

# Your Health Partnership - Whiteheath Medical Centre

## Inspection report

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

## Ratings

### Overall rating for this location

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Requires improvement



Are services responsive?

Good



Are services well-led?

Good



# Overall summary

## **This practice is rated as requires improvement**

**overall.** (At our previous inspection in January 2016 the practice was rated as Good overall)

The key questions are rated as:

Are services safe? – Requires Improvement

Are services effective? – Good

Are services caring? – Requires Improvement

Are services responsive? – Good

Are services well-led? - Good

We carried out an announced comprehensive inspection at Your Health Partnership - Whiteheath Medical Centre on 11 April 2018 as part of our inspection programme.

At this inspection we found:

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events. However, some staff told us that learning was not always shared with them.
- There were systems to minimise risks to patient safety. However, the landlord who carried out some health and safety risk assessments had not shared these with the service.
- The practice had upskilled administration staff to process hospital communications and to ensure appropriate coding. However, there was no clinical oversight of the process. .
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. This was reviewed in the centralised clinical quality and operations group (CQOG) meetings.
- The practice ensured that care and treatment was delivered according to evidence- based guidelines. Audits we looked at demonstrated this.
- Feedback received from patients on the day and from comment cards showed that patients were treated with

compassion, kindness, dignity and respect. However, patient feedback through the national patient survey feedback was that they were not always involved in decisions about their care during consultations.

- Some patients told us that they found it difficult to get through on the telephone and the practice was working with the CCG to implement a new telephone system.
- The practice was a partnership of six locations and the management and leadership structure was clear and available to staff. Staff felt supported by management.
- We saw evidence that the practice proactively sought feedback from staff and patients, which it acted on. For example, patients with multiple long term conditions were managed in a single appointment and this was developed through feedback from nursing staff.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

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

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

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

- Review process for making appointments to provide easy access for patients.
- Effective communication should be established to ensure all learning such as those related to incidents are shared with all staff.
- Consider how patient feedback from the national survey could be improved particularly in relation to the experience of their consultations with specific clinicians.
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**Professor Steve Field** CBE FRCP FFPH FRCGP  
Chief Inspector of General Practice

## Population group ratings

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

## Our inspection team

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

## Background to Your Health Partnership - Whiteheath Medical Centre

Your Health Partnership – Whiteheath Medical Centre is a partnership of four practice and two branch sites. Whiteheath Medical centre provides NHS services to the local community in Oldbury, West Midlands. The practice has an approximate patient population of 8000 and is part of the NHS Sandwell and West Birmingham Clinical Commissioning Group (CCG). CCGs are groups of general practices that work together to plan and design local health services in England. They do this by 'commissioning' or buying health and care services.

The practice has recently merged its patient list size with a combined total of 46,000 patients. where patients were able to visit any of the practices for care and treatment. The provider has not amended its registration as a result of the merging of the practice list; therefore we inspected Whiteheath Medical Centre, Badsey Rd, Oldbury as part of our inspection programme and this report reflect findings for this site only.

The service is registered with the Care Quality Commission to provide primary medical services. Services to patients are provided under a General Medical Services (GMS) contract used when services are agreed locally with a practice which may include additional services beyond the standard contract. The practice has expanded its contracted obligations to provide enhanced

services to patients. An enhanced service is above the contractual requirement of the practice and is commissioned to improve the range of services available to patients.

The clinical team includes four GPs (one female and three male). The nursing team worked centrally and included advanced nurse practitioners. Many other functions were also centralised. For example, there was a centralised governance team which was based at the surgery.

Practice level data available to the Care Quality Commission (CQC) shows the service serves a higher than average number of patients who are aged between 14 and 18 years when compared to the national average. The number of patients aged 65 and over is slightly lower than average. Based on data available from Public Health England, the levels of deprivation in the area served by the surgery shows the practice is located in a more deprived area than national averages, ranked at two out of 10, with 10 being the least deprived. (Deprivation covers a broad range of issues and refers to unmet needs caused by a lack of resources of all kinds, not just financial).

The practice is open Monday to Friday between 8am and 6.30pm. Extended hours appointments are offered every Saturday morning from 8.30am to 11am and appointments can be booked over the telephone, online

or in person at the surgery. Sunday telephone consultations are available from 9am to 10am. Patients are provided information on how to access an out of hours service by calling the surgery or viewing the practice website (<https://yhp.org.uk/whiteheath>).

The practice runs a number of services for its patients including; chronic disease management, new patient

checks, smoking cessation, phlebotomy, travel vaccines and advice. The practice offered a number of practice-based, consultant-led outpatient clinics to patients requiring specialist advice such as Cardiology, Dermatology, Ear Nose and Throat (ENT), Gynaecology, Ophthalmology and Rheumatology.

# Are services safe?

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

## Safety systems and processes

The practice had 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 staff checks at the time of recruitment and on an ongoing basis. We saw evidence that training was managed centrally by the governance and compliance leads.
- There was an effective system to manage infection prevention and control. We saw that an infection prevention and control audit had been completed in August 2017.
- Arrangements for managing waste and clinical specimens kept people safe.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order. However, some arrangements needed further strengthening in relation to consumables. For example, we found three items that were out of date. During the inspection the practice informed us that they had now changed the process and had a designated staff member to undertake regular checks to ensure all consumable were safe to use.

## Risks to patients

There were systems to assess, monitor and manage risks to patient safety. However, some needed strengthening.

- There were arrangements in place for planning and monitoring the number and mix of staff needed to meet

patients' needs. For example, the practice had a workforce planner who assessed weekly the number of staff required based on demand. We saw evidence that GP locum were used in the previous month due to staff sickness to ensure enough staff. However, reception staff told us that there was a shortage of administration staff at the practice and that the practice was trying to recruit. In the interim staff from other YHP practices had helped to provide support.

- 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. Clinicians knew how to identify and manage patients with severe infections including sepsis. The GP had attended training and as part of their personal development they were planning to share this learning to staff. NICE guidance on sepsis had been shared with all clinicians. Sepsis templates were available on the patient record system.

## 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.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.
- The practice had upskilled administration staff to process hospital communications and to ensure appropriate coding. We were told that these staff were closely supervised by the GP team and on an ad-hoc basis their work was monitored. However, there was no formal audit process for the practice to assure itself that decisions were being made appropriately by administration staff. Following the inspection the practice submitted an audit template that they intended to use for monitoring hospital communication.

## Appropriate and safe use of medicines

# Are services safe?

The practice had 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. On the day of the inspection we saw that the practice did not store emergency medicines that may be required if a patient suffered an epileptic fit. There had been no risk assessment completed. However, following the inspection we received assurance from the practice that the medicine was now being stocked.
- The practice kept prescription pads securely and there was a system for monitoring, however, this was not sufficient to prevent misuse as there was no clear audit trail. During the inspection the practice had reviewed its process to ensure an effective process. We received further evidence following the inspection to demonstrate the new process of monitoring prescription pads was now in place
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines and there were dedicated clinical leads to ensure appropriate monitoring of patients on high risk medicines. Records we looked at confirmed that patients on high risk medicines were being prescribed appropriately. The practice was able to produce audits carried out within the last two years demonstrating that these patients were being monitored according to guidance.

## Track record on safety

- The practice carried out weekly safety checks to ensure safety and security of the service. However, there was no up to date risk assessment. The practice told us that the landlord carried out risk assessment but these had not been shared with the practice. Therefore the practice could not themselves that risks were being appropriately managed. On the day of the inspection we saw that the practice had met a representative of the landlord to discuss sharing of all relevant risk assessments with the service.

## Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons learned, identified themes and took action to improve safety in the practice. During the inspection we spoke with some reception staff members who told us that learning from incidents was not always communicated to them. However, the practice was able to show emails sent to staff where learning arising from incidents had been shared. The practice explained this may have been due to staff changes in the administrative team.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts. We saw evidence of action taken following receipt of medicine safety alerts.

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

# Are services effective?

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

(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 CCG antibiotic guidelines were available. We saw minutes of meeting where NICE guidance was discussed. We looked at audits which referenced NICE guidance.

The practice was currently carrying out an audit on opiate prescribing. The practice had carried out a repeat prescribing audit as part of its requirement for the Primary Care Commissioning Framework (PCCF). A CCG initiative to improve quality of care. The practice identified that a more effective system of medication reviews needed to be implemented as currently over 50% of relevant patients had been reviewed. The practice aimed to increase reviews to over 75% over the next 12 months

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.
- We saw examples of how the practice used technology and equipment to improve treatment. The practice was implementing text messaging service to improve communication with patients. The practice had a blood pressure machine in the reception waiting area patients could use to monitor their health.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice had systems for identifying

patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail were offered a clinical review including review of their medication.

- 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 offered influenza, pneumococcal and shingles vaccinations to patients.
- 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:

- 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.
- The practice was part of a corporate partnership and delivered specialised clinics in diabetes, heart disease, chronic obstructive pulmonary disease, asthma, anticoagulation as well as other specialist community services ophthalmology, gynaecology and dermatology.
- Patients had access to a physiotherapist and an in-house pharmacist was available to call patients to answer medication queries or provide advice.
- The nursing team were involved in the development of a clinic called 'year of care' which incorporated reviews of patients with multiple long term conditions within one appointment.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- There was a centralised home visiting team that reviewed housebound patients with long term conditions.

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%.



# Are services effective?

- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

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

- The practice's uptake for cervical screening was 64%, which was slightly below the CCG average of 67% and the national average of 72%.
- The practices' uptake for breast and bowel cancer screening was in line with the national average.
- The practice was part of a partnership of six sites and patients were able to access extended hours service provided by other sites. On Saturdays another site that was part of the partnership, offered appointments between 8.30am and 10.30am. A Sunday morning GP call back service was also available from 9am to 10am.
- 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 those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

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

- The practice had a central register of patients with dementia and annual enhanced reviews were carried out by a healthcare assistant and the named GP to check physical and mental health, review chronic disease control, arrange appropriate screening and agree a care plan which included individual physical and mental health goals
- The practice assessed relevant patients for risk of suicide or self-harm when appropriate to help them to remain safe.
- 95% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was above the CCG average of 85% and the national average of 84%. The exception reporting was also below local CCG and national averages.
- 90% 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 comparable to the CCG average of 91% and the national average of 90%.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example 100% of patients experiencing poor mental health had received discussion and advice about alcohol consumption. This was above the CCG average of 92% and the national average of 91%. However, the exception reporting of 28% was above the CCG and national average of 10%.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice offered annual health checks to patients with a learning disability.

## Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. For example, we looked at a number of audits that demonstrated quality improvement. The practice performance was monitored through the monthly Clinical Quality and Operational Group (CQOG) meeting where performance for each practice within the partnership was reviewed. They included monitoring of patient outcomes



## Are services effective?

through monitoring of QOF achievements such as cervical screening, cancer and asthma among others. If patient outcomes were not being achieved, they were highlighted to the lead GP and further guidance and support offered. The CQOG also ensured adherence to clinical guidance such as NICE for example through audits and reviews.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2016/17 showed that the practice had achieved 549 out of a maximum of 559 (98%) QOF points. This was above the CCG average of 528 and the national average of 539 points.

### Effective staffing

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

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop. There was a nurse forum where all lead nurses that were part of the partnership met regularly to discuss updates and training needs.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The induction process for healthcare assistants included the requirements of the Care Certificate.
- The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.

### Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for people with long term conditions and when coordinating healthcare for care home residents. They shared information and liaised with community services, social services and carers for housebound patients and with health visitors and community services for children who had relocated into the local area.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured 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, for example through social prescribing schemes.
- 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.

## Are services effective?

- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

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

# Are services caring?

**We rated the practice as requires improvement for caring.**

## **Kindness, respect and compassion**

Staff treated patients with kindness, respect and compassion.

- Feedback from patients on the day was positive about the way staff treated them.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The national GP patient survey results published in July 2017 for the location showed that the percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at treating them with care and concern was significantly below local and national averages.
- The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at listening to them, explaining tests to them and involving them in decisions about their care was also below local and national averages.

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

The national GP patient survey results showed that patients felt that they were not involved in decision about their care and treatment. There was no action plan in place

to address this but the practice was working to develop new vision to deliver high quality care and held workshops with staff. It was hoped that this would filter into the care being delivered.

The practice proactively identified carers and supported them. The practice had identified 49 carers (0.6% of the practice population). However, the practice explained that all the six practices within the partnership had now merged with a single list size and the total number of carers registered was 657 (1.5% of the list size). The practice had a designated carers champion who had attended training organised by the CCG. The role of the carers champion was to inform, co-ordinate and signpost carers as well as to keep the practice team updated on any new guidance. The practice had a notice board dedicated to carers where written information was displayed informing carers of support services available.

## **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.

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

# Are services responsive to people's needs?

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

## Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs.
- Telephone and web GP consultations were available which supported patients who were unable to attend the practice during normal working hours. For example, there was a centralised home visiting team which consisted of an advanced nurse practitioner, a healthcare assistant and overseen by duty GP. This helped provide continuity of care.
- 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 have complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

### Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. This was useful for those who had difficulties getting to the practice due to limited local public transport availability.
- Patients had the option to register for electronic prescribing and could organise with the pharmacy to have their medicines delivered at home.
- 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.
- There was on-going development and support for nursing staff who undertook reviews of long term conditions, for example, for diabetes.
- 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. Records we looked at confirmed this.
- All parents or guardians calling with concerns about children were offered a same day appointment when necessary. The premises were suitable for children and babies.
- Public Health England data we looked at showed that immunisation rates were above the target of 90%.
- The practice enrolled all babies into the child health surveillance programme so that they could be reviewed by the health visiting team.

### 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, Saturday appointments and Sunday telephone consultation service.
- The practice offered online services such as making appointments and ordering repeat prescriptions, as well as a full range of health promotion and screening that reflected the needs for this age group.

### People whose circumstances make them vulnerable:

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

# Are services responsive to people's needs?

- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode
- The practice had established a staff foodbank which was then donated to a local trust for vulnerable people.
- Staff we spoke with knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice held GP led dedicated monthly mental health and dementia clinics. Patients who failed to attend were proactively followed up by a phone call from a GP.
- Data we looked at showed that 95% of patients diagnosed with dementia had a care plan reviewed in a face-to-face review in the preceding 12 months. This was above the CCG average of 85% and the national average of 84%.

## Timely access to care and treatment

- Most patients we spoke with told us that they were able to access care and treatment from the practice within an acceptable timescale for their needs.
- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that at times they found it difficult to get through on the phone when trying to make an appointment. The practice told us that they were working with the CCG to implement a new telephone system.

## Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care.

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

# Are services well-led?

**We rated the practice and all of the population groups as good for providing a well-led service.**

## Leadership capacity and capability

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

## Vision and strategy

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

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities. The practice developed its vision, values and strategy jointly with patients, staff and external partners.
- 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 high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. There was evidence that the practice adhered to the duty of candour in their response to complaints.

- Due to a clinical incident at another practice within the partnership, the service had discussed learning and changed practice.
- 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 was a staff forum and there was evidence that action was taken following feedback.
- There were processes for providing all staff with the development they needed. This included appraisal and career development conversations. All staff had received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.
- We saw that the practice had established a staff foodbank which was then donated to a local trust so that it could be used by vulnerable people.

## Governance arrangements

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

- The service was part of a partnership between six practices. Many of the functions were centralised with lead staff members. There was a centralised governance team that had a wide remit such as management of complaints to the management of the surgery premises and equipment. There was a centralised patient services team that reviewed relevant clinical outcomes.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

## Managing risks, issues and performance



## Are services well-led?

There were processes for managing risks, issues and performance. However, some areas needed further strengthening. We identified that:

- The practice premises were managed by the landlord including carrying out health and safety risk assessments. The risk assessment was not shared with the practice and therefore the practice was unable to assure themselves that risks were being appropriately managed. The practice met with a representative of the landlord on the day of the inspection to discuss this and to improve sharing of information so that risks could be better managed.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through an audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of national and local safety alerts, incidents, and complaints.
- The practice had a staff feedback portal and clinical staff were able to feedback any concerns or clinical risks to patient safety through the portal which was then discussed at the senior management meetings.
- 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/did not have appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. For example, the 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 performance was monitored through the monthly Clinical Quality and Operational Group (CQOG) meeting where performance for each practice within the partnership was reviewed. However, the practice had not responded to the feedback from the national patient survey in relation to quality of

consultation with the GPs. The practice had developed its vision in consultation with staff to deliver quality care and hoped this would result in improvement but a recent patient survey had not been carried out to demonstrate improvement.

- 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.

- There was an active patient participation group. The practice was in the process of implementing a new telephone system as a result of patient feedback.
- The practice offered a number of practice-based, consultant-led outpatient clinics to patients requiring specialist advice such as Cardiology, Dermatology, Ear Nose and Throat (ENT), Gynaecology, Ophthalmology and Rheumatology. Patients are asked about their experience with these clinics via a questionnaire at each visit and we were told that the practice had achieved a 95% or greater, satisfaction rating. The practice also offered physiotherapy clinics and during the trial of the service 98% of the 370 patients surveyed rated their experience as good or excellent.
- The service was transparent, collaborative and open with stakeholders about performance.

### Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement.
- Staff knew about improvement methods and had the skills to use them.

## Are services well-led?

- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- The practice is developing personalised job plans for staff members including salaried GPs enabling them to play to their strengths. For example, some GPs may have a preference for telephone triage and this allows them to play to that preference and strength.
- The practice had developed a multidisciplinary clinical support team consisting of a GP, Clinical Pharmacists and Physician Associates based at one of the partner practice sites. The purpose of the team was to ensure effective use of GP time and to ensure patients clinical needs were reviewed by appropriate staff.

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

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment.  The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular: There was no clinical oversight to assure itself that processing of hospital communication by administration staff was being undertaken safely.
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	