

# Park Parade Surgery

## Quality Report

69 Park Parade,  
Whitley Bay,  
Tyne and Wear,  
NE26 1DU

Tel: 0191 2523135

Date of inspection visit: 15 February 2018

Website: [www.parkparadesurgery-whitleybay.nhs.uk](http://www.parkparadesurgery-whitleybay.nhs.uk) Date of publication: 19/03/2018

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

## Ratings

### Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



# Summary of findings

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## Letter from the Chief Inspector of General Practice

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

The key questions are rated as:

Are services safe? – Requires Improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Requires Improvement

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

Older People – Requires Improvement

People with long-term conditions – Requires Improvement

Families, children and young people – Requires Improvement

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

People whose circumstances may make them vulnerable – Requires Improvement

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

The population groups are rated as requires improvement overall because we identified areas of concern in the safe and well led key questions, which have an impact on all population groups. There were, however, examples of good practice.

We carried out an announced comprehensive/focused inspection at Park Parade Surgery on 15 February 2018 as part our inspection programme.

At this inspection we found:

- The practice had some systems to keep patients safe and safeguarded from abuse.
- The practice had carried out a number of risk assessments but the systems for taking action following those assessments was not effective.
- The practice routinely reviewed the effectiveness and appropriateness of the care they provided. They ensured that care and treatment was delivered according to evidence- based guidelines.
- Recruitment checks on new staff were carried out but there were no processes in place to ensure staff's ongoing registration with professional bodies.
- Quality Outcomes Framework (QOF) for 2016/17 showed the practice had achieved 99.2% of the points available to them for providing recommended treatments for the most commonly found clinical conditions.
- Some of the systems to ensure appropriate and safe handling of medicines were ineffective.

# Summary of findings

- Staff involved and treated patients with compassion, kindness, dignity and respect. Patient feedback was positive.
- Results from the National GP Patient Survey were well above local and national averages in nearly all areas.
- The practice organised and delivered services to meet patients' needs. They took account of patient needs and preferences.
- Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.
- There was a stable leadership team in place, but the practice did not have a defined vision or business plan which set out future priorities.
- Staff received training appropriate to their roles but some had not received an appraisal within the past 12 months.

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

- Care and treatment must be provided in a safe way for service users; by ensuring the proper and safe management of medicines.

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards.

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

- Carry out a risk assessment to determine which emergency medicines are not suitable or necessary to stock within the practice.
- Take steps to improve access to the premises. The external door did not open automatically and there were no facilities for patients who needed assistance to summon support.
- Carry out a risk assessment for non-clinical staff who have not received a disclosure and barring (DBS) check.
- Take action to formally identify patients who are carers to ensure they are registered as such and are offered appropriate support.
- Carry out appraisals for all staff.

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

# Summary of findings

## The six population groups and what we found

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

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

# Park Parade Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

a CQC lead inspector. The team included a GP specialist advisor and a CQC inspection support team member.

## Background to Park Parade Surgery

Park Parade Surgery is a training practice and provides care and treatment to around 4,500 patients in Whitley Bay, North Tyneside. The practice is part of North Tyneside clinical commissioning group (CCG) and operates on a General Medical Services (GMS) contract agreement for general practice.

The practice provides services from the following address, which we visited during this inspection:

- 69 Park Parade, Whitley Bay, Tyne and Wear, NE26 1DU

The surgery is located in a converted and extended two storey former private house. Patient facilities are on the ground and first floor. There is no lift to the first floor, however, there are consultation rooms on the ground floor which are suitable for patients with mobility problems. There is no dedicated car park, however, there is parking in the streets surrounding the surgery. The practice has step-free access but the WC is not easily accessible.

Patients can book appointments in person, on-line or by telephone.

Opening hours are as follows:

- Monday to Thursday 8.30am to 7pm
- Friday 8.30am to 6pm

Appointments with GPs are available at the following times:

- Monday - 8.30am to 11am; from 1pm to 2pm; then from 2.30pm to 7pm
- Tuesday – 8.30am to 11.30am; from 1pm to 3pm; then from 3.10pm to 7pm
- Wednesday – 8.30am to 11.30am; from 1pm to 2pm; then from 4pm to 6.30pm
- Thursday – 8.30am to 11am; from 12pm to 1pm; then from 4pm to 6.30pm
- Friday – 8.30am to 11am; then from 2pm to 4.30pm.

The practice is part of a local hub which provides extended opening hours for patients; appointments are available Monday to Friday between 6.30pm and 7.30pm and Saturdays and Sundays from 9am to 2pm.

The service for patients requiring urgent medical attention out of hours is provided by the NHS 111 service and Vocare, which is also known locally as Northern Doctors Urgent Care.

The practice has:

- two GP partners (both male),
- two salaried GPs (both female),
- a GP retainer (female)
- two practice nurses (both female),
- a healthcare assistant,
- a practice manager, and
- eight staff who carry out reception and administrative duties.

The age profile of the practice population is broadly in line with the local and national averages, but is made up of a higher than average proportion of patients over the age 65 (21.4% compared to the national average of 17%). Information taken from Public Health England placed the area in which the practice is located in the third less deprived decile. In general, people living in more deprived areas tend to have greater need for health services.

# Are services safe?

## Our findings

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

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

- The arrangements for managing emergency medicines and equipment were unsatisfactory
- The systems for taking action following risk assessments was not effective.
- There were no processes in place to ensure staff's ongoing registration with professional bodies.

### Safety systems and processes

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

- The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment but not on an ongoing basis. Disclosure and Barring Service (DBS) checks had been undertaken for most staff.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the 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). However, the practice manager had not had a DBS check and no risk assessment had been carried out to determine whether or not this was necessary. There were no regular checks of staff's professional registration to ensure clinicians remained appropriately registered.

- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was a system to manage infection prevention and control.
- The practice had some processes to ensure that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. However, the defibrillator and oxygen were not regularly checked; staff told us they were checked annually. There were systems for safely managing healthcare waste.

### Risks to patients

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

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

### Information to deliver safe care and treatment

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

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

### Safe and appropriate use of medicines

The practice had some systems in place for the safe handling of medicines but these were not always effective.

# Are services safe?

- Most of the systems for managing medicines, including vaccines, medical gases, and equipment minimised risks. The practice kept prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.
- However, the arrangements for managing emergency medicines were not satisfactory. The practice did not hold all emergency medicines suggested in national good practice guidelines. There had been no risk assessment to identify which medicines were not suitable or necessary to stock within the practice. We also found a box of emergency medicines which were all out of date. Staff told us some of the medicines were duplicates (and that in date medicines were available in another emergency medicines box) and others were no longer used within the practice.
- The practice stored oxygen on the premises. There was no safety signage on the door of the treatment room where this was held. This is contrary to the Department of Health and Social Care Health Technical Memorandum HTM 02-01 which states that "safety signage should be posted in and outside any area where cylinders are stored".

## Track record on safety

The practice previously had a good safety record but we identified areas of concern during this inspection.

- There were some risk assessments in relation to safety issues. However, the resulting actions from these were not always completed. A legionella risk assessment had

- been carried out in 2015; this stated that monthly checks of water temperatures should be carried out. At the time of the inspection no checks had been undertaken.
- A fire risk assessment had been last carried out in 2015. This suggested that the assessment was reviewed following changes to the premises or no longer than 12 months later. The risk assessment set out a number of safety checks which needed to be carried out. This included testing of the emergency lighting on a monthly, six monthly and yearly basis. Records showed that these checks had not been carried out. The risk assessment also suggested that the fire alarm should be tested weekly. Records showed that tests had been carried out sporadically; on only a few occasions during 2017 and none since 6 September 2017.
  - The practice had a health and safety policy and regular checks of the premises were carried out but there was no formal risk assessment setting out potential risks and actions in place to control those risks.

## Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. For example, following an incident where some test results had not been shared with a patient's relative (who had consent to be given updates), a system was implemented to add an alert to remind staff that this should be done.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

# Are services effective?

(for example, treatment is effective)

## Our findings

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

### Effective needs assessment, care and treatment

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

- Patients' 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:

- Older patients who were frail or may have been vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail were referred into a community frailty service which provided further assessment and support.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.
- A weekly review was carried out to identify patients that were at risk of admission to hospital. A GP either contacted those patients and/or invited them in for an appointment so their needs could be reviewed.
- The practice followed up on older patients discharged from hospital and ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

### People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. 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.

- The practice delivered full care to over 90% of patients with diabetes. This helped provide care closer to home and lessened the need to refer to secondary care services.

### 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 above the target percentage of 90%.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.

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

- The practice's uptake for cervical screening was 82.8%, which was above the 80% coverage target for the national screening programme (and the local CCG average of 76.6%).
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

### People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.

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

- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example, 93% of patients experiencing poor mental health had received discussion and advice about alcohol consumption



# Are services effective?

## (for example, treatment is effective)

(national average was 91%); and 98% of patients experiencing poor mental health had received discussion and advice about smoking cessation (national average was 95%).

- 97% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was above the national average.
- The practice had signed up to the Dementia Identification Scheme a number of years ago and increased the number of patients identified with dementia. The prevalence rate at the time of the inspection was 0.92% of the practice list compared to a national average of 0.76%.

### Monitoring care and treatment

The most recent published Quality Outcome Framework (QOF) results showed the practice achieved 99.2% of the total number of points available compared with the clinical commissioning group (CCG) average of 98.4% and national average of 95.5%. The overall exception reporting rate was 9.4% compared with a national average of 9.9%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

- The practice used information about care and treatment to make improvements. We saw evidence of some completed clinical audits where improvements had been implemented and monitored.
- The practice was involved in quality improvement activity. They used benchmarking and performance information to identify areas and take action where they could improve. For example, they monitored prescribing data, referral rates and appointment availability and took action to improve where they identified they were not in line with comparators.

### Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. Staff whose role included immunisation and taking samples for the cervical screening programme had

received specific training; although in one case the practice could not find the certificate to confirm this. However, staff we spoke with could demonstrate how they stayed up to date.

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, coaching and mentoring, clinical supervision and support for revalidation.
- However, administrative staff, the practice manager and one of the nurses had not had an appraisal in the past 12 months. Managers said this had been due to time constraints; at the time of the inspection there were no appraisals booked in for those staff.
- 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.

- Appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

### Helping patients to live healthier lives

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

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives and patients at risk of developing a long-term condition and carers.

# Are services effective?

(for example, treatment is effective)

- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking and tackling obesity campaigns.
- The practice also encouraged their patients to attend national screening programmes for bowel and breast cancer screening. Data from Public Health England from 2016/2017 showed that: 75.9% of females, 50-70, were screened for breast cancer in last 36 months, compared

to the national average of 70.3% and 59.7% of patients aged between 60 and 69 had been screened for bowel cancer within the past 30 months compared to the national average of 54%.

## Consent to care and treatment

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

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

# Are services caring?

## Our findings

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

### Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- The vast majority of the 46 patient Care Quality Commission comment cards we received were positive about the service experienced. This was in line with the results of the NHS Friends and Family Test and other feedback received by the practice.
- Staff knew their patients very well; this was evident throughout the inspection.

Results from the July 2017 annual National GP Patient Survey showed patients felt they were treated with compassion, dignity and respect. 244 surveys were sent out and 112 were returned. This represented about 2.5% of the practice population. Satisfaction scores on consultations with GPs and nurses were above local and national averages. For example, of those who responded:

- 96% said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 97% who responded said the GP gave them enough time; CCG - 89%; national average - 86%.
- 100% said they had confidence and trust in the last GP they saw; CCG - 96%; national average - 95%.
- 96% said the last GP they spoke to was good at treating them with care and concern; CCG - 89%; national average - 86%.
- 93% said the nurse was good at listening to them; (CCG) - 93%; national average - 91%.
- 94% said the nurse gave them enough time; CCG - 95%; national average - 92%.
- 100% said they had confidence and trust in the last nurse they saw; CCG - 99%; national average - 97%.

- 98% said the last nurse they spoke to was good at treating them with care and concern; CCG - 93%; national average - 91%.
- 99% said they found the receptionists at the practice helpful; CCG - 88%; national average - 87%.

### Involvement in decisions about care and treatment

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

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available.
- Over 6% of the practice population were Bangladeshi; the practice had previously employed a Bangladeshi support worker but funding had been withdrawn. However, managers were aware of the value of this service so the support worker continued to provide translation services. They were available to help ensure those patients personal, cultural and religious needs were still met.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice did not have a carers register and so did not know how many patients were also carers. Staff told us they opportunistically identified carers but did not note this on their patient record. Carers were not therefore always offered regular health checks or flu immunisations.

A member of staff had been trained as a care navigator to help ensure that the various services supporting patients were coordinated and effective. Staff told us about several positive interactions where they had helped patients to access such services.

Staff told us that if families had experienced bereavement, their usual GP contacted them. This call was either

## Are services caring?

followed by a patient consultation at a flexible time and location to meet the family's needs and by giving them advice on how to find a support service. Further follow-ups were then carried out after three and 12 months.

Results from the National GP Patient Survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were above local and national averages. Of those who responded:

- 97% said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 89% and the national average of 86%.
- 97% said the last GP they saw was good at involving them in decisions about their care; CCG - 85%; national average - 82%.

- 95% said the last nurse they saw was good at explaining tests and treatments; CCG - 91%; national average - 90%.
- 92% said the last nurse they saw was good at involving them in decisions about their care; CCG - 88%; national average - 85%.

### Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

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

### Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. Patient needs and preferences were taken into account.

- The practice understood the needs of its population and tailored services in response to those needs. (For example extended opening hours, online services such as repeat prescription requests, advanced booking of appointments, advice services for common ailments).
- The practice improved services where possible in response to unmet needs. Following a review of patient demand and staff capacity, the practice recruited a salaried GP to increase access for patients.
- The practice made reasonable adjustments when patients found it hard to access services. For example, home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- The facilities and premises were not fully appropriate for the services delivered.
- There was step-free access to the surgery, however, the external door did not open automatically and there were no facilities for patients who need assistance to summon support.
- There was a patient WC but this was not accessible for patients in wheelchairs. The layout of the converted premises meant that it was not possible to install an appropriate facility.

### 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.

### 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 regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

### Families, children and young people:

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

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

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

### People whose circumstances make them vulnerable:

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

### 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.
- Information was available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.

# Are services responsive to people's needs?

(for example, to feedback?)

## Timely access to the service

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

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

Results from the July 2017 annual National GP Patient Survey showed that patients' satisfaction with how they could access care and treatment was well above local and national averages. This was supported by observations on the day of inspection and completed comment cards. Of those who responded:

- 92% were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 82% and the national average of 80%.
- 93% said they could get through easily to the practice by phone; CCG – 76%; national average - 71%.
- 82% said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG - 74%; national average - 76%.

- 88% said their last appointment was convenient; CCG - 82%; national average - 81%.
- 91% described their experience of making an appointment as good; CCG and national average – 73%.
- 73% said they don't normally have to wait too long to be seen; CCG - 64%; national average - 58%.

## 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 and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. No formal complaints had been received in the last year. We reviewed the small number of minor concerns raised and found that they were satisfactorily handled in a timely way.

The practice learned lessons from individual concerns and complaints. They acted as a result to improve the quality of care. For example, training had been provided following concerns about staff attitude.

# Are services well-led?

Requires improvement 

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

## Our findings

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

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

- There was no vision, business plan or succession plan in place.
- The governance arrangements did not always operate effectively.
- The process to identify, understand, monitor and address current and future risks including risks to patient safety was unsatisfactory.

### Leadership capacity and capability

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

- Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were 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.
- However, the practice did not have processes in place to develop leadership capacity and skills, including planning for the future leadership of the practice.

### Vision and strategy

The practice did not have a vision or strategy in place.

- There was no clear vision or supporting business plans to achieve priorities.
- There were informal arrangements which ensured that staff were aware of and understood the values of the practice and their role in achieving them.

### Culture

The practice had a culture of high-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. Managers were aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were some processes for providing staff with the development they needed. However, administration staff, the practice manager and one of the nurses had not received an appraisal in the previous 12 months.
- 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. They identified and addressed the causes of any workforce inequality. 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. However, some improvements were required.

- Structures, processes and systems to support good governance and management were clearly set out and understood but were not always effective.
- The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control
- Practice leaders had established policies, procedures and activities to ensure safety but these were not always adhered to. We identified concerns with the emergency medicines, ongoing staff checks and checks of emergency equipment. The lack of good governance contributed to those concerns.



# Are services well-led?

Requires improvement 

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

## Managing risks, issues and performance

The processes for managing risks, issues and performance were not wholly effective.

- The process to identify, understand, monitor and address current and future risks including risks to patient safety was unsatisfactory. A number of risk assessments were in place but subsequent action to minimise risks had not been undertaken, including fire safety checks and water temperature monitoring.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of 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 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.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

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

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

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.
- There was an active patient participation group (PPG). We spoke with four members; they told us the practice listened to them and made changes following suggestions made by the PPG, this included improving the facilities for deaf patients and improving the patient information on the screens in the waiting room.
- The service was transparent, collaborative and open with stakeholders about performance.

## Continuous improvement and innovation

There were systems and processes for learning and improvement.

- There was a focus on continuous learning and improvement at all levels within the practice. The practice had recently become a training practice and at the time of the inspection a GP registrar was in post.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements. For example, following an external review of a safeguarding case, the practice developed a policy on domestic violence and abuse.



## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <p>The provider did not ensure the safe and proper management of medicines, in particular;</p> <ul style="list-style-type: none"><li>• Some emergency medicines were out of date.</li><li>• There was no proper signage to indicate where oxygen was stored.</li></ul> <p>This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment (1).</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>How the regulation was not being met:</b></p> <p>The systems or processes that enabled the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk were not satisfactory. In particular:</p> <ul style="list-style-type: none"><li>• Actions deemed necessary following fire and legionella risk assessments had not been carried out.</li><li>• A health and safety risk assessment had not been carried out.</li><li>• There were no processes in place to provide assurance that clinical staff employed by the practice remained registered with their professional body.</li></ul> <p>This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance (1).</p>