

# Albion Place Medical Practice

## Inspection report

23-29 Albion Place  
Maidstone  
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

## Ratings

### Overall rating for this location

Requires improvement



Are services safe?

Inadequate



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive?

Requires improvement



Are services well-led?

Requires improvement



# Overall summary

**This practice is rated as inadequate overall.** (Previous inspection July 2017 – inadequate)

The key questions are rated as:

Are services safe? – Inadequate

Are services effective? – Requires improvement

Are services caring? – Good

Are services responsive? – Requires Improvement

Are services well-led? – Requires Improvement

We carried out an announced comprehensive inspection at Albion Place Medical Practice on 24 April 2018, to follow up on breaches of regulations identified at our inspection in August 2017. At a previous inspection, July 2017, we rated the practice inadequate for providing safe and well-led services, requires improvement for providing effective and responsive services, and good for caring.

We issued warning notices in respect of these issues and found arrangements had significantly improved when we undertook a follow up inspection of the service on 29 November 2017. The details of these can be found by selecting the 'all reports' link for Albion Place Medical Practice on our website at [www.cqc.org.uk/](http://www.cqc.org.uk/)

At this inspection we found:

- The systems to manage risk so that safety incidents were less likely to happen were not always effective. When incidents did happen, the practice learned from them and improved their processes.
- The practice was unable to demonstrate that; patients on high risk medicines were being reviewed appropriately, patient group directions (PGDs) had been revised and updated accordingly and the appropriate two week referral form was in use.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence- based guidelines.
- The practice was unable to demonstrate that; all clinicians had received training in the Mental Capacity Act 2005, staff had the skills and knowledge to deliver effective care and treatment. The learning needs of all staff had not been identified through a system of appraisals and that all staff were up to date with

relevant training. They had continued to improve the staff appraisal systems, in order to help ensure that nurse appraisals included more detailed evidence of clinical matters discussed.

- The practice was unable to demonstrate that staff files had further been improved since our focused inspection visit on 29 November 2017, where we noted that 15 out of 30 files had been completed. We reviewed personnel files and found that whilst training records had been updated, no further action had been taken to address the updating of staff files with proof of identity.
- Clinicians had access to appropriate information to deliver safe care and treatment.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients did not always find the appointment system easy to use and reported that they were not always able to access care when they needed it.
- Patient feedback on the care and treatment delivered by all staff was overwhelmingly positive.
- The practice was unable to demonstrate that; their governance arrangements always followed national guidance on infection prevention and control, all appropriate recruitment checks had been undertaken for existing staff, the system for managing patients on high risk medicines was not always effectively managed and implemented and the system and process for managing personnel files had been improved.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

The registered providers of the service as a partnership have applied to voluntarily cancel their registration as a registered partnership. An application has been submitted and CQC has accepted the application for Dr Annmarie Keeley to register as an individual. The change in registration will have no impact on the current patient list and services will continue to be provided from Albion Place Medical Practice.

The partnership were still registered at the time of our inspection visit. There were areas where breaches of regulations were identified and the practice **must** make improvements:

- Ensure care and treatment is provided in a safe way to patients.

# Overall summary

- Ensure that staff employed receive such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.
- Ensure effective systems and processes to ensure good governance in accordance with the fundamental standards.
- Ensure recruitment procedures are further embedded and improved to ensure only fit and proper persons are employed.

There were areas where the practice **should** make improvements:

- Continue with their plan to conduct clinical audits, in order to improve the quality of services provided.
- Continue with their plan to improve telephone access.
- Ensure that staff understood the practice vision, values and strategy and their role in achieving them.
- Continue with their plan to improve how carers are identified and offered support.

This service was placed in special measures in October 2017. Although improvements have been made these are insufficient such that there remains a rating of inadequate for safe. I am placing the service into special measures for a further six months.

Services placed into special measures will be inspected again within six months. If, after re-inspection, the service has failed to make sufficient improvement, and is still rated as inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within six months, and if there is not enough improvement we will move to close the service.

Special measures will give people who use the service the reassurance that the care they get should improve.

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

## Population group ratings

<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> 

## Our inspection team

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

## Background to Albion Place Medical Practice

The registered provider of the service is Dr Peter Szwedziuk and Doctor Annmarie Keeley. The address of the registered provider is 23-29 Albion Place, Maidstone, Kent, ME14 5DY

The practice website is

Albion Place Medical Practice provides primary medical services in Maidstone to approximately 12, 104 patients.

The practice population is in the seventh least deprived decile in England. The practice population has a slightly higher number of income deprived children and older people. The practice population of children and older people are slightly above local averages and the practice population of those of working age are slightly below local and national averages. Of patients registered with the practice, 91% are White or White British, 5% are Asian or Asian British, 1% are Black or Black British, 2% are mixed British and 1% are Other.

At the time of inspection the practice team was made up of one female lead GP and one regular female salaried GP. There are three female nurse practitioners, a male and a female paramedic practitioner and one female health care assistant.

The practice has a General Medical Services (GMS) contract with NHS England. (GMS is one of the three contracting routes that have been available to enable commissioning of primary medical services). The practice is part of NHS West Kent Clinical Commissioning Group. Out of hours care is accessed by contacting NHS111.

Albion Place Medical Practice is registered for the following regulated activities: Maternity and midwifery services, Surgical procedures, Diagnostic and screening procedures, Treatment of disease, disorder or injury and Family planning.

# Are services safe?

**We rated the practice as inadequate for providing safe services.**

**At a previous inspection on 29 July 2017, we rated the practice inadequate for providing safe services as the arrangements in respect of the proper and safe management of medicines, reporting and learning from incidents, recruitment checks, infection control and prevention procedures and policies and risk assessments were not sufficient.**

**We issued a warning notice in respect of these issues and found arrangements had improved when we undertook a follow up inspection of the service on 29 November 2017 but further improvements were still required. The details of these can be found by selecting the 'all reports' link for Albion Place Medical Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk).**

At this inspection we found that improvements had been made, however the practice was rated as inadequate for providing safe services because:

- Infection prevention and control procedures were not always effectively implemented.
- Not all clinicians had received training in how to identify and manage patients with sepsis.
- Referrals were not always monitored appropriately and protocols needed further embedding.
- Risk assessments in relation to safety issues had been implemented. However, some minor changes were required.
- Not all patients had received an appropriate review of their routine high-risk medicines.

## Safety systems and processes

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

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Reports and learning from safeguarding incidents were available to staff. 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.)

- 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 appropriate checks at the time of recruitment of newly appointed staff. Whilst we saw improvement in recruitment records at our last inspection in November 2017 no further improvements had been made for existing staff records since that time.
- There was not always an effective system to manage infection prevention and control.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

## Risks to patients

There were not always adequate systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- 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. Not all staff had been trained in how to identify and manage patients with severe infections including sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

## Information to deliver safe care and treatment

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

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff. There was a documented approach to managing test results.

# Are services safe?

- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- The practice could not always provide assurances that clinicians made timely referrals in line with protocols. For example, two week wait referrals (this is when there is a suspicion of cancer that requires a more urgent response) were not always monitored appropriately and protocols needed further embedding.

## Appropriate and safe use of medicines

The practice did not always have reliable systems for appropriate and safe handling of medicines.

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. We found that patient group directions (PGDs) were available to staff who administered vaccines and immunisations. However, seventeen had not been updated and signed by the lead GP.
- 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. Although some patients on disease-modifying anti rheumatic drugs (DMARDs) for use in rheumatoid arthritis, had not been appropriately reviewed.

## Track record on safety

The practice had improved their track record on safety.

- Comprehensive risk assessments in relation to safety issues had been implemented. However, further improvements were required. For example, the name of the lead for health and safety on the practices poster was incorrect.
- 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 had significantly improved how it 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.
- 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?

**At a previous inspection on 29 July 2017, we rated the practice requires improvement for providing safe services as the arrangements in respect staff employed by the service received had not received appropriate training and appraisal .**

**We issued a requirement notice in respect of these issues and found arrangements had improved when we undertook a follow up inspection of the service on 29 November 2017 but further improvements were still required. The details of these can be found by selecting the 'all reports' link for Albion Place Medical Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk) .**

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

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

- The practice had not ensured that all staff had received regular appraisals.
- Not all staff had received training in the Mental Capacity Act 2005.

(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.)

## Effective needs assessment, care and treatment

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

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff 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:

This population group was rated requires improvement for effective because:

- 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 practice had recognised the needs of older patients and had implemented a system for this patient group to access telephone consultations during the practice lunchtime closing hours. Patients aged 75 years and over were provided with a designated mobile telephone number in order to access this service.
- 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.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions:

This population group was rated requires improvement for effective because:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met, with the exception of those on high risk medicines that are used to manage rheumatoid arthritis that require regular blood tests and other types of monitoring. 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 for secondary prevention, people



## Are services effective?

with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.

- The practice was able to demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension).
- The practice's overall Quality Outcomes Framework achievement for the care of patients with long-term conditions was comparable to local and national averages in most but not all indicators. For example, overall achievement for diabetic patients on the register, whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less was 67% of the total points available (compared to a CCG and national average of 80%).

Families, children and young people:

This population group was rated requires improvement for effective because:

- Childhood immunisations were carried out in line with the national childhood vaccination programme 2015/16. Childhood immunisation rates for the vaccinations given were lower than national averages. There are four areas where childhood immunisations are measured; each has a target of 90%. The practice had not met the target in three areas. The practice provided unverified and unpublished data to show that childhood immunisations were carried out in line with the national childhood vaccination programme. The practice's data showed that the uptake rates for the vaccines given were in line with the target percentage of 90%.
- 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):

This population group was rated requires improvement for effective because:

- The practice was involved with the cervical screening programme. The systems to help ensure results were received for all samples sent for the cervical screening programme had significantly improved. 75% of patients with cancer, diagnosed within the preceding 15 months, had a patient review recorded as occurring within six months of the date of diagnosis. This was comparable to the local and national averages.
- The practice's uptake for breast and bowel cancer screening was in line with the national average.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

This population group was rated requires improvement for effective because:

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

This population group was rated requires improvement for effective because:

- 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 to help them to remain safe.



# Are services effective?

- 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 local average of 93% and the national average of 91%.
- 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.
- 96% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was above the local average of 93% and the national average of 90%.
- The practice offered annual health checks to patients with a learning disability.

## Monitoring care and treatment

The practice's most recent published Quality Outcomes Framework (QOF) results were 532 of the possible 559 number of points available compared with the clinical commissioning group (CCG) average of 543 and national average of 539. The overall exception reporting rate for the practice was 9% compared with a national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

In response to the practice's lower than average QOF results, a system had been implemented in order to regularly monitor points attained. Records and minutes of practice meetings confirmed viewed confirmed this.

The practice had made improvements to its programme of quality improvement activity and were routinely reviewing the effectiveness and appropriateness of the care provided. The practice showed us an audit record that included one audit that had been undertaken in the previous twelve months. We saw that a date had been scheduled to complete the second cycle of this audit. For example, the audit showed that there was an issue with receiving housebound patients INR (international Ratio) blood test results, which meant there were delays in prescribing the correct dose of warfarin (a blood thinning medicine used to prevent clots). As a result of the audit, eight patients were

found to be at risk. The practice subsequently reviewed the patients and changed their medicines as a result. The different medicine prescribed reduced the need for patients to have regular blood tests.

- The practice used information about care and treatment to make improvements.
- The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives.

## Effective staffing

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

- 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. Significant improvements had been made to ensure that up to date records of skills, qualifications and training were maintained. Where training needs had been identified, dates had been scheduled for training to be completed. However, not all staff had received training in the Mental Capacity Act 2005. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings and support for revalidation. Improvements had been made to the appraisal system. However, records showed that six out of 26 staff had not received regular appraisals and the nursing staff appraisals had not been further enhanced to include more detail regarding clinical practice. The new practice manager had a system for addressing the shortfall. Records viewed confirmed this. Additionally, staff we spoke with and diary entries showed dates for these to be completed. The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

# Are services effective?

## Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams 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. The 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 have 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 that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

## Helping patients to live healthier lives

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

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health. For example, stop smoking campaigns, tackling obesity.

## Consent to care and treatment

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

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision. Not all clinicians had completed training on the Mental Capacity Act 2005 but they understood their responsibilities.
- The practice monitored the process for seeking consent appropriately.

**Please refer to the Evidence Tables for further information.**

# Are services caring?

**At a previous inspection on 29 July 2017, we rated the practice as good for caring.**

**At this inspection we rated the practice as good because:**

## **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 July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on feeling listened to by their GP.
- The practice were continuing to review and monitor previously below average national GP survey responses, in order to ensure improvements were being made. For example, 81% of respondents said the last GP they saw or spoke to was good at treating them with care and concern (compared to the CCG average of 87% and the national average of 86%).

## **Involvement in decisions about care and treatment**

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

- Staff communicated with people in a way that they could understand. For example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice were continuing to identify carers and ways in which to support them. Leaflets were being prepared to advise carers find further information and there was information included on the practices' website.
- We saw that minutes of meetings were available for staff to read at any time and contained sufficient detail and evidence to demonstrate that responding to previously below average national GP survey responses were being discussed at these meetings. For example, 70% of respondents said the last GP they saw or spoke to was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 82%.

## **Privacy and dignity**

The practice respected patients' privacy and dignity.

- 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.
- 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?

**At a previous inspection on 29 July 2017, we rated the practice requires improvement for providing responsive services as results from the national GP Patient Surveys indicated that patients scored the practice lower than average in relation to accessing services, appointment availability and seeing a GP of their choice.**

**We issued requirement notices in respect of these issues and found arrangements had improved when we undertook a follow up inspection of the service on 29 November 2017 but further improvements were still required. The details of these can be found by selecting the 'all reports' link for Albion Place Medical Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk).**

**We rated the practice as good for providing responsive services and as requires improvement across all population groups.**

## Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice provided effective care coordination for patients who are 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:

This population group was rated requires improvement for responsive because:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.

- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and paramedic practitioners also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.
- There was a medicines delivery service for housebound patients.

### People with long-term conditions:

This population group was rated requires improvement for responsive because:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met, with the exception of those on high risk medicines that are used to manage rheumatoid arthritis that require regular blood tests and other types of monitoring. 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:

This population group was rated requires improvement for responsive because:

- 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.

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

This population group was rated requires improvement for responsive because:

- 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.

### People whose circumstances make them vulnerable:

# Are services responsive to people's needs?

This population group was rated requires improvement for responsive because:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice.

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

This population group was rated good for responsive because:

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice held dedicated monthly mental health and dementia clinics. Patients who failed to attend were proactively followed up by a phone call from a practitioner.

## Timely access to care and treatment

Patients were not always 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 not always easy to use. The ongoing issue with telephone access being the contributing factor.
- Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they

could access care and treatment was diverse. In some areas results were comparable to local and national averages. However, there were areas that the practice fell significantly below local and national averages. For example, The practice results for questions relating to accessing appointments by telephone (29% compared to the CCG average of 74% and the national average of 71%) and their experience of making an appointment as good (39% compared to the CCG average of 77% and the national average of 73%). In response, the practice had changed telephone provider in order to address this and along with the patient participation group, were conducting surveys to measure and monitor improvements.

## Listening and learning from concerns and complaints

The practice had significantly improved how it took complaints and concerns seriously and responded to them appropriately, in order 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.
- Our review of the 34 complaints received in the last year showed the complaints process was being followed effectively.
- 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. For example, changing protocols for reception staff when managing patients with the same name and date of birth.

**Please refer to the Evidence Tables for further information.**

# Are services well-led?

**At a previous inspection on 29 July 2017, we rated the practice inadequate for providing well-led services as governance arrangements were not always sufficient or effectively implemented and the GP partners were not providing safe, effective, responsive or well-led oversight of the practice, in order to help ensure high quality care.**

**We issued a warning notice in respect of these issues and found arrangements had improved when we undertook a follow up inspection of the service on 29 November 2017 but further improvements were still required. The details of these can be found by selecting the 'all reports' link for Albion Place Medical Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk).**

**We rated the practice as requires improvement for providing a well-led service.**

The practice was rated as inadequate for well-led because:

- Governance and management systems and procedures required further improvement, in order to ensure they were clearly set out, understood and effective.

## Leadership capacity and capability

Leaders had the capacity and skills to deliver 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 processes to develop leadership capacity and skills, including planning for the future leadership of the practice. A new permanent practice manager had been recruited and the provider was in the process of changing their registration, in order to further promote leadership.

## Vision and strategy

The practice had a clear vision and strategy to help ensure how it continued to make improvements in how it delivered sustainable care.

- There was a clear vision and set of values. The practice were transitioning following considerable challenges experienced as a result in the change in partnership. As

a consequence, the practice had implemented a realistic strategy and supporting business plan to achieve priorities, with the aim of continual improvement and safe patient care being the centre of focus. The practice had developed its vision, values and strategy jointly with patients, staff and external partners.

- Not all staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

## Culture

The practice had a culture of 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 that these would be addressed.
- The processes for providing all staff with the development they need, appraisal and career development conversations were continuing to be improved. However, not all staff had received regular appraisals. 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 improving the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training.
- There were positive relationships between staff and teams.

## Governance arrangements



# Are services well-led?

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 had been improved but required further improvement in order to ensure they were clearly set out, understood and effective. For example; recruitment checks, actions to respond to identified infection control risks, clinical staff appraisals and staff training.
- 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.
- Practice leaders were continuing to establish proper policies, procedures and activities to ensure safety and assure themselves that they were operating as intended.

## Managing risks, issues and performance

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

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety, with the exception of identified infection control risks.
- 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 national and local safety alerts, incidents, and complaints.
- Clinical audit had been established. There was clear evidence of action to change practice to improve quality.
- The practice had plans and had trained staff for managing major incidents.

## Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. 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 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

The systems and processes for learning and continuous improvement had improved.

- 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.

**Please refer to the Evidence Tables for further information.**



This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

This section is primarily information for the provider

## Enforcement actions

### Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these. We took enforcement action because the quality of healthcare required significant improvement.