

Woolton House Medical Centre

Quality Report

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

Ratings

Overall rating for this service

Good



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?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as Good overall. (Previous inspection October 2014 – 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? – Good

We carried out an announced comprehensive inspection at Woolton House Medical Centre 9 May 2018. This inspection was carried out under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

At this inspection we found:

- 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.
- The practice had systems to safeguard children and vulnerable adults from abuse. However, we could not verify the level of safeguarding training for clinical staff and the children's safeguarding policy had not been updated.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order. However, a planned preventative maintenance program was not in place.
- The practice routinely reviewed the effectiveness and appropriateness of the care provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the open access appointment system easy to use and reported that they were able to access care when they needed it.

Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- Staff worked well together as a team, knew their patients well and all felt supported to carry out their roles.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.
- The practice had an active Patient Participation Group (PPG) who worked closely with staff to monitor and develop services.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.
- Review the storage of medical records for patients to ensure they are protected against the risk of accidental loss, including corruption, damage or destruction.

We saw areas of outstanding practice:

- The practice continued to proactively identify patients aged over 75 years who were socially isolated and lonely. Patients were then referred to a local social event, supported by the practice and the local charity set up by the lead GP named Woolton Community Life.

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

- Ensure patients are protected from abuse and improper treatment

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

- Review the maintenance plans and arrangements at the practice and undertake repairs where building work has deteriorated. Systems should be put into place to ensure that all checks, such as an electrical wiring, are monitored to ensure they do not go out of date.
- Review the access restrictions for disabled patients at the entrance to the practice.
- Review the systems in place for ensuring all
- Review the training for staff with responsibility for specimen handling and storage.
- Review the arrangements in place for Health Care Assistants (HCA) staff who are delivering vaccination programmes, to ensure that they operate with a written patient specific directions (PSD) at all times.
- Review the system in place for monitoring and reviewing policies and procedures.
- Review the information held for all patient complaints to ensure a full and accurate audit trail of events is maintained.
- Review the arrangements for the storage of past medical records for patients.
- Review and develop a staff training matrix so that the practice can demonstrate how they are assured of all staff competence.

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

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

Summary of findings

Areas for improvement

Action the service **MUST** take to improve

- Ensure patients are protected from abuse and improper treatment

Action the service **SHOULD** take to improve

- Review the maintenance plans and arrangements at the practice and undertake repairs where building work has deteriorated. Systems should be put into place to ensure that all checks, such as an electrical wiring, are monitored to ensure they do not go out of date.
- Review the access restrictions for disabled patients at the entrance to the practice.
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- Review the arrangements in place for Health Care Assistants (HCA) staff who are delivering vaccination programmes, to ensure that they operate with a written patient specific directions (PSD) at all times.
- Review the system in place for monitoring and reviewing policies and procedures.
- Review the information held for all patient complaints to ensure a full and accurate audit trail of events is maintained.
- Review the arrangements for the storage of past medical records for patients.
- Review and develop a staff training matrix so that the practice can demonstrate how they are assured of all staff competence.

Outstanding practice

- The practice continued to proactively identify patients aged over 75 years who were socially

isolated and lonely. Patients were then referred to a local social event, supported by the practice and the local charity set up by the lead GP named Woolton Community Life.

Woolton House Medical Centre

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 Woolton House Medical Centre

Woolton House Medical Centre is registered with the Care Quality Commission to provide primary care services. It provides GP services for approximately 9342 patients living in Woolton area of Liverpool. The practice is situated in a grade two listed building; it has two floors with lift access for patients. The practice has six GP partners, four female and two male. They also have a number of salaried GPs and they take GP trainees. The practice has a practice manager, office manager, administration staff and practice nursing team. Woolton House Medical Centre holds a General Medical Services (GMS) contract with NHS England.

The practice is part of Liverpool Clinical Commissioning Group (CCG) and is situated in an area of low deprivation. Unemployment is significantly lower than the city rate

(4.7% compared to 7.2%) and 7.1% of the population are long term sick or disabled. The practice has a high population of older people with 30% being over 60 years and 17% being over 70 years.

The practice is open Monday – Friday 8am to 6.30pm and –until 8pm on Tuesday evenings with the phone lines opening for appointments starting at 8am. Patients can book appointments in person, via the telephone or online. The practice provides telephone consultations, pre-bookable consultations, urgent consultations and home visits. The practice treats patients of all ages and provides a range of primary medical services.

The practice does not provide out of hours services. When the surgery is closed patients are directed to the local out of hour's service provider (Unplanned Care 24), local NHS walk in centres and NHS 111 for help.

The practice provides family planning, surgical procedures, maternity and midwifery services, treatment of disease, disorder or injury and diagnostic and screening procedures as their regulated activities.

Are services safe?

Our findings

We rated the practice as good for providing safe services.

Safety systems and processes

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

- The practice had systems to safeguard children and vulnerable adults from abuse, however the safeguarding policy for children had not been updated. All staff received up-to-date safeguarding and safety training appropriate to their role, however, we were unable to verify if the level of training for GPs was appropriate to their role during the inspection. Staff we spoke with knew how to identify and report concerns. Reports and learning from safeguarding incidents were available to staff.
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out Staff who acted as chaperones were trained for their role and had received a DBS check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- There was a system to manage infection prevention and control. We observed that overall the premises were clean and tidy but there had been a leak in the practice nurse room ceiling and this had not been maintained at the time of inspection. We were told that healthcare workers decontaminate their hands immediately before and after every episode of direct contact or care. Equipment was decontaminated between use between patients. The service had up to date infection prevention and control (IPC) policies in place. A recent external IPC audit had been undertaken at the practice with positive results. swab
- The practice had arrangements to ensure facilities and equipment were safe and in good working order however, a planned preventative maintenance program was not in place.

- The premise was an old building and some work had been undertaken to update some areas. At the time of inspection there had been a leak to the ceiling of one of the consulting rooms and arrangements were in place to repair this.
- We found the practice maintenance of equipment
- Arrangements for managing waste kept people safe. However, during the inspection we observed that a number of specimens had been left by accident in a fridge that was not in use and these had not been sent onto the pathology lab for testing for a number of days. This was discussed by the provider at the time of inspection. Immediate actions were taken and a significant event analysis was to be completed.

Risks to patients

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

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics. Arrangements were made to provide additional appointments with GPs when necessary.
- There was an effective induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Reception staff had access to policies in relation to patient medical emergencies. 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.
- In March 2017 the practice undertook an external Health and Safety and Fire risk assessment. A number of areas were identified as high risk which meant they required prompt actions. Actions had been taken for these issues.

Information to deliver safe care and treatment

Are services safe?

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

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- There was a documented approach to managing test results and we saw results were dealt with in a timely way.
- 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. Daily meetings took place to ensure all referrals made were appropriate.

Appropriate and safe use of medicines

The practice had some but not full systems for appropriate and safe handling of medicines and a part time pharmacist was employed by the practice to support staff.

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.

- During inspection we observed that Health Care Assistants (HCA) were delivering vaccination programmes but this was undertaken without written patient specific directions (PSD). A PSD is a written instruction to staff to administer a medicine to a list of named patients where each patient on the list has been individually assessed by that prescriber. The provider confirmed that this would be introduced as a matter of urgency after the inspection.

Track record on safety

- There were comprehensive risk assessments in relation to most safety issues.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture of safety that led to safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- 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. We saw evidence that the practice had taken action as a result of incidents that had benefited other local practices and led to safer services.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

Please refer to the Evidence Tables for further information.

Are services effective?

(for example, treatment is effective)

Our findings

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

(Please note: Any Quality Outcomes (QOF) data relates to 2016/17. QOF is a system intended to improve the quality of general practice and reward good practice. Although this data is related to the previous provider, systems and staffing have remained largely the same.)

Effective needs assessment, care and treatment

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

- All clinical staff had easy and immediate access to both written and online best practice guidance.
- 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 used appropriate tools to assess the level of pain in patients.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- The practice had a higher than average number of elderly in the population. 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. Those identified as being frail had a clinical review including a review of medication.
- The practices proactively identified patients aged over 75 years who were socially isolated and lonely. Patients were then referred to a local social event, supported by the practice and the local charity set up by the lead GP named Woolton Community Life.

- The practice offered a health check to patients aged over 75 where indicated. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.
- The practice followed up on older patients discharged from hospital. It ensured their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice had arrangements for adults with newly diagnosed cardiovascular disease including the offer of high-intensity statins (recommended medicines) for secondary prevention, people with suspected hypertension (high blood pressure) were offered ambulatory blood pressure monitoring and patients with atrial fibrillation (a heart condition) were assessed for stroke risk and treated as appropriate.
- The practice was able to demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- The practice had recently introduced a new traffic light system for all diabetic patients. This included a more robust call and recall system, an audit of complex patients and a close look at why diabetic patients might not be attending the practice for support, advice and treatment. The practice took steps to work closely as a team to review diabetic registers, they introduced a

Are services effective?

(for example, treatment is effective)

simple traffic light system to identify complex patients, and flow charts were introduced to enable staff to target those patients in most need of support. Immediate results were showing positive outcomes for patients, a re-audit was planned in the future.

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. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- 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 in line with other practices locally for the target set by 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 including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable. Weekly Gold Standard Meetings took place with a multi-disciplinary team to monitor patient care.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.

- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

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

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. There was a system for following up patients who failed to attend for administration of long term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- The practice reviewed the care of patients
- Patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in their medical records and reviewed each year.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice offered annual health checks to patients with a learning disability.

Monitoring care and treatment

The practice did not have a structured programme of quality improvement activity but there was evidence of some measures to review the effectiveness and appropriateness of the care provided through clinical and procedural audit. The practice used information about care and treatment to make improvements. For example, the practice had undertaken audits for anti-biotic prescribing, minor operations, joint injections and asthma treatments. There was evidence that these reviews had resulted in improvements to treatment and services and the results were shared with all clinicians at the practice. Where appropriate, clinicians took part in local and national

Are services effective?

(for example, treatment is effective)

improvement initiatives. The practice had entered into a quality contract with the clinical commissioning group (CCG) which covered many areas of local service delivery. As part of this contract, they regularly reviewed and reported on areas of patient care and treatment, for example those patients with atrial fibrillation and hypertension. This included reviewing clinical protocols, the treatment provided and the effects of this treatment.

Effective staffing

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

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

Coordinating care and treatment

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

- We saw records that showed all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for

people with long term conditions and when coordinating healthcare for care home residents. They shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for children who had relocated into the local area.

- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured 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 own health, for example through social prescribing schemes. The practice had also introduced a dedicated patient self-monitoring room. It allowed patients to measure their blood pressure, weight and height as well as report their smoking and alcohol status. The practice offered blood pressure monitors to patients with high blood pressure so they could record levels at home, and offered smoking and alcohol advice when appropriate.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and tackling obesity.

Consent to care and treatment

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

Are services effective?

(for example, treatment is effective)

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

Please refer to the Evidence Tables for further information.

Are services caring?

Our findings

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.
- Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice had high scores for its satisfaction scores on consultations with GPs and nurses.
- All but one of the 21 patient Care Quality Commission comment cards we received were positive about the service experienced at the practice.
- Feedback from patients was positive about the way staff treated people. We saw and heard many patient comments related to good and compassionate staff behaviour.
- Staff understood patients' personal, cultural, social and religious needs.
- Because the practice was small and staff turnover was low, staff had developed good knowledge of patient personal circumstances. We were given many examples of where patients had been treated in an understanding and compassionate way.
- The practice gave patients timely support and information.

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 they are given) and staff had trained in this standard.

- Staff communicated with people in a way they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers to find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- 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 in line with local and national averages.
- Patient feedback to us showed that GPs and nurses involved patients in discussions about treatment and services offered by the practice.

Privacy and dignity

The practice respected patients' privacy and dignity.

- Reception staff knew if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.

Please refer to the Evidence Tables for further information.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs.
- Patients could email the practice with any queries.
- 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 had a ramp at the entrance to the building for disabled patients use. However, at the top of the ramp there were two doors to gain entry to the practice. Patients using a wheelchair would not be able to access the building alone and there was a risk that they could not gain entry or could get trapped between both doors if reception staff were not available to assist. The practice confirmed a disability access audit was to take place soon after the inspection.
- 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.
- Patients aged over 75 were offered 15 minute appointments with a GP as standard.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurses also accommodated home visits for those who had difficulties getting to the practice.

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. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held monthly meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- Staff had reviewed the health information displayed in the waiting room to ensure that it was suitable for viewing by children and did not appear to be too alarming.
- We observed some small tables and children's toys and books in the waiting room to help keep younger patients amused during the wait to be seen.

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, extended opening hours.
- Telephone GP consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The practice offered NHS health checks to patients aged between 40 and 74 years of age.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.

Are services responsive to people's needs?

(for example, to feedback?)

- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice proactively identified those patients who were showing signs of dementia and referred them to secondary care when appropriate.
- A large cohort of patients were frail elderly with multiple comorbidities who often live alone and may also have some cognitive impairment. The practice had a frailty register and each month selected patients were consented and referred to a community integrated care team for an enhanced review.

Timely access to care and treatment

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.

- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.

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 and also from analysis of trends. It acted as a result to improve the quality of care. All patient complaints were discussed with staff so that they could reflect on their practice. In all cases, patients were reassured that their treatment had been appropriate and further advice had been given. However, a full audit trail of the information held by the practice for some complaints was brief and required improving.

Please refer to the Evidence Tables for further information.

Are services well-led?

Good 

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

Our findings

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

Leadership capacity and capability

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

- There was a clear vision and set of values.
- The aims of the practice and the goals set were in line with health and social priorities across the region and had been developed with support from the local Clinical Commissioning Group (CCG). The practice planned its services to meet the needs of the practice population.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The practice monitored progress against delivery of the strategy.

Culture

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

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values. Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.

- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence these would be addressed.
- 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.
- Clinical staff were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice specific policies were implemented and were available to all staff. These were available in hard copy and on a new practice intranet however, a number of these had not been updated for some time. For example, the children's safeguarding policies and procedures. We identified during the inspection there was no system in place to monitor policies and procedures.
- The practice was aware of their current performance and this was monitored at staff meetings on a regular basis.

Managing risks, issues and performance

Are services well-led?

Good 

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

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

- There was a process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Practice leaders had oversight of national and local safety alerts, incidents, and complaints. However, this system required improvement to ensure that alerts had been reviewed and acted upon by staff when required
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- 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.
- We found the provider did not ensure that past medical records for patients were stored securely and protected against the risk of accidental loss, including corruption, damage or destruction. These were observed being stored in a room which was locked but not all records were held in facilities that would prevent accidental damage should an incident occur.

Engagement with patients, the public, staff and external partners

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

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. There was an active patient participation group.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There was 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. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

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 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 | <p>Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The safeguarding policy for children had not been updated.</p> <p>The provider could not demonstrate that level three safeguarding training had been completed for all clinical staff working with children and young people and/or their parents/ carers.</p> <p>This was in breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> |
| Family planning services | |
| Maternity and midwifery services | |
| Surgical procedures | |
| Treatment of disease, disorder or injury | |