditions:

- Patients with a long-term condition were offered an annual review to check their health and medicines

needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.

- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.
- An advanced nurse practitioner carried out most home visits for acute and chronic conditions three days per week (GPs did the other two days). The advanced nurse practitioner was allocated five home visits per day which allowed time for a holistic review of patients' needs to be carried out and to involve other services as needed such as social care and housing. The provider reported that home visit requests had decreased in the three years this service had been provided.

Families, children and young people:

- The provider told us 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.
- The practice had recently started working with four local practices to provide a daily acute under 11 service for patients. The practices provided these clinics on a rota basis and they were run from 3pm – 6pm. Patients from any of the five practices could use this service and a data sharing agreement was in place to support this. An advanced nurse practitioner provided this service to patients. The provider told us that they were monitoring patient feedback regarding this service with a view to continuing it if feedback was positive.
- Contraceptive advice, support and treatments were provided. Patients needing sexual health services were sign posted to a clinic which operated at the premises on a weekly basis.

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

Are services responsive to people's needs?

continuity of care. Appointments and prescriptions could be managed on-line, telephone consultations and longer appointments were offered. Extended hours services were also provided.

- The practice publicised self-care and directed patients with minor ailments to a pharmacy.
- A physiotherapy service was based at the practice which also provided appointments on Saturdays and some weekdays. The practice provided a phlebotomy service from 7am Monday to Thursday.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which considered 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 referred patients to appropriate services such as drug and alcohol support, domestic abuse services, counselling services and to services for support with finances and employment issues.

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

- Reception staff were aware of patients that needed additional support due to poor mental health and offered longer or urgent appointments as needed.
- The practice told us how they worked with external mental health professionals in the case management of people experiencing poor mental health, including those with dementia. There were clear pathways to refer patients who may need urgent support.
- Referrals were made to support services to assist patients experiencing poor mental health. For example, the practice referred patients aged 50 or above to Brightlife (part of the lottery funded Better Ageing Programme) which provided support, exercise, days out, social groups/clubs and a variety of other activities. The provider told us how beneficial this service had been for enhancing patients' lives and reducing unnecessary access to primary care services. Brightlife sent regular updates to the practice so the provider could be assured that the patients were being appropriately supported and engaging with the service. One of the GPs was on the governing board of Brightlife. Referrals were also made to Alternative Solutions which provided a similar service to Brightlife but for patients aged 18 and over.

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.
- The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone was in line with local but lower than national averages. A new telephone system had been installed at the practice in September 2018. The message played to patients telephoning the practice directed them to possible alternative services and the best time to contact the practice.
- The practice monitored the appointment system to ensure it was meeting the needs of patients. A range of appointments were offered, including extended hours appointments. The practice was involved in initiatives with other local practices to provide further extended hours services and to provide an acute service to children under 11 from 3pm – 6pm Monday – Friday.
- As part of the review of the appointment system the practice provided a significant number of 15-minute appointments to ensure there was sufficient time to review the health of patients who required this additional time

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. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints. It acted as a result to improve the quality of care.
- An annual review of complaints to identify patterns and trends had been submitted to the CCG but a copy had not been retained.

Are services responsive to people's needs?

- Please refer to the evidence tables for further information.

Are services well-led?

We rated the practice as good for providing a well-led service.

Leadership capacity and capability

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

- Leaders 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.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

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

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social care priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

Culture

Overall, the practice had a culture of quality sustainable care.

- Staff stated they felt respected, supported and valued.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.

- Overall, there were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. The provider was not able to demonstrate that all clinicians had attended fire safety and infection control training.
- The practice promoted equality and diversity. The majority of staff had received equality and diversity training and a plan was in place to ensure the remaining staff completed this. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

Overall, there were clear responsibilities, roles and systems of accountability to support good governance and management.

- There were shortfalls in the required information to demonstrate staff were suitable for employment. The practice was not able to show all clinical staff had completed fire safety and infection control training.
- Overall, staff were clear on their roles and accountabilities. A plan was in place for the infection control lead to attend meetings with the local infection prevention and control team.
- Practice leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- The practice had educational meetings for clinicians. If a clinician was unable to attend the minutes, pathways or knowledge was added to the intranet for review. The practice had also aligned morning surgery so all clinicians had a break at 10am which allowed them to get together to share information, discuss referrals, prescribing or seek advice and support. Monthly protected learning time meetings took place to which all staff were invited. It had been identified that specific meetings for the nursing team needed to be planned and formalised.

Managing risks, issues and performance

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

Are services well-led?

- The practice had processes to manage current and future performance. Practice leaders had oversight of safety alerts, incidents, and complaints.
- 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 for major incidents.
- The practice considered and understood the impact on the quality of care of service changes or developments.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to monitor performance. The practice monitored how it performed in relation to local and national practice performance. There were plans to address any identified weaknesses.
- Quality and sustainability were discussed in relevant meetings.
- The practice used information technology systems to monitor and improve the quality of care.
- The provider informed us that they submitted data or notifications to external organisations as required.
- The practice manager told us that there were arrangements in place for data security standards to be maintained that promoted 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 good-quality sustainable services.

- The views and concerns of patients', staff and external partners were encouraged and acted on to shape services and culture. For example, the practice gathered feedback from staff through staff meetings and informal discussion. The practice had a system for the management of complaints. A patient survey had been undertaken in the last 12 months to gauge patient satisfaction.
- Staff told us how the service worked with stakeholders to improve performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. The practice had identified that role specific meetings for the nursing team needed to be formalised and planned in advance to ensure these occurred on a regular basis.

Please refer to the evidence tables for further information.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing
The provider was not able to demonstrate that all staff had received training in fire safety and infection control suitable for their role.

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed
The system for the recruitment of staff had not ensured that satisfactory information about any physical or mental health condition which was relevant to the person's capability, after reasonable adjustments were made, to properly perform tasks intrinsic to their employment had been recorded.
Evidence of identity had not been retained on the records of two staff employed at the service.