

# New Parkfields Surgery

## Inspection report

1217 London Road  
Alvaston  
Derby  
Derbyshire  
DE24 8QJ  
Tel: 01332784684  
<WWW.XXXXXXXXXXXXXXXXXX>

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

### Ratings

#### Overall rating for this location

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive?

Requires improvement



Are services well-led?

Requires improvement



# Overall summary

## **This practice is rated as 'Requires Improvement' overall.**

The key questions at this inspection are rated as:

Are services safe? – Requires improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Requires improvement

Are services well-led? - Requires improvement

We carried out an announced comprehensive inspection at New Parkfields Surgery (also known as Parkfields Surgery) on 22 August 2018. This inspection was undertaken following Hollybrook Medical Centre's partnership registration, as the new provider for regulated activities at this location, with the Care Quality Commission (CQC) on 14 September 2017. The inspection was carried out under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

At this inspection we found:

- The new provider, Hollybrook Medical Centre, had been selected to take over the management of the New Parkfields Surgery by the Southern Derbyshire Clinical Commissioning Group (CCG) with effect from April 2017 (their registration with the CQC was effective from September 2017). The CCG initially awarded the contract for a period of 12 months, which was later extended to 18 months. The provider had since been successfully awarded a five-year contract, with effect from June 2018.
- The new provider informed us they had inherited a significant number of problems which needed to be resolved. We were informed how the issues had been addressed that were identified at CQC inspections under the previous registered partnership. In addition, further challenges were discovered by the new contractor leading to a comprehensive change programme for the practice, which had been ongoing for almost 18 months when our inspection took place.
- The new provider was part of a wider organisation and were in the process of updating their CQC registration at the time of our inspection. This organisation provided a corporate management structure which included the benefits of working at scale.
- There was improved continuity of care with GPs now providing regular clinical sessions on site, and patients told us they saw improvements. A female GP had been introduced to the team allowing choice for patients in consultations, and to promote choice when accessing services such as family planning.
- Skill mix arrangements were being developed with advanced nurse practitioner/nurse practitioner roles, although these only amounted to a few hours on site each week. A part-time pharmacist provided support on medicines management issues, and reviews of patients' prescribed medicines. Joined up working with Hollybrook Medical Centre meant there was greater flexibility and capacity for GP clinical sessions, and staff such as a nurse with a specialism in diabetes management, offered more extensive care options to patients.
- Due to issues of multiple medicines being previously prescribed to patients, the provider had completed almost 2,000 medicines reviews since taking over the contract. This impacted significantly in reducing prescribing costs and ensured patients were only in receipt of the medicines they required to ensure they had appropriate and safe care.
- The provider had an achievement of 95% in the 2017-18 Quality and Outcomes Framework (QOF). These figures remained subject to external verification. We saw that the new provider had made good progress in tackling an inherited high level of exception reporting.
- Systems for safeguarding had improved significantly under the new provider. There was an identified lead for safeguarding on site and within the organisation. However, not all GPs were able to demonstrate they had completed up to date level 3 safeguarding training.
- The practice had systems to manage risk so that safety incidents were less likely to happen. However, we found that some incidents were not being reviewed effectively and opportunities for learning were not always identified.
- Environmental risk assessments had been undertaken, including fire and Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). However, action plans were not

# Overall summary

being updated to evidence that issues had been effectively addressed. On site monitoring records (for example, water temperatures) was not always followed up when an issue had been identified.

- The practice ensured that care and treatment was delivered according to evidence-based guidelines.
- The results from the national GP patient survey were mostly below local and national averages. However, the practice was undertaking their own internal surveys and we saw that some improvement was being achieved. The majority of feedback we received from patient comment cards was positive, and some commented on the improvements that were being made in the last 18 months. On the day of the inspection, we saw staff treat patients with kindness, dignity and respect.
- Appointment systems had been reviewed and we observed that this was facilitating improved access to care when it was needed. The procurement of a new and improved telephone system, and an IT based interactive system was nearing completion. It was hoped these measures would impact positively on patient experience. Patients could access extended hours via a local hub service as part of the GP federation.

- The practice encouraged learning and improvement, and we saw that most staff were up to date with the practice's training schedule. However, records for clinical staff training were not easily accessible.

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 in accordance with the fundamental standards of care. For details, please refer to the requirement notice at the end of this report.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care. For details, please refer to the requirement notice at the end of this report.

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

- The provider should continue to work towards improving patient experience.
- The practice should review and improve quality improvement programmes in the practice.

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

**Please refer to the detailed report and the evidence tables for further information.**

## Population group ratings

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

## Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist advisor, and a nurse specialist advisor.

## Background to New Parkfields Surgery

New Parkfields Surgery is presently registered with the CQC as a location under Hollybrook Medical Centre's provider registration. It is a partnership of four GPs although we were informed that the registration was in the process of being changed at the time of the inspection, and would become part of Aspiro Healthcare. Aspiro Healthcare manage practices across three counties with over 50,000 registered patients across five locations.

Hollybrook Medical Centre was selected as a caretaker provider for the services at New Parkfields Surgery by Southern Derbyshire CCG with effect from April 2017. This was initially for a time-limited period, but the provider was later successful in being awarded a five-year contract in June 2018.

The practice is situated in Alvaston, which is a large suburb and ward, approximately three miles to the south-east of Derby city centre. It provides primary care medical services commissioned by NHS South Derbyshire CCG and NHS England.

The practice has a population of approximately 6,300 registered patients. There has been a slight reduction in registered patient numbers since our previous inspection at this location in 2016. Patients are predominantly of white British origin, although 11% of registered patients are from BME groups. The age profile of registered

patients shows a higher percentage of younger patients in comparison to local and national averages, with a slightly lower proportion of patients aged over 65. The practice serves a population that is ranked in the second most deprived decile for deprivation, which is an indicator of greater health needs.

There are 21 staff working at the practice. The clinical team consists of two GPs. These GPs are part of a larger group which rotate between New Parkfields and Hollybrook, but there are always two GPs on site for each session. This arrangement has ensured that a female GP is available for some clinical sessions, which was not previously available under the former provider. An advanced nurse practitioner has recently been appointed who will work on site for at least one session each week, and a nurse practitioner also works at the practice one day each week. These nurses also work across other sites. There are also three part-time practice nurses, a part-time pharmacist, and two healthcare assistants. The clinical team is supported by a deputy operations manager, a team of eight reception and administrative staff, and an apprentice.

New Parkfields Surgery was approved for registrar GP placements on the day of our inspection, and a registrar has commenced working at the practice since our inspection (A registrar is a qualified doctor who is training

to become a GP through a period of working and training in a practice). Foundation year 2 (F2) GPs also work at the practice (the foundation programme is a two-year, general postgraduate medical training programme which forms the bridge between medical school and specialist/general practice training)

The practice opens from 8am until 6.30pm Monday to Friday. Scheduled GP appointment times are available each morning between 8.30am to 11.30am and on each afternoon from 3.30pm to 6pm.

The surgery closes for one afternoon each month for staff training. When the practice is closed, patients are directed to Derbyshire Health United (DHU) out of hours via the 111 service.

# Are services safe?

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

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

- Whilst significant improvements had been made in terms of safeguarding, the provider needed to ensure all staff could demonstrate they had received up to date training appropriate to their roles.
- As part of a larger scale provider, evidence was not easily accessible on site, for example documentation to provide assurance on recruitment checks, staff immunisation status, and full training details.
- There was scope to enhance learning from significant events and to support this with clear documentation.
- Outcomes from risk assessments which generated action plans, needed to be completed and documented.

## Safety systems and processes

- The practice mostly had systems to safeguard children and vulnerable adults from abuse. Most staff had received up-to-date safeguarding and safety training appropriate to their role. The provider could not evidence training for all staff, and were unable to produce evidence of level 3 safeguarding training for all GPs. Staff knew how to identify and report concerns. Staff who acted as chaperones were trained for their role and had received a DBS check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, discrimination and breaches of their dignity and respect.
- The practice informed us they carried out appropriate staff checks at the time of recruitment and on an ongoing basis. However, as not all relevant documentation was available on site, we were unable to receive full assurance about this. The human resources department provided us with evidence of regular professional registration checks for clinical staff.
- There was mostly an effective system to manage infection prevention and control.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.

- Arrangements for managing waste and clinical specimens mostly kept people safe.
- The provider could not provide us with assurance that all staff had been vaccinated appropriately on the day of the inspection. Although we received some further information following the inspection, there was not a robust process in place to ensure this was recorded and up to date.

## Risks to patients

There were some systems to assess, monitor and manage risks to patient safety, although some areas required further consideration.

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics. However, some staff indicated that they felt staffing levels sometimes were not sufficient.
- There was an induction system for temporary staff (e.g. locums) tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures. Some recommended items for inclusion as medical emergency drugs and equipment were not stocked, but the provider took immediate action to address this.
- 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.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

## Information to deliver safe care and treatment

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

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff. There was a safe approach to managing test results, and the policy was that these were dealt with on the day of receipt. Receptionists only allocated these to GPs working within the practice on that particular day. We observed that all results were up to date on the day of our inspection.

# Are services safe?

- We observed that incoming correspondence was dealt with promptly. Letters were scanned onto the patients record and where appropriate sent to the GP for action. We did not find any backlogs in processing correspondence.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

## Appropriate and safe use of medicines

The practice had systems for appropriate and safe handling of medicines however, some improvements were required

- The systems for managing and storing medicines, including vaccines and medical gases minimised risks.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. Extensive work had been completed to review patients being prescribed multiple medicines, or medicines that had prescribed outside of local recommended guidance, when the provider had taken over the contract.
- The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines. The appointment of a part-time pharmacist was helping to achieve this.
- Prescription stationery was logged to ensure there was a record of internal distribution, although serial number were not recorded upon delivery. The practice informed us they had addressed this following our inspection.

## Track record on safety

The practice was unable to demonstrate a comprehensive track record on safety.

- There were a range of risk assessments in relation to safety issues. However, we found evidence that fire and Legionella risk assessments had been undertaken but action plans had not always been completed and some tasks that were being performed (such as water testing) were not reviewed when errors were noted. These issues dated back to the former partnership and the new provider assured us they would address these. It was acknowledged that the premises were not fit for purpose, and this was complicated by the fact that the partnership did not own the building.

## Lessons learned and improvements made

The practice learned and made improvements when things went wrong. However, there was scope for a more detailed analysis of some incidents to ensure all learning opportunities have been considered and shared with the team. The system in place was not always supported by appropriate documentation.

- Staff understood their duty to raise concerns and report incidents and near misses. Partners and managers supported them when they did so.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

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



# Are services effective?

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

## Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. Clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols. Templates on the practice computer system linked with guidance to ensure care was provided in accordance with current evidence-based practice

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- The practice had developed their own templates for care planning, for example, for patients with dementia, and patients at the end of life. We reviewed a care plan and saw that this was comprehensively completed.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

### Older people:

- Older patients who were frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice identified patients who were living with moderate or severe frailty. Those identified as being frail had a clinical review by a consultant led multi-disciplinary team via the practice's participation in a local frailty project.
- 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.
- Regular meetings were held between practice staff and the wider multi-disciplinary team to review the care and support of patients with enhanced needs. This included those patients at risk of hospital admissions and those approaching end of life.
- The practice offered health checks for patients aged over 75.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

### People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the practice team worked with other health and care professionals to deliver a coordinated package of care.
- Nursing staff had lead roles in long-term condition management.
- A nurse based at the Hollybrook site had additional skills in the management of patients with diabetes, and attended New Parkfields Surgery each week to assist the nursing team in reviewing more complex patients.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- The practice's performance on quality indicators for long-term conditions was in line with local and national averages. Since taking over the contract for the practice in 2017, we saw that the level of exception reporting had been reduced significantly. This meant more patients were having their conditions and medicines reviewed on at least an annual basis.

### Families, children and young people:

- Childhood immunisation uptake rates were in line with the target percentage of 90% or above.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care, or for immunisation. If children did not receive immunisations, the health visitor would be informed so that discussion with parents could be undertaken to provide additional information to encourage uptake.
- The practice worked closely with health visitors and midwives and held regular meetings to review any child safeguarding concerns.

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

- The practice's uptake for cervical screening was 83%, which was above the 80% coverage target for the national screening programme.
- The practice's uptake for breast cancer screening was in line with local and national averages. Bowel screening uptake was lower than averages.



# Are services effective?

- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which considered 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. Services were adapted where possible to facilitate the needs of vulnerable groups.
- The practice offered annual health checks to patients with a learning disability. During the 12 month period of 1 April 2017- 31 March 2018, 62% of the 74 patients on the practice's learning disability register received an annual review of their needs.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

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

- The practice assessed and monitored the physical health of people with poor mental health by providing access to health checks, interventions for physical activity, and access to 'stop smoking' services. We saw that when patients were being reviewed within secondary care, the practice provided information about the patient's physical health.
- 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.
- QOF data from 2016-17 showed an extremely high level of exception reporting in some individual indicators for mental health. The practice was able to provide their own data reflecting their first year's QOF performance (2017-18) for mental health and this showed an achievement of 89%, which was below local and national averages. Exception reporting had been reduced to 13.9% which was slightly above local and national averages, although it showed an improvement on previous levels.

## Monitoring care and treatment

- The practice's overall QOF achievement for 2017-18 (subject to external verification) was 95%. Whilst this was a slight decrease from the previous year, the new provider had worked extensively to review patients and ensure they were receiving the appropriate care.
- The previous provider had a high overall clinical exception reporting rate and some individual indicators within clinical domains were very high, meaning that a large proportion of patients were not receiving a review of their condition and their individual needs. Since April 2017, this had been reviewed by the practice and we saw an overall downward trend in the exception reporting rates, indicating that patient engagement was improving.
- The practice was involved in some quality improvement activity. However, there was not an effective clinical audit programme in place which impacted on the delivery of improved outcomes for patients.

## Effective staffing

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

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- We saw that the competencies for a recently appointed health care assistant were being overseen via their employment with another provider. The practice informed us that they would ensure evidence of this was provided prior to any of the tasks being performed at their site.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Records of skills, qualifications and training were maintained, although there were some gaps noted in training records, and the collation of attendance at external courses by clinical staff was undeveloped. Staff were encouraged and given opportunities to develop. Members of the team told us that they had found the appraisal to be a valuable exercise.

## Are services effective?

- The practice provided staff with ongoing support. This included meetings, appraisals, mentoring (for example, with the recently appointed practice based pharmacist), and revalidation. There was an induction programme for new staff.
- There was an approach for supporting and managing staff when their performance was poor or variable. This was documented within the staff handbook. The provider informed us how they had addressed issues that were identified with staff working beyond the scope of their role when they initially took over the contract.

### Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- 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 shared appropriate information with relevant professionals when discussing care for their patients. For example, care plans and DNACPR forms (ensuring that patients who had consented, were not resuscitated due to the impact this would have upon their quality of life) were shared with the out of hours provider for continuity of care and inappropriate hospital admissions.
- 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.
- Monthly meetings were held with the community based multi-disciplinary team to review vulnerable patients, including those at risk of hospital admission, and when there were known or suspected safeguarding concerns. A care coordinator employed through the community trust was based at the practice for 11 hours each week

and was instrumental in coordinating this work. Weekly internal meetings, including the pharmacist and a community matron, were held for New Parkfields and Hollybrook clinicians to discuss new and complex cases

### Helping patients to live healthier lives

Staff helped patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through social prescribing schemes. The practice told us that connections with social services had been improved and patients were being referred into their drop-in centre for advice.
- The practice supported initiatives to improve the population's health, for example, stop smoking campaigns and tackling obesity. The practice regularly referred patients to the Live Life Better Derbyshire scheme to ensure patients could access appropriate support for this.
- Relationships with alcohol and substance misuse services required more development.

### 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.

**Please refer to the evidence tables for further information.**

# Are services caring?

**We rated the practice as good for caring.**

## **Kindness, respect and compassion**

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, and social needs.
- The practice gave patients timely support and information.
- The practice's GP patient survey results were slightly below local and national averages for questions relating to kindness, respect and compassion. However, we mostly received positive feedback from the patients comment cards that were completed in the two weeks prior to this inspection. The practice was aware of the survey results and had been working to improve patient experience since taking over the contract in 2017. Internal patient surveys and returns from the Friends and Family Test were showing an upward trend in improving patient satisfaction.

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

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

- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice proactively identified carers and supported them.
- The practice's GP patient survey results were below local averages, and slightly lower than national averages, for questions relating to involvement in decisions about care and treatment. However, the practice's internal survey was showing that satisfaction rates were improving.

## **Privacy and dignity**

The practice respected patients' privacy and dignity.

- When patients wanted to discuss sensitive issues, or appeared distressed reception staff offered them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.

**Please refer to the evidence tables for further information.**

# Are services responsive to people's needs?

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

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

- The results from the 2018 GP patient survey show that the practice achieved patient satisfaction levels that were below local and national averages in all questions relating to aspects of responsive.
- Complaints had not always been handled in line with guidance. The provider told us that when they first took over the practice, there was a significant amount of issues to address and therefore it was difficult to manage everything effectively. We saw this situation was improving.
- A complaints and comments leaflet was available to patients in the waiting area. This was easy to read and written in clear English to help understanding. However, we saw some other information which included some out of date information and this needed to be updated.

## 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.
- Reception staff had received training to help them navigate patients to the most appropriate service to meet their needs, for example, Pharmacy First.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The facilities and premises were not appropriate for the services delivered. The provider recognised this and had engaged in discussions with commissioners and other providers about longer-term sustainable solutions. In view of this, the provider was not able to deliver services on site such as minor surgery or extended access. However, alternative locations were available to patients, for example, minor surgery at Hollybrook, and extended access via a hub arrangement.
- The practice provided effective care coordination for patients who are more vulnerable or who have complex needs. They supported them to access services both within and outside the practice.

- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- Additional monthly long-term condition clinics were held on a Saturday throughout January to March 2018 to increase capacity to review patients and increase access for those who struggled to attend during the week. An annual specialist diabetes service was also available, which was also held on a Saturday to target those who found difficulties attending due to work commitments. These were facilitated through the local GP federation.
- The practice held regular meetings with community based health care team, including district nurses, to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary. Staff had been trained to identify red flag symptoms to prioritise patients needing to be seen urgently.
- The introduction of a female GP working on site meant that a female GP was available to fit and remove contraceptive coils.
- Weekly ante-natal clinics were provided at the practice, and mother and baby checks were provided for new mothers.

# Are services responsive to people's needs?

- The practice had worked with local health services to research and support the commissioning of a service to support young transgender people for whom there is currently no commissioned service.

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

- The practice did not provide any extended opening hours on site, but this was deemed as being not viable due to the constraints of the premises. However, the practice was part of an extended access hub, which meant that practice patients could book at the surgery to access appointments at one of the participating hub sites each week day until 8pm and on a Saturday from 8am to 2pm.
- Online services such as the electronic prescription service and online appointment bookings were available. The practice was achieving good uptake for patients registering for online services at 22%.
- An interactive website was to be launched in September 2018 to enable patients to submit enquiries to the practice at their own convenience.
- The practice was involved in a CCG led and funded 'Medicines Order Line' project which enabled patients to order their repeat medicines on the telephone. The intention was to roll this out across other local practices once trialled and deemed successful.

People whose circumstances make them vulnerable:

- The practice offered longer appointments to accommodate those with specific needs, such as patients with a learning disability, patients with hearing impairment, or those patients who required an interpreter.
- Electronic alerts on the computer system ensured that vulnerable patients were identified quickly and raised staff awareness of any special needs they may have.
- Carers were identified and provided with information on how to access support services. They were offered flexible appointments and assistance with carers assessments.
- The Citizen's Advice Bureau provided a session each week to offer advice to patients.
- People in vulnerable circumstances were able to register with the practice, including those with no fixed abode.
- Patients supported patients in developing advanced care plans.

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

- Staff had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice directed patients experiencing poor mental health to local support groups and services which may assist them to manage their condition. This included support for addictive behaviour.
- A counsellor provided a service once a week on site, and patient could self-refer to this.

## 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.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients provided mixed feedback about the appointment system.
- The practice's GP patient survey results were significantly below local and national averages for questions relating to access to care and treatment.

## Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care.
- We saw that some complaints had not been responded to in line with guidance but we were told this was when the new provider first took over and was faced with a backlog of issues to address. We saw that more recently received complaints were being handled better.

**Please refer to the evidence tables for further information.**



# Are services well-led?

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

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

- Although significant progress had been achieved by the new provider, there was still some way to go to achieve a robust and effective service. This was complicated by the wider integration with Aspiro Healthcare.
- Processes in place for managing risks, issues and performance needed to be strengthened.
- Governance arrangements required further improvement.
- There were some concerns raised in relation to the culture of the organisation.

## Leadership capacity and capability

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders were approachable, but some staff felt there was a need for them to be more visible. Managers told us they aspired to deliver inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice. A competency based development programme was due to be launched for operational site managers. A nurse development programme was already in place to ensure a career framework for the nursing team.
- Partners were identified as leads for the wider organisation for mandatory requirements such as information governance and safeguarding, but local leads required more development to achieve the potential of their role.

## Vision and strategy

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

- There was a vision and set of values, underpinned by a mission statement. The provider had a set of written aims and objectives.
- The practice had a realistic strategy and this focused upon a transformation programme to address the

challenges that were presented to the new provider when they inherited the contract. There was also a wider vision in integrating the practices across the three counties in which the provider was operating.

- Staff were generally aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social care priorities across the region. The practice planned its services to meet the needs of the practice population.

## Culture

- The practice focused on the needs of patients.
- Some staff told us that they felt respected, supported and valued. However, there were some concerns raised about how managers worked with the team.
- 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.
- Partners and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- 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.
- We were provided with some information that indicated there was not always an emphasis on the safety and well-being of all staff.
- There were mostly positive relationships between staff and teams. However, not all staff concurred with this view.
- The practice promoted equality and diversity. Some staff had received equality and diversity training. There was a view expressed that not all staff felt they were treated equally.

## Governance arrangements

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

# Are services well-led?

- Structures, processes and systems to support good governance and management were clearly set out, understood and mostly effective. However, there were elements which required strengthening and the provider was aware of this and continued a development programme to address this.
- Staff were mostly clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. As part of the wider integration, work was ongoing to align policies across all of the provider's locations in order to achieve a unified model.
- A network of meetings was in place including a monthly nurses meeting, and a weekly meeting for clinical staff to discuss new or complex cases. This meeting was also used to review significant events and matters such as MHRA alerts or new guidance.
- There was a comprehensive staff handbook which outlined relevant matters about employment and adherence to the practice governance framework.
- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

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

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

- A diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. There was an active patient participation group.
- The service was transparent, collaborative and open with stakeholders about performance.

## Continuous improvement and innovation

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

- A new interactive online facility was being introduced for patients to communicate with the practice. Examples of its use would be to raise any enquiries; to provide information to aid self-management (for example, a video to demonstrate asthma inhaler technique); and for the patient to provide some information in advance of their annual review. This was intended as a more responsive way of engagement for some patients, and a

## Managing risks, issues and performance

There was not always clarity around 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. However, there was scope to make this more robust.
- The practice had processes to manage current and future performance. Practice leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit needed more development in the practice to show the positive impact on quality of care and outcomes for patients. There was some evidence of a general quality improvement programme.
- The practice had plans in place for major incidents. Not all staff were aware of the plan.
- The practice considered and understood the impact on the quality of care of service changes or developments.

## Appropriate and accurate information

The practice acted on appropriate and accurate information.



## Are services well-led?

means of alleviating pressure on phone lines and appointment capacity, both at the practice and at local walk in centres. The PPG were planning to help promote this with patients.

- A nursing development framework has been implemented which allowed the nursing team to attain new skills and develop their careers. The framework encompassed nine levels starting from health care assistant at level 1 to corporate nurse lead at level 9. This linked into appraisals and an organisational approach to upskilling and developing the role of the nursing team.
- An operational managers development programme was also under development which focused more upon competencies and therefore would ensure consistencies across the whole organisation.
- The practice identified that children with gender dysphoria were not receiving all the care they required.

A GP partner had arranged a meeting with local and regional directors of Child and Adolescent Mental Health Services (CAMS) to discuss the presenting issues with a view to presenting a case to commissioners to improve the situation.

- A practice nurse had joined a group to improve adult respiratory care to help improve outcomes for patients with breathing difficulties.
- The practice was working with their GP federation to develop services including the provision of extended access hubs, frailty clinics, Saturday clinics for long-term conditions and an annual specialist diabetes clinic.
- The practice was mindful of the constraints of the building and had commenced discussions with others to consider at longer-term sustainable options.

**Please refer to the evidence tables for further information.**

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment  We found some concerns relating to completion of action plans where risks had been identified (for example, in relation to fire and Legionella); the effective analysis of significant events and application of associated learning; the availability of documents such as recruitments details and staff immunisation status at site level for assurance purposes; security of prescription stationery; and evidence of safeguarding training for all staff during our inspection.
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance  We found some concerns relating to the management of risks, issues and performance; governance compliance, and the culture within the practice.