

A J Cole and Partners

Quality Report

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

Ratings

Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Key findings

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Letter from the Chief Inspector of General Practice

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

The key questions are rated as:

Are services safe? – Requires improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

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

Older People – Good

People with long-term conditions – Good

Families, children and young people – Good

Working age people (including those recently retired and students – Good

People whose circumstances may make them vulnerable – Good

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

We carried out an announced comprehensive inspection at A J Cole and Partners on 20 March 2018 as part of our inspection programme.

At this inspection we found:

- The practice had systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes. However, there was a lack of records to evidence all staff had received up-to-date safety training appropriate to their role.
- There were systems in place for safe management of medicines however, there were some shortfalls in the storage of vaccines.
- The practice was clean and tidy but there were some shortfalls in systems to prevent and control the spread of infections.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it although some people said there was a wait to see a GP of their choice. The practice had continually reviewed and adjusted the appointment system.

Summary of findings

- There was a focus on continuous learning and improvement at all levels of the organisation.

We observed one area of outstanding practice:

The practice was proactive in monitoring prescribing in the practice and had worked closely with the clinical commissioning group (CCG) pharmacist and employed a practice pharmacist to drive improvements in this area. Data provided showed year on year improvement across all the areas monitored by the CCG. The practice had also identified issues relating to over ordering of medicines by third parties and had been the first practice in Rotherham to take part in audits to assess related processes. Following improvements made as a result of the audits they had successfully reduced their prescribing budget by 10% and evidence of further reductions for the year to date were also seen. The process for improvement had been rolled out across Rotherham.

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

- Ensure care and treatment is provided in a safe way to patients (for details of the breach please see the requirement notice at the end of this report).

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

- Review the practice protocol for the management of letters received into the practice and share this with staff responsible for related tasks.
- Consider developing a written policy and procedure and central action log to support the management of alerts.
- Develop a written duty of candour policy and procedure.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Summary of findings

The six population groups and what we found

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

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

A J Cole and Partners

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to A J Cole and Partners

A J Cole and Partners are located at Woodstock Bower Surgery in a purpose built building. It is situated near to Rotherham town centre and is part of Rotherham Clinical Commissioning Group (CCG).

They have a Primary Medical Services (PMS) Rotherham CCG for delivering services to a practice population of 11,400 patients. The practice has a higher than average ethnically mixed population and is situated in one of the most deprived areas nationally.

There are two male GP partners. They are supported by two male and one female salaried GPs and locum GPs. There is a large nursing team consisting of four advanced nurse practitioners (ANPs), five practice nurses (PNs) and two health care assistants (HCAs) and a HCA apprentice. There is an experienced team of administration and reception staff, including a business manager and a practice manager. The lead nurse and business manager are both in the process of registering with CQC as partners at the practice.

The practice opening times are Monday to Friday 8am to 6.30pm. They are closed one Thursday afternoon a month for staff training purposes. Out of hours provision is provided by contacting NHS 111. Additionally, access to weekend GP and evening appointments on weekdays from 6.30pm to 8pm are available at hub sites within Rotherham and can be booked via the practice.

Are services safe?

Our findings

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

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

- There was a lack of evidence of training in safeguarding and health and safety matters.
- Vaccines had not been stored safely.
- There were some shortfalls in processes to manage infection prevention and control.

Safety systems and processes

The practice had systems to keep patients safe and safeguarded from abuse but there were some shortfalls in records of training.

- The practice had a suite of safety policies including adult and child safeguarding policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training although there was a lack of records to evidence the refresher training completed. Policies were regularly reviewed and were accessible to all staff, including locums. They outlined clearly who to go to for further guidance.
- There was a system to highlight vulnerable patients on records and a risk register of vulnerable patients.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- Staff told us they had received up-to-date safeguarding and safety training appropriate to their role and they knew how to identify and report concerns. The practice provided an eLearning package to support training needs however, there was a lack of records to evidence the training completed. After the inspection the practice investigated this area and provided an overview of training completed. This showed the majority of staff had undertaken safeguarding children training. They had also identified gaps in the safeguarding training and

told us how they were going to address this. The information provided showed staff would be undertaking the relevant safeguarding training on week commencing 23 March 2018.

- Reports and learning from safeguarding incidents were available to staff.
- Staff who acted as chaperones were trained for the role and had received a DBS check.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an on going basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- There was a system to manage infection prevention and control (IPC). Regular audits were completed but an action plan to show how shortfalls would be addressed had not been developed. We were told this would be completed. Records to evidence cleaning of equipment, such as the ear irrigation equipment, had not been completed consistently. Since the inspection the practice have told us the ear irrigator cleaning log was only recorded when the machine had been used and ear pieces were disposable. They also told us they now have a dedicated practice nurse and deputy that have taken responsibility for this area. An audit to monitor equipment cleaning had been developed but not implemented at the time of the inspection. There was a lack of evidence to show staff had completed IPC training. Following the inspection the practice provided information to show they had investigated this and provided information to show nursing staff had attended a variety of training relating to IPC in 2017. They had also identified training needs where nursing staff required updates.
- There were systems for safely managing healthcare waste.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions.

Risks to patients

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

Are services safe?

- There were arrangements for planning and monitoring the number and mix of staff needed. There was an effective approach to managing staff absences and for responding to epidemics, sickness, holidays and busy periods.
- There was an effective induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies. There was a lack of evidence staff were suitably trained in some emergency procedures, for example, in the event of a fire. Following the inspection the practice told us they had had at least five fire alarm activations in the last 12 months. They told us they have treated these incidents as fire training and looked at what went well and what they learnt from it. They provided records of two of these tests which evidenced the attendees and the learning from these events. They also told us they would arrange refresher training on using the extinguishers and tackling a fire.
- 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. Clinicians and reception staff had received sepsis training and guidance was displayed throughout the practice.
- 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 may not receive all the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had procedures for sharing information with staff and other agencies to enable them to deliver safe care and treatment. However, these were not always being followed in that information received was not always seen by a GP as stated in the written protocols. For example, a protocol stated information about accident and emergency attendance relating to children was always forwarded to a GP. Staff told us this did not always happen unless there were actions for the GP indicated in the letters. GPs we spoke with were not

aware of this change. We found this situation had arisen following a meeting where proposed changes to the protocol had been discussed but these had not been finalised and agreed. The provider told us they would review this immediately.

- Referral letters included all of the necessary information.

Safe and appropriate use of medicines

The practice had systems for appropriate and safe handling of all medicines but there were shortfalls in the storage of vaccines.

- The systems for managing and storing medicines, medical gases, and emergency medicines and equipment minimised risks. However, there were gaps in the records used to monitor the temperature of fridges used for storage of vaccines. Records also showed the fridge temperatures had been outside recommended ranges for safe storage of vaccines and any reasons or actions taken in response to this had not been recorded in all instances as per the practice protocol. The practice used a data logger as the second thermometer but the records for these were stored electronically and were difficult to access and some records had not been saved due to the way the system had been originally set up. We requested the practice report these findings to the NHS England screening and immunisation team for advice on any actions required. We have received written confirmation this was done and relevant action had been taken. We also saw that one fridge was plugged into an extension socket which was plugged into a wall socket. There was a risk this fridge could be accidentally switched off because although the extension socket had a do not switch off notice the wall socket did not and it was not obvious this was a vaccine fridge socket. Since the inspection the practice have told us that they have undertaken an investigation and worked with the immunisation team to ensure their processes are safe. They have told us they have taken action to improve records and to minimise the risk of plugs being accidentally switched off.
- The practice kept prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had reviewed its antibiotic prescribing and

Are services safe?

taken action to support good antimicrobial stewardship in line with local and national guidance. The practice was proactive in monitoring prescribing in the practice and had worked closely with the clinical commissioning group (CCG) pharmacist and employed a practice pharmacist to drive improvements in this area. Data provided showed year on year improvement across all the areas monitored by the CCG. The practice had also identified issues relating to over ordering of medicines by third parties and had been the first practice in Rotherham to take part in audits to assess related processes. Following improvements made as a result of the audits they had successfully reduced their prescribing budget by 10% and evidence of further reductions for the year to date were also seen. The process for improvement had been rolled out across Rotherham.

- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.

Track record on safety

The practice had a good safety record but there were gaps in records of training in health and safety matters.

- There were comprehensive risk assessments in relation to safety issues.

- The practice monitored and reviewed activity although improved systems to monitor training were just being implemented. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system and policy for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice.
- There was a system for receiving and acting on safety alerts. Although there was no written policy and procedure to support this area there was evidence action was taken in response to alerts. The practice learned from external safety events as well as patient and medicine safety alerts. For example, following a medicines alert the practice had completed an audit and identified areas for improvement in prescribing. They reviewed the patients prescribed the medicines in the alert and developed a protocol and template to minimise the risk of patients being commenced on medicines which were contraindicated in the alert. The information was shared with clinicians in the practice.

Are services effective?

(for example, treatment is effective)

Our findings

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

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

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs.
- Multidisciplinary meetings were held with district nurses, community matron, social services and Voluntary Action Rotherham. The practice had made referrals for social support for 85 patients.
- Medication reviews were held and systems such as monitored dosage systems and electronic repeat prescribing were implemented where appropriate to minimise patient risks and improve compliance.
- Patients aged over 75 were invited for a health check. Over a 12 month period the practice had completed 91 health checks for this group of 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.

People with long-term conditions:

- Patients with long-term conditions (LTC) had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.

- Staff who were responsible for reviews of patients with long term conditions had received specific training. The practice had a specialist nurse who managed patients with long term conditions.
- Patients were given a LTC care plan, which included all aspects of physical health, mental health, poly pharmacy, quality of living, carers needs and information relevant if they were admitted to hospital or relevant to other care providers for the patient.

Families, children and young people:

- Children were priorities for urgent appointments.
- 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% in three areas but below the 90% target at 74% for the percentage of children aged 2 with pneumococcal conjugate booster vaccine. The practice told us they had a very transient patient population which impacted on compliance with vaccination programmes.
- The practice had a baby clinic once a week for immunisation. The practice had recently evaluated the appointment system at the baby clinic to improve it. The practice had found the appointments which were booked by an external NHS department for child health caused inconvenience and some safety risk for the patients. The practice met with staff from the department and designed and implemented a more efficient and safe appointment system. The practice alerted child health where children did not attend for their immunisation appointment.
- The practice told us they had a monthly meeting with Child and Adolescent Mental Health Service (CAMHS) to discuss patient needs.
- 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.

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

- The practice's uptake for cervical screening was 72%, which was slightly below the 80% coverage target for the national screening programme.

Are services effective?

(for example, treatment is effective)

- The practices' uptake for breast and bowel cancer screening was mostly in line the national average. Females, 50-70, screened for breast cancer within 6 months of invitation was 53% below the CCG average of 66% and National average of 62%.
- The practice told us they had high levels of new immigrants who did not speak English and a very transient patient population which impacted on compliance with screening programmes.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example, before attending university for the first time and had given 33 patients this vaccine in the last 12 months.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74 and 394 health checks had been completed in the last 12 months. 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 the homeless and those with a learning disability.
- The practice provided a shared care in-house service for patients with substance misuse and 40 patients were accessing this service.

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

- 93% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the previous 12 months. This is above the national average of 84%.
- 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 is the same as the national average.
- The practice considered the physical health needs of patients with poor mental health and those living with dementia. 76% of patients experiencing poor mental health had received discussion and advice about alcohol consumption. This is below 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. Two advanced nurse practitioners and the health care assistants had been trained in the use of a cognitive screening test designed to assist health professionals in detection of mild cognitive impairment.
- One of the partners was the adult mental health lead for the CCG.
- The practice hosted Improving Access to Psychological Therapies (IAPT) service and they had assisted in the redesign of this service.
- The practice provided services to two care homes for patients with mental ill health. Services included regular home visits and health checks for these patients.

Monitoring care and treatment

The practice had a rolling programme of quality improvement activity related to medicines and prescribing practice. We reviewed four detailed audits which had been completed in the last 12 months related to medicines and prescribing practice. In all cases patients care had been reviewed and where appropriate changes made to treatment and prescribing practice. The information and learning had had been shared with clinicians and protocols developed to assist prescribing practice. Where appropriate, clinicians took part in local and national improvement initiatives. For example, the practice had participated in the learning disability mortality review programme. This is a national review set up to establish why people with learning disabilities typically die much earlier than average, and to inform a strategy to reduce this inequality.

The most recent published QOF results were 92% of the total number of points available compared with the clinical commissioning group (CCG) average of 95% and national average of 97%. The overall exception reporting rate was 7% compared with a national average of 10%. (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.) Practice performance against QOF targets was closely monitored and reviewed in practice meetings.

Effective staffing

Are services effective?

(for example, treatment is effective)

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

- Staff told us they had completed training and had access to eLearning. However, there were some gaps in records to show all staff had completed training in health and safety matters and safeguarding. The practice manager had previously been able to monitor training undertaken on the eLearning programme but the practice had recently changed training provider. They told us the previous provider would not let them have access to staff training logs anymore and they had paid for duplicate certificates to be sent to evidence training completed. The practice had identified they needed to improve information to ensure they could monitor training. They had devised a training log for staff and were in the process of recording training on the log. Following the inspection the practice provided information to show staff had received some of the training required in safeguarding and fire safety.
- The practice provided protected time for staff training and staff were encouraged and given opportunities to develop. The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. 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.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

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

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

Helping patients to live healthier lives

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

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

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- All of the 21 patient Care Quality Commission comment cards we received were positive about the service experienced. This was in line with the results of the NHS Friends and Family Test and other feedback received by the practice.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. 278 surveys were sent out and 116 were returned. This represented about 1% of the practice population. The practice was above average for most of its satisfaction scores on consultations with GPs and nurses. For example:

- 87% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 97% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 96%; national average - 96%.
- 83% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG - 87%; national average - 86%.
- 93% of patients who responded said the nurse was good at listening to them; (CCG) - 91%; national average - 91%.
- 95% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 90%; national average - 91%.

Involvement in decisions about care and treatment

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

- Interpretation services were available for patients who did not have English as a first language. The practice had an interpreter who attended each Thursday funded by the CCG. Clinicians used Google Translate and the practice also had a contract with "Big Word" telephone translation service. One of the GPs was fluent in two Asian languages. The practice website had a translation function so information could be easily changed into different languages.
- Staff communicated with patients in a way that they could understand. There was a hearing loop in the practice and alerts were used on the patient records to inform staff to any additional needs. The practice involved staff in the building of the extension resulting in the use of colour coding and brail to assist patients.
- Staff helped patients and their carers find further information and access community services.

The practice proactively identified patients who were carers. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 135 patients as carers (1.1% of the practice list). The practice had a carer's corner in the waiting area with key information and signposting to services. The practice worked with the Carers Resilience service to offer support and advice. Carers were invited to attend multi-disciplinary meetings where appropriate. Double appointments were available upon request and carers were offered flu vaccinations.

Staff told us that if families had experienced bereavement, the practice would speak to patients if required and an information leaflet was available in reception. Patients were able to book in to see GP should there be ongoing difficulties. The palliative care nurse provided follow up on behalf of the practice.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages:

Are services caring?

- 89% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 87% and the national average of 86%.
- 80% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 83%; national average - 82%.
- 90% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 89%; national average - 90%.

- 87% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 87%; national average - 86%.

Privacy and dignity

The practice respected patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- Conversations with receptionists could not be overheard by patients in the waiting room.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs. (For example, online services such as repeat prescription requests and advanced booking of appointments.)
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. For example, provision of translation services and home visits.
- 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. The GP and practice nurse accommodated home visits for those who had difficulties getting to the practice due to their health and mobility needs.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk.

- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- The practice would try to arrange all appointments consecutively if members of the same family had appointments.

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, online booking and repeat prescription systems.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- The practice provided services for two patients who were homeless and they were well known to practice.
- They provided appointments with an eastern European interpreter one day per week.
- The practice collected food and clothing for the homeless.

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.
- Nursing staff and health care assistants had received training in assessment of cognition.

Timely access to care and treatment

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

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

Are services responsive to people's needs?

(for example, to feedback?)

- Patients reported that the appointment system was easy to use although some people commented there was sometimes a wait to see a GP of their choice.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages. This was supported by observations on the day of inspection and completed comment cards.

- 75% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 80% and the national average of 80%.
- 75% of patients who responded said they could get through easily to the practice by phone; CCG – 72%; national average – 71%.
- 74% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG – 75%; national average – 76%.
- 66% of patients who responded described their experience of making an appointment as good; CCG – 71%; national average – 73%.

The practice constantly reviewed their appointment systems and made changes where necessary. They had recruited additional clinical staff and increased the availability of appointments by 23,000 over the last two years. They had implemented the care navigation system to enable reception staff to direct patients to the most

appropriate service for their needs such as pharmacist, nurse or GP. They had increased appointment times to 12 minutes and had restructured the baby clinic appointment system to minimise waiting times. They were currently reviewing the telephone triage service with a view to providing a more effective service by providing more face to face appointments.

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. 19 complaints were received in the last year. We reviewed two complaints and found that they were satisfactorily handled in a timely way.
- 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. Following a complaint about the prescription service the systems were reviewed and changed to minimise risk. The practice told us they held an annual meeting with staff to discuss complaints however these meetings were not recorded.

Are services well-led?

Good 

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

Our findings

We rated the practice 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 good quality, sustainable care.

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

Vision and strategy

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

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social 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 good 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 consistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware the requirements of the duty of candour although there was no written policy to support this area.

- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was an emphasis on the safety and well-being of all staff.
- The practice promoted equality and diversity. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff understood their roles and accountabilities including in respect of health and safety matters, safeguarding and infection prevention and control although there was a lack of evidence training had been provided to all staff in these areas.
- Practice leaders had established policies, procedures and activities to ensure safety and but had not always assured themselves that they were operating as intended. for example, although processes were in place we found shortfalls in some areas such as staff training records and some tasks such as cleaning of equipment and monitoring temperatures of fridges used to store medicines. Staff were aware of how to access policies and procedures but did not record they had seen them.

Managing risks, issues and performance

Are services well-led?

Good 

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

There were processes for managing risks, issues and performance.

- There was a process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. 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 a positive impact on quality of care and outcomes for patients in relation to medicines and prescribing practice. There was evidence of action to change practice to improve quality.
- The practice had plans in place and had provided some training for staff for major incidents although there was a lack of records to support this.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.

- The practice 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 good quality sustainable services.

- A range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. The practice displayed praise and grumble forms and a suggestion box in the waiting room.
- There was an active patient participation group.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements for example, in prescribing practice.
- The practice had reviewed staffing and work streams due to historical difficulties in GP recruitment. The role of advanced nurse practitioners had been developed in the practice and they had recently employed a pharmacist to assist in all aspects of medicines management and prescribing practice. This had provided a positive impact on prescribing budgets, reduced workload for GPs and increased provision of appointments for patients.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>Actions to mitigate risk to the health and safety of service users of receiving care or treatment were not always being adequately carried out. In particular:</p> <ul style="list-style-type: none">• There was a lack of evidence all staff had received up-to-date safety training appropriate to their role. <p>Some systems were not adequate to ensure proper and safe management of medicines. In particular:</p> <ul style="list-style-type: none">• The cold chain for storing vaccines had not been maintained in line with recommended parameters and action had not been taken in response to this.• There were gaps in records used for monitoring fridge temperatures.• One fridge was plugged into an extension socket which was plugged into a wall socket. There was a risk this fridge could be accidentally switched off because although the extension socket had a do not switch off notice the wall socket did not and it was not obvious this was a vaccine fridge socket <p>The systems to prevent, detect and control the spread of, infections, including those that are health care associated were not adequate. In particular:</p> <ul style="list-style-type: none">• Action taken in response to identified shortfalls in the infection prevention and control audits (IPC) was not always recorded on the action plans to enable the practice to monitor progress.• Records to evidence cleaning of equipment, such as the ear irrigation equipment, had not been completed consistently.• There was a lack of evidence to show all staff had completed IPC training relevant to their role.

This section is primarily information for the provider

Requirement notices

This was in breach of Regulation 12 (1)(2)