

Oaklands Health Centre

Quality Report

Stade Street

Hythe

Kent

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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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



Key findings

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Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Oaklands Health Centre on 16 March 2018. **This practice is rated as requires improvement overall.** (At our previous inspection on 14 January 2015 this practice was rated as good overall and outstanding in well-led).

The key questions are rated as:

Are services safe? – Requires improvement

Are services effective? – Requires improvement

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Requires improvement

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

Older People – Requires improvement

People with long-term conditions – Requires improvement

Families, children and young people – Requires improvement

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

People whose circumstances may make them vulnerable – Requires improvement

People experiencing poor mental health (including people with dementia) - Requires improvement

We carried out an announced comprehensive/focused inspection at Oaklands Health Centre as part of our inspection programme.

At this inspection we found:

- The practice did not have a systematic approach for identifying and managing risk so that safety incidents were less likely to happen.
- When incidents did happen, the practice learned from them and improved their processes.
- There was evidence of audit activity and quality improvement. Clinical staff told us they delivered care according to evidence-based guidelines. However, we did not see comprehensive clinical protocols to support this, nor did the practice have a systematic approach for recording quality improvement activity.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- The practice had introduced a new 'book on the day' appointment system and patients told us that they experienced difficulties accessing services by telephone during the implementation of this new system.
- Patients had the additional option of accessing services online through E-consults.

Summary of findings

- There was a strong focus on continuous learning and improvement at all levels of the organisation. The practice was a training practice for GPs and had plans to become a training practice for nurses.
- The practice was forward thinking and their three year forward plan included developing staff skills and mix including using advanced nurse practitioners to meet the challenge of recruiting more GPs and bringing new services to the local health economy.

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.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.

- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out the duties.

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






- Review the process for recording and adopting new clinical pathways in line with national guidance.
- Continue to review patient satisfaction with the new appointment system including utilising the patient participation group to gain patients views and review changes.
- Develop systems and processes for clinical and service audit to gain a practice wide approach.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?	Requires improvement	
Are services effective?	Requires improvement	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Requires improvement	

Oaklands Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Oaklands Health Centre

- The registered provider is Oaklands Health Centre.
- Oaklands Health Centre is located at Stade Street, Hythe, Kent, CT21 6BD. The practice has a general medical services contract with NHS England for delivering primary care services to the local community. The practice website address is www.hythe-gp.co.uk.
- As part of our inspection we visited Oaklands Health Centre, Stade Street, Hythe, Kent, CT21 6DB only, where the provider delivers registered activities.
- Oaklands Health Centre has a registered patient population of approximately 11,500 patients. The practice is located in an area with a higher than average deprivation score.
- There are four GP partners (two female and two male) and three salaried GPs (all female). There are five nurse practitioners, three practice nurses, two healthcare assistants and one phlebotomist as well as a practice manager and an administration team.
- The practice is currently training Foundation Year Two doctors.

Are services safe?

Our findings

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

Safety systems and processes

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

- The practice had 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. The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice did not have a systematic approach to staff checks for recruitment. We checked five staff personnel files and found not all of them contained the relevant checks or information. For example, full employment history, photographic identification and full employment history. Records showed not all staff had Disclosure and Barring Service (DBS) checks undertaken where required including one clinical member of staff employed in 2014. This did not meet the standards laid out in the practice's DBS Risk Assessment Toolkit. (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).
- The practice was unable to demonstrate that all staff received up-to-date safeguarding and safety training appropriate to their role. Staff we spoke with told us they knew how to identify and report concerns.
- There was an effective system to manage infection prevention and control.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed. The practice told us they had found it difficult to recruit GPs.
- The practice told us locum GPs were given a verbal induction but were unable to demonstrate this was supported by a formal locum pack or induction.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis.

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- Clinicians undertaking home visits took an iPad to use during their visit, enabling them to access and complete patient's notes at point of contact.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. Most abnormal test results had been followed up appropriately. However, records showed that the practice had failed to follow process for an abnormal electrocardiogram (ECG) result dated 23 February 2018 (an ECG is a test which measures the electrical activity of your heart to show whether or not it is working normally) and abnormal results from a kidney function test from 5 March 2018.
- Referral letters included all of the necessary information.

Safe and appropriate use of medicines

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

- The systems for managing medicines, medical gases, emergency medicines and emergency equipment minimised risks. However, we found that the practice did not have a systematic approach for monitoring the storage of vaccines and medicines. We found that

Are services safe?

during a three month period in 2017 records showed that no action had been taken when temperatures exceeded recommended guidelines (guidelines recommend that vaccines should be transported and stored between two and eight degrees Celsius). The practice had recognised this and taken steps to record vaccines storage correctly in the future. However, the practice was unable to provide us with a cold chain protocol to help ensure staff new to the role understood the process.

- 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. There was evidence of actions taken to support good antimicrobial stewardship.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.

- **Track record on safety**

The practice could not demonstrate an effective approach to risk assessment.

- Whilst some risk assessments had been undertaken including infection prevention and control and fire safety not all areas of the practice had been adequately risk assessed. When we reviewed the fire risk action plan some action did not contain details of when the action should be completed by.
- The practice told us they were in the process of reviewing risk assessments, including developing a

policy and risk assessment for the control of substances hazardous to health (COSHH). However, on the day of the inspection we noted that a lock on the cupboard where the COSHH products were stored was broken. This area was accessible to patients and the public. Repairs had been booked but not undertaken at the time of the inspection and the practice had failed to move the substances to an appropriate place until repairs were completed.

- **Lessons learned and improvements made**

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. For example, records showed that when a rapid referral was not made in the recommended time frame new protocols were agreed at a clinical meeting. Learning and protocols from the meeting were shared with staff via the email system to help ensure those not at the meeting were informed.
- The practice could not demonstrate there was an effective system for managing Medicines and Healthcare products Regulatory Agency (MHRA) alerts across the practice.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

The practice told us they had systems to keep clinicians up to date with current evidence-based practice. Staff were encouraged to attend role specific training events and share learning across the practice. We saw evidence of best practice discussions during meetings. However, the practice was unable to demonstrate an effective system for implementing new guidance underpinned with clinical pathways and protocols.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- The practice was proactively using information technology (IT) systems to improve services and the patient experience. For example, online consulting, iPads for clinical staff undertaking home visits and electronic referrals to hospitals. Thirty three percent of the practice population were registered to use online services. The practice's business continuity plan included how to manage a cyber-attack.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who were frail or may have been vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of 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 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.
- The practice told us they supported four nursing homes and provided weekly ward rounds for each of these.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines

needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.

- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- The practice delivered a rheumatology service which reduced the need for patients to travel to hospital to obtain care for these conditions which affect bones and muscles.
- There was a blood pressure monitoring machine in the practice so patients were able to check their blood pressure at a time that suited them.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. There are four areas where childhood immunisations are measured; each has a target of 90%. The practice did not achieve the target in three of the four areas (ranging between 86% to 90%). These measures can be aggregated and scored out of 10, with the practice scoring 8.9 (compared to the national average of 9.1). We discussed this with the practice who told us they sent reminder letters to parents/guardians and took appropriate action when children repeatedly failed to attend immunisation appointments.
- There was a quiet area for mothers who wished to breast feed their infants in privacy and notices directed them to this area.

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

- The practice's uptake for cervical screening was 77%, which was in line with the clinical commissioning (CCG) average of 76% and the national average of 72%, but below the coverage target for the national screening programme of 80%.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time, and 97 invites had for this vaccine had been sent out.
- 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.

Are services effective?

(for example, treatment is effective)

- E-consult and online services were available for patients who found it difficult to access services during working hours.

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.

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

- 77% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was comparable to the CCG average of 83% and the national average 84%.
- 80% 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 88% 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, 89% of patients experiencing schizophrenia, bipolar affective disorder and other psychoses had their alcohol consumption recorded in the preceding 12 months (CCG 90%; national 91%).
- The practice consulted with patients from a local learning disability residential home to help redesign the practice's invite letter for annual health checks to encourage uptake. All but one patient from the home attended the practice for their annual review after this consultation. This helped the practice ensure that the physical, mental health and well-being and preferences from this patient population were being met.
- There was a dementia notice board in the waiting room and staff told us they had suggested that there could be a lead role to support dementia in the area. The management team told us they were in the process of implementing this.

Monitoring care and treatment

There was some evidence of quality improvement activity and the practice had undertaken audit and service review in areas such as medicines management, minor surgery,

diabetes and wound care. However, the practice did not have a systematic approach for clinical audit that was driving improvement. For example, a rolling programme of audit.

Where appropriate, clinicians took part in local and national improvement initiatives. For example, tissue viability, rheumatology services and minor surgery.

The most recent published Quality Outcome Framework (QOF) results were 95% of the total number of points available compared with the CCG average of 97% and was the same as the national average. The overall exception reporting rate was 7% compared with a national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

Data from 2016/2017 showed the results for practice management of patients with long-term conditions were good;

- The practice had achieved 42 out of 45 points (94%) in the four clinical domain indicators for asthma as well as 33 out of 35 points (93%) in the six clinical domain indicators for chronic obstructive pulmonary disease.
- The practice had achieved 75 out of 86 points (87%) in the 11 clinical domain indicators for diabetes mellitus.
- The practice had achieved 23 out of 26 points (87%) in the seven clinical domain indicators for mental health.
- The practice had achieved 6 out of 6 points (100%) in the two clinical domain indicators for palliative care.
- Seventy five per cent of patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more who were currently treated with anticoagulation drug therapy. This was significantly lower than the CCG average of 85% and the national average of 88%. We discussed this with the practice who told us this was due to a combination of issues relating to coding and that the practice did not prescribe warfarin.

Effective staffing

Staff told us they had the skills, knowledge and experience to carry out their roles. However, the practice did not maintain up to date training files to support this.

Are services effective?

(for example, treatment is effective)

- The practice understood the learning needs of staff and provided protected time and training to meet them. However, the practice did not have an effective system for recording training and not all personnel files contained up to date records of training.
- Staff were encouraged and given opportunities to develop. For example, the health care assistants had attended an external three day wound care course and afterwards delivered a presentation at the clinical meeting to share their learning across the practice.
- The practice provided staff with ongoing support. This included an induction process, appraisals and regular clinical meetings where learning and development was discussed. The practice recognised this could be improved and told us they intended to introduce one to ones and a staff survey in the future. Some members of the nursing team were in the process of undertaking further training, one to become an independent prescriber and another a nurse mentor. The administration team were also being encouraged to undertake extra training. For example, two members of staff were undertaking health and safety and risk assessment training.

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.

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. The practice had conducted an audit to assess whether written consent had been obtained for minor surgery and action had been taken where process had not been followed.

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.

- The practice gave patients support and information.
- Conversations between receptionists and patients could be overheard in the reception area. The receptionists were aware of patient confidentiality and we saw that they took account of this in their dealings with patients. Incoming telephone calls to the practice were dealt with away from the reception area and there was a private interview room for confidential matters.
- We received 23 patient Care Quality Commission comment cards and one written letter. The comments in the cards were mixed: nine were positive, four contained negative and positive comments and eight were negative. Positive comments were about the online services, as well as attentive and caring staff. Many of the negative comments were about accessing services via the telephone and poor communication across the practice.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. Two hundred and twenty surveys were sent out and 126 were returned. This represented about 1% of the practice population. The practice was in line with local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 84% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 94% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 95%; national average - 96%.
- 81% of patients who responded said the last GP they spoke with was good at treating them with care and concern; CCG - 83%; national average - 86%.
- 94% of patients who responded said the nurse was good at listening to them; (CCG) - 92%; national average - 91%.

- 95% of patients who responded said the last nurse they spoke with was good at treating them with care and concern; CCG - 92%; national average - 91%.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care.

- Interpretation services were available for patients who did not have English as a first language and the website had a translate this page function.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice identified patients who were carers opportunistically and at new patient registration. Three hundred and forty three patients had been identified as carers (3% of the practice list). Staff told us there were plans to extend access for E-Consult to carers. The practice told us they recognised they could do more for carers and were discussing developing a role for a care co-ordinator.
- Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a consultation at a flexible time and location to meet the family's needs and by giving them advice on how to find a support service.

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:

- 78% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 85% and the national average of 86%.
- 74% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 81%; national average - 82%.
- 91% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG and national average - 90%.

Are services caring?

- 86% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 87%; national average - 85%.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect and the practice's mission statement, which was developed through consultation with staff, reflected this.
- The practice complied with the Data Protection Act 1998.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs.
- Extended hours appointments were offered Tuesday and Wednesday from 6.30pm to 8.30pm. These appointments were pre-bookable.
- The practice improved services where possible in response to unmet needs. For example, providing extended services including a wound dressing scheme, tissue viability and Doppler services, coil fitting, dermoscope services (a dermoscope is an instrument used to help in the diagnosis of melanoma) and minor surgery. These services were extended to patients not on the practice list. Records showed that from April 2017 to March 2018 the practice provided 843 dressing changes and 582 dermoscope consultations. We spoke with two members of the community nursing team who told us they were able to access dressings from the dressing station at the practice as required.
- 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 consulted with patients from a local learning disability residential home to help redesign the practice's invite letter for annual health checks to encourage uptake for annual health checks. All but one patient from the home attended the practice for their annual review. This helped the practice ensure that the physical, mental health and well-being and preferences from this patient population were being met.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- Patients had the additional option of accessing services online, through E-consults, which allowed patients to

access services such as advice from the pharmacist, request sick certificates and referrals as well as the completion insurance forms. The practice told us they were in the process of extending this service to carers.

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 completed weekly ward rounds at four local nursing homes to identify avoidable admissions to hospitals.
- 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.
- The practice held regular meetings with the local community nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- The practice accepted coil fitting referrals from other practices in the area not able to provide this service.

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 hours appointments.
- Telephone and E-Consult GP appointments were available which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

Are services responsive to people's needs?

(for example, to feedback?)

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.

Timely access to the service

Patients told us they were not always able to access care and treatment from the practice within an acceptable timescale for their needs due to issues getting through to the practice by telephone.

- In response to challenges in recruiting clinical staff and high levels of patients failing to attend their appointments, the practice had introduced a 'book on the day system' from the 30 October 2017. This meant patients had to telephone the practice at 8.30am to get an appointment. Patients told us they found it difficult to get through on the telephone, they were often cut off and no on the day appointments were left when they did through. Many of the negative comments in the CQC comment cards supported this view including having to attend in person to make appointments and get changes made to prescriptions. We talked with eight patients, including three members of the patient participation group, who also raised concerns about making appointments and getting through on the telephone. We observed patients queuing just before the practice opened and several times during the day. We reviewed the appointments system and found three appointments were available on the day of the inspection. The practice acknowledged the difficulties experienced by patients and were promoting online booking and E-Consult, offering extended hours appointment until 8.30pm Tuesdays and Wednesdays (with pre-bookable appointments) and limiting non-urgent telephone calls to after 10am to manage demand during busy times.

- Delays and cancellations were minimal and managed appropriately. For example, there was a screen in the patient waiting area informing patients about any appointment delays.
- Patients with the most urgent needs had their care and treatment prioritised.

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.

- 77% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average and the national average of 80%.
- 60% of patients who responded said they could get through easily to the practice by telephone; CCG – 69%; national average – 71%.
- 72% 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 and national average – 76%.

Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. Thirty nine complaints were received since April 2017.
- The practice learned lessons from individual concerns and complaints and categorised them to help identify and analyse trends. It acted as a result to improve the quality of care. For example, on receipt of a complaint about an E-Consultation the practice held a team discussion and staff undertook refresher training at the practice meeting on 18 December 2017.

Are services well-led?

Requires improvement 

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

Our findings

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

Leadership capacity and capability

In response to significant changes in the management team at the practice over the last year new initiatives, learning and governance arrangements were being implemented and needed time to imbed.

- Leaders and the practice management were developing the experience, capacity and skills to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were in the process of developing and implementing them. For example, working towards a nurse led model and training existing staff towards this goal in response to challenges in recruiting GPs.
- 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 and the management team were consulting with staff to form, review and implement 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 care and promote good outcomes for patients.

- There was a clear vision and set of values. The practice showed us their three year forward plan which included refurbishment plans, continued information technology (IT) development, a strong focus on staff development towards a nurse led model and plans to work with other GPs in the area to share existing service provision but to also innovate for new services.
- The practice developed its vision, values and strategy jointly with staff.
- 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. There was a strong focus on staff development and staff told us they were able to develop their roles and were supported to share learning across teams.
- The practice focused on the needs of patients. They were aware of challenges patients faced about accessing services and were trialling solutions to address them.
- The practice identified specific skills for staff and encouraged them to use these. For example, a member of the administration team supported the practice manager with complaints as she had previous experience in complaints management.
- The practice told us that they had not had to undertake any formal or informal disciplinary processes regarding behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they needed. This included appraisal and career development conversations. There was a strong focus on developing the skills of existing staff. Additionally staff were encouraged to share new learning across the practice and the nursing team had 'Journal Updates' as a permanent item on their clinical meetings. We saw one update included a presentation on wound care by a healthcare assistant.
- 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.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training and the practice's mission statement noted that patient's individuality should be respected.

Are services well-led?

Requires improvement 

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

- There were positive relationships between staff and teams.

Governance arrangements

The practice had undergone significant changes in the last year, including staff changes, and consequently structures, processes and systems to support good governance were under review and development at the time of our inspection. However, there were clear responsibilities, roles and systems of accountability to support the development of good governance and management.

- The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control. The practice had recently developed their infection prevention and control processes which contained audits and action plans. However, some governance arrangements had not been effectively developed and implemented. For example, recruitment and staff management processes including those for locum staff and comprehensive risk assessments.
- Practice leaders were in the process of establishing and reviewing policies, procedures and activities to help ensure safety to assure themselves that they were operating as intended and aligned with their mission statement and three year forward plan.

Managing risks, issues and performance

The practice did not have clear and effective processes for managing risks, issues and performance.

- There were some processes to identify, understand, monitor and address current and future risks including risks to patient safety. However, these were not always effectively implemented. For example, acting on identified risks from control of substances hazardous to health (COSHH) products and providing completion dates for all action in the fire risk assessment.
- The practice did not have a system or process to ensure that all clinical staff had their hepatitis B status recorded or that this had been declined.
- The practice had some processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit. For example, minor surgery and tissue viability audits.

However, there were some areas where practice leaders did not have oversight. For example, Medicines and Healthcare products Regulatory Agency (MHRA) alerts across the practice.

- Clinical audit had a positive impact on quality of care and outcomes for patients and there was evidence of action to change practice to improve quality. However, the practice did not have a systematic oversight of audit and subsequent improvement.
- The practice had plans and had trained staff for major incidents.
- The practice implemented service developments and collaborated with other local GPs to deliver these.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to help ensure and improve performance.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- There was strong focus in the practice to information technology (IT) systems to monitor and improve the quality of care. For example, E-Consult, electronic referral system and iPads for home visits enabling staff to access patient records at point of care. The practice had plans to continue developing IT across the practice including for patients via the website.
- 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. This included information guidance in the event of a cyber-attack.

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.

- The longstanding patient participation group (PPG) had dispersed in 2017 and the practice had started a new group. Minutes from their meeting held on 29 January 2018 showed roles and responsibilities had been agreed. We spoke with three members of the PPG who

Are services well-led?

Requires improvement 

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

confirmed there were concerns about accessing services under the appointment system and this was shared with the PPG at the January 2018 meeting with plans for on-going review.

- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

The practice told us they had faced significant changes and challenges around staffing especially retaining and recruiting GPs. In response they were looking at and testing innovative ways of working to meet these challenges whilst still responding to the needs of the local population.

- The practice was working with other GPs in the area to share and develop services. This included plans to become the local hub for primary care in order to deliver extended services from the practice thereby reducing the necessity for patients to travel to hospital.

- The practice was looking at new ways of working to meet recruitment challenges including moving towards a nurse led model. To support this plan there was a programme of development for existing clinical and non-clinical staff and we saw evidence of career progression across the practice supported by training programmes. Additionally one of the nurses was undertaking mentorship training to enable the practice to provide training for student nurses alongside training opportunities for doctors already provided.
- The practice was in the process of developing their governance arrangements, workforce, patient feedback mechanisms and services at the time of our inspection.

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>Care and treatment must be provided in a safe way for service users. The registered person had not done all that was reasonably practicable in assessing the risks to the health and safety of service users of receiving the care or treatment and doing all that is reasonably practicable to mitigate any such risks. The registered person had not done all that was reasonably practicable in the proper and safe management of medicines. In particular: The registered person failed to have a systematic approach for monitoring the storage of vaccines and medicines. The registered person failed to demonstrate there was an effective system for managing Medicines and Healthcare products Regulatory Agency (MHRA) alerts across the practice.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered person had systems or processes that were not operating effectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk, throughout the governance process. In particular: The registered person had failed to assess and manage in an effective and timely manner all identified risks to patients, staff and visitors. For example, risks from control of substances hazardous to health (COSHH) products and Medicines and Healthcare products Regulatory Agency (MHRA) alerts across the practice. Not all actions in risk assessments had a completion date. The registered person did not have failsafe systems or processes for managing test results to help ensure</p>

Requirement notices

appropriate action was taken following the receipt of abnormal test results. The registered person had systems or processes that were not operating effectively in that they failed to enable the registered person to maintain such records as are necessary to be kept in relation to persons employed in the carrying on of the regulated activity or activities. In particular: The registered person failed to have a system or process to ensure that all clinical staff had their hepatitis B status recorded or that this had been declined. The registered person failed to have a system and process to record all the recruitment requirements. For example, references, full employment history, DBS checks and photographic identification. The registered person failed to have a system and process to manage staff training. The registered person failed to have comprehensive governance arrangements across the practice.

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The registered person had failed to ensure that persons employed in the provision of regulated activity received the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out the duties. In particular: The registered persons failed to demonstrate there was an induction process for temporary staff including providing a locum pack for GPs. The registered person failed to ensure all members of staff had received training in areas such as safeguarding and infection prevention and control.

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

The registered person's recruitment procedures did not always ensure that only persons of good character were employed. In particular the registered person failed to demonstrate that all new employees had a full employment history, proof of identity and references.