

# Higham Ferrers Surgery

## Inspection report

14 Saffron Road  
Higham Ferrers  
Rushden  
Northamptonshire  
NN10 8ED  
Tel: 01933412777  
www.highamferrerssurgery.co.uk

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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?

Requires improvement



Are services caring?

Requires improvement



Are services responsive?

Requires improvement



Are services well-led?

Requires improvement



# Overall summary

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

The key questions are rated as:

Are services safe? – Requires Improvement

Are services effective? – Requires Improvement

Are services caring? – Requires Improvement

Are services responsive? – Requires Improvement

Are services well-led? - Requires Improvement

We carried out an announced comprehensive inspection at Higham Ferrers Surgery on 4 April 2018 as part of our planned inspection programme.

At this inspection we found:

- When incidents happened, the practice learned from them and improved their processes.
- Not all safety systems were operating effectively. For example those related to staff recruitment and health and safety needed improvements.
- Most staff had the skills, knowledge and experience to carry out their roles although the practice could not demonstrate oversight of clinical training for all staff.
- Clinical performance data was comparable to the national and local data.
- There were systems to review the effectiveness of the care and there was evidence of actions taken to support good antimicrobial stewardship (which aims to improve the safety and quality of patient care by changing the way antimicrobials are prescribed so it helps slow the emergence of resistance to antimicrobials thus ensuring antimicrobials remain an effective treatment for infection).

- Patients we spoke with told us staff had treated them with compassion, kindness, dignity and respect.
- Patients found the appointment system difficult to use and reported that getting an appointment on the day as well as future appointments could be difficult.
- Governance processes and systems for practice management and quality improvement were not always operating effectively.
- Systems for engaging with patients and acting on feedback were not well-established.

The areas where the provider must make improvements are:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care. (Please refer to the requirement notice section at the end of the report for more detail).

The areas where the provider should make improvements are:

- Complete the review of the immunisation status of clinical and non clinical staff and ensure a documented process to evidence compliance.
- Complete the required maintenance to fire doors as recommended by the fire risk assessment.
- Amend the complaint response letter so it shows the details to escalate to the Health Service Ombudsman should the complainant remain dissatisfied.
- Develop an overview of the status of applicable safety alerts and their implementation status.

**Professor Steve Field** CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

## Population group ratings

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

## Our inspection team

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor and a practice manager specialist advisor.

## Background to Higham Ferrers Surgery

Higham Ferrers Surgery situated at 14 Saffron Road, Higham Ferrers, Rushden, Northamptonshire is a GP practice which provides primary medical care for approximately 6,142 patients living in Higham Ferrers and surrounding areas.

Higham Ferrers Surgery provide primary care services to local communities under a General Medical Services (GMS) contract, which is a nationally agreed contract between general practices and NHS England. The practice population is predominantly white British along with a small ethnic population of Asian, Afro Caribbean, mixed race and Eastern European origin.

The practice has two GP partners (one male and one female) two practice nurses and a health care assistant.

The practice regularly employ locum GPs. At the time of our inspection both practice nurses were away and their role was being covered by two locum nurses. There is a practice manager who is supported by an assistant and a team of administrative and reception staff. The local NHS trust provides health visiting and community nursing services to patients at this practice. The practice provides training facilities for new GPs.

The practice is open between 7am and 6.30pm on Mondays and between 8am and 6.30pm Tuesday to Friday.

When the practice is closed services are provided by Integrated Care 24 Limited via the NHS 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:

- Recruitment process had not been followed for some staff. References were not evident in two staff files.
- The practice was in the process of completing the immunisation status of applicable clinical and non clinical staff in relation to other immunisations recommended by the Health and Safety at Work Act 1974.
- The arrangements in place for planning and monitoring the number and mix of staff needed did not reflect patient feedback on the availability of GP appointments available, in order to meet demand.
- The recently introduced temporary staff induction pack was yet to be ratified by the practice management.
- Data reconciliation on the electronic clinical records system for laboratory tests (for example blood tests requested for patients) were not up-to-date.
- There were no health and safety risk assessments other than those related to control of substances hazardous to health (COSHH), fire, Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings), electrical safety and equipment calibration.

## Safety systems and processes

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. For example the practice had referred concerns about an older person who lived alone to ensure their safety. Reports and learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for their role and had received a DBS check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, harassment,

discrimination and breaches of their dignity and respect. For example there were regular meetings with the health visitor and other concerned professionals to ensure the safety of vulnerable children.

- We found evidence of appropriate staff checks in three out of the five staff files we checked. References were not evident in two staff files.
- There was a system to manage infection prevention and control. We saw that all applicable staff had been checked for their immunisation status related to Hepatitis B. However at the time of our inspection the practice was in conjunction with their occupational health services provider in the process of completing the immunisation status of applicable clinical and non clinical staff in relation to other immunisations recommended by the Health and Safety at Work Act 1974.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

## Risks to patients

We checked the systems to assess monitor and manage risks to patient safety.

- The lead GP described the arrangements 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 patient feedback through the national GP patient survey, feedback left on the NHS Choices website, comment cards completed by patients during the inspection and what patients told us on the day of the inspection suggested that the arrangements in place did not meet the current demand for access to a GP.
- There was an effective induction system for temporary staff tailored to their role. We noted the temporary staff induction pack had been recently introduced and was yet to be ratified by the practice management.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis.

# Are services safe?

## Information to deliver safe care and treatment

We reviewed the information staff needed to deliver safe care and treatment to patients.

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff. There was a documented approach to managing test results. However we found the data reconciliation on the electronic clinical records system had not been updated which consequently highlighted a large number of laboratory tests as not completed when in fact these had been completed and acted upon. We received assurance in relation to this matter on the day of our inspection, as we found that all outstanding test results had been reviewed and acted upon. We found this to be a historical issue which stemmed from ineffective use of the electronic clinical records system. This issue dated back to the previous four years and the practice was liaising with the local clinical commissioning group and NHS England in relation to this.
- 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 reliable systems for appropriate and safe handling of medicines.

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. 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.

## Track record on safety

We reviewed the practice track record on safety.

- There were risk assessments in relation to control of substances hazardous to health (COSHH), Fire, Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings), electrical safety of equipment used within the practice and equipment calibration. However we were not shown other health and safety related risk assessments.
- The fire risk assessment had shown that the fire doors needed maintenance. The practice had reported this requirement to the landlord and was awaiting maintenance.
- The practice had a process in place for managing safety alerts and during our inspection we saw evidence to demonstrate that alerts were acted on where required. Although we found no issues with this system, we noted that it could be better governed, for instance by ensuring alert information was captured on the practice's IT system.
- The practice monitored and reviewed activity for example through a review of significant events and complaints. This helped it to understand risks and gave a clear, accurate and current picture of safety that led to safety improvements.

## Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were systems for reviewing and investigating when things went wrong. The practice learned and shared lessons identified themes and took action to improve safety in the practice.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

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

# Are services effective?

## We rated the practice as requires improvement for providing effective services overall including the population groups.

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

- Exception reporting for diabetes monitoring was high (23% compared with the national rate of 11%) and required a review.
- The practice could not provide evidence of the specific training for a clinical staff member. This included evidence of training for providing immunisations, taking samples for the cervical screening programme and for carrying out reviews for people with long term conditions. At the time of our inspection we received assurance that a programme of monitoring and support had been implemented through support from the local clinical commissioning group in response to this matter.
- The practice could not provide training records for ongoing staff refresher training. These were only available from October 2017 when a new training programme commenced.

All population groups were rated requires improvement for effective because:

- The provider was rated overall requires improvement for safe effective caring responsive and well led services and the issues identified affected all patients including the population groups.

(Please note: Any Quality Outcomes (QOF) data relates to 2016/17. QOF is a system intended to improve the quality of general practice and reward good practice.)

## Effective needs assessment, care and treatment

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

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- The practice used templates to manage long term conditions. For example in supporting older people with frailty to stay safe at home thereby avoiding unplanned hospital admissions.

- There was a process to assess the level of pain in patients.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who were frail or may be 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. Since April 2017 the practice had carried out 59 such checks.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

People with long-term conditions:

- Patients with long-term conditions 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.
- People with long-term conditions were offered annual reviews and those with chronic obstructive pulmonary disease (COPD) were given standby medicines should their condition worsen before they were able to see a GP.
- GPs followed up patients who had received treatment in hospital or through out of hours services.
- Newly diagnosed patients with diabetes were offered referrals to education and health monitoring programmes to manage their diabetes effectively.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in line with the target percentage of 90% or above.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.

## Are services effective?

- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

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

- The practice's uptake for cervical screening was 72%, which was in line with the CCG and England averages.
- The practices' uptake for breast and bowel cancer screening was in line the national average.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. The practice undertook 167 health checks in the preceding 12 month period. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice worked closely with social care colleagues and other professionals and updated care plans of vulnerable patients accordingly to keep them safe.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice had identified patients who were severe/moderately frail. These patients were offered annual reviews with emphasis on falls prevention and medication reviews.
- There was an electronic system to alert staff when vulnerable patients such as those with a learning disability or with safeguarding concerns needed care.
- The practice in conjunction with a member of the local domestic abuse team offered advice and care to people suffering with domestic abuse one morning each week.

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

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to stop smoking services.

- 83% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This is comparable to the national average.
- 96% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This is above the national average.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example 96% of patients experiencing poor mental health had received discussion and advice about alcohol consumption. This is above the national average.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice offered annual health checks to patients with a learning disability.

### Monitoring care and treatment

The practice had a programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided which included where appropriate participation in local and national improvement initiatives. For example:

- Through clinical audits. The practice showed us an example whereby an audit of patients treated with a medicine for rheumatoid arthritis and related illness had been prescribed this medicine in accordance with best practice guidelines.
- Through joint work with the clinical commissioning group (CCG), for example by auditing antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship (which aims to improve the safety and quality of patient care by changing the way antimicrobials are prescribed so it helps slow the emergence of resistance to antimicrobials thus ensuring antimicrobials remain an effective treatment for infection).

The most recent published Quality Outcome Framework (QOF) results were 99% of the total number of points available compared with the clinical commissioning group (CCG) average of 97% and national average of 94%. The overall exception reporting rate was 16% compared with a national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good

## Are services effective?

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.)

We reviewed the exception reporting and found the exception reporting for diabetes monitoring (23% compared with the national rate of 11%) could be reduced. For example, by reviewing information from previous test results to improve diabetes data management of some excepted patients.

### Effective staffing

We reviewed the skills, knowledge and experience of staff to carry out their roles.

- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation.
- The practice could not provide evidence of the specific training for a clinical staff member. This included evidence of training for providing immunisations, taking samples for the cervical screening programme and for carrying out reviews for people with long term conditions. At the time of our inspection we received assurance that a programme of monitoring and support had been implemented through support from the local clinical commissioning group in response to this matter.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Staff were encouraged and given opportunities to develop. However the practice manager told us that they had recently subscribed to an accredited on line training provider for training updates identified as essential. Consequently not all staff had attended the new training updates. Training records were only available from October 2017 when the new training commenced. The practice had a schedule of training for those that needed updates.
- There was a process for supporting and managing staff when their performance was poor or variable.

### Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared information with relevant professionals when deciding care delivery for people with long term conditions and when coordinating healthcare for care home residents. They shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for children who have relocated into the local area.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.
- The pathology services were able to share patient clinical information and results electronically.
- There was a system to review patients that had accessed NHS 111 service and those that had attended the A&E department for emergency care.
- There was an information sharing system to review patients attending for Urgent Care provided by Integrated Care 24 Limited.

### Helping patients to live healthier lives

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

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

## Are services effective?

### 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 requires improvement for providing caring services.

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

- Improvements were needed to the way GPs interacted with patients during consultations as the national GP survey results published in July 2017 highlighted patient dissatisfaction.

### Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients on the day of our inspection was positive about the way staff treat people.
- Comment cards received on the day of our inspection showed patients were treated with kindness, respect and compassion.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.

### Involvement in decisions about care and treatment

On the day of our inspection we saw that 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 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 national GP survey results published July 2017 showed patient dissatisfaction with GP interaction during consultations. Areas of concern highlighted were GPs not listening to them, not treating them with care and concern, not explaining test results and not involving them with their treatment decisions.
- The lead GP told us that they wanted to improve the consultation experience for their patients and had arranged specific training for the GPs on essential communication skills through their professional medical indemnity provider. This training was due to be completed shortly.

### Privacy and dignity

The practice respected patients' privacy and dignity.

- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.

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

# Are services responsive to people's needs?

## We rated the practice as requires improvement for providing responsive services overall including the population groups.

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

- Patients were not able to access care and treatment from the practice within an acceptable timescale for their needs.
- The complaint response letter lacked the escalation details to the Health Service Ombudsman should the complainant remain dissatisfied.

All population groups were rated requires improvement for responsive because:

- The provider was rated overall requires improvement for safe effective caring responsive and well led services and the issues identified affected all patients including the population groups.

## Responding to and meeting people's needs

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

- Telephone and face to face consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. There was sensor controlled electric doors to the practice with a ramp for wheel chair access.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services. They supported them to access services both within and outside the practice.

Older people:

- Older patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice supported patients living in two local care homes.

- Patients over 75 years of age were prioritised to be seen on the day.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible. For example eligible older people were offered flu, pneumococcal and shingles vaccinations.
- Housebound patients were offered vaccinations at their place of abode.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- The practice had a process to liaise with the local district nursing team to discuss and manage the needs of patients with complex medical issues.
- Longer appointments and home visits were available when needed.
- The practice provided informative literature and lifestyle advice for most long term conditions.

Families, children and young people:

- 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 A&E attendances.
- 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 worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.

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

- The practice offered flexible appointments to maintain continuity of care. Face to face consultations were available on the day as well as pre bookable up to 14 days in advance. On Mondays the practice offered early morning appointments from 7am.
- Telephone consultations with a GP and the nurse were available which supported patients who were unable to attend the practice during normal working hours.

# Are services responsive to people's needs?

- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- The practice offered temporary medical services to returning university students for example during university vacation periods.
- Through the Electronic Prescribing System (EPS) patients could order repeat medicines online and collect the medicines from a pharmacy near their workplace or any other convenient location.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. Longer appointments were available for patients with a learning disability.
- The practice supported vulnerable patients to access various support groups and voluntary organisations.
- Patients that lived in care homes were managed through home visits, face to face appointments or through a telephone consultation.

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. Patients had access to the wellbeing service hosted by the local mental health trust for care and support.
- The practice offered flexible appointments during weekday and early morning appointments on Mondays from 7am to ensure maximum uptake of mental health reviews.
- Patients newly diagnosed with depression were encouraged to contact the practice for a face to face or telephone consultation to assess their situation and care needs.
- Family members who cared for patients with dementia were offered health checks and support.

## Timely access to care and treatment

Patients were not able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had access to test results, diagnosis and treatment.
- Patients noted that access to on the day appointment could be difficult. Telephone access was particularly unsatisfactory with waiting times for the telephone to

be answered, in some instances reported as in excess of 30 minutes. Forward booking of appointments was also difficult with minimal appointments available online. Patients informed us that booking an appointment with a GP of their choice was not possible as the partners appeared not to have any available. On the day appointments with the GP partners were not always possible. Overall they noted that the process of booking an appointment was not a positive experience.

- Patients with the most urgent needs had their care and treatment prioritised.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was below local and national averages. There were negative variations in patient satisfaction in relation to the practice opening times, getting through to the practice on the phone and getting an appointment with a GP or a nurse.

The practice was aware of the negative patient satisfaction and has planned several initiatives. These included:

- Evaluating the telephony currently installed at the practice with a view to increasing the number of lines available, changing the opening message when a call was answered so calls could be automatically directed to the appropriate person in the practice bypassing the reception.
- Making more appointments available for consultation with a GP or a practice nurse by participation in the CCG care navigation project which aimed to navigate patients to other services available within the CCG area, for example services offered by social care, pharmacists as well as those provided by the local community health trust.

However the impact of the new system planned and implemented had yet to be demonstrated.

An early satisfaction survey commissioned by the practice had shown access to a GP of their choice was still difficult (76% of 241 responses) and that the nurse had improved access (51% of 241 responses).

## 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.

## Are services responsive to people's needs?

- 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 with the exception of the complaint response letter which lacked the escalation details to the Health Service Ombudsman should the complainant remain dissatisfied.
- Our review of the five complaints received in the last year showed the complaints process was being followed effectively.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. For example, following a complaint that expressed dissatisfaction about a delayed referral for an investigation, we saw that the practice had responded to the complainant giving an explanation for the delay. We also saw that the practice had offered an apology for the inconvenience caused.

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

# Are services well-led?

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

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

Systems or processes that enabled leaders to assess monitor and improve the quality and safety of the services needed strengthening. Particularly in relation to:

- Practice management; with a need to improve coordination between the GP partners and the practice manager.
- The application of appropriate legal requirements during staff recruitment.
- Keeping accurate and valid records of staff training and competencies and ensuring role specific training is in place for all clinical staff.
- Maintaining a systematic approach to health and safety risk assessments.
- Arrangements in place for planning and monitoring the number and mix of staff needed to make available adequate number of GP appointments in order to meet demand.
- Data reconciliation on the electronic clinical records system.

### Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care but challenges meant they did not do this consistently.

- The partners prioritised providing high quality care to patients, but were not fully aware of all challenges facing delivery of the service. Their assessment of quality and risk to patient care was not consistent and comprehensive. For example, the arrangements in place for planning and monitoring the number and mix of staff needed to match patient needs.
- Leaders at all levels were visible and approachable. However we noted that a coordinated approach to practice management by the GP partners and the practice manager would be beneficial for optimum patient outcome. For example, in managing the appointment system, skill mix and clinical competency of staff employed.

### Vision and strategy

The practice had a vision to deliver high quality, sustainable care which included their commitment to continue to be a training practice, to employ more GPs, to

employ a clinical pharmacist, to employ more nurses and to show patients that they were a caring practice. However the lead GP told us that their vision was somewhat hindered by the current national difficulties experienced in recruiting staff into the NHS.

- Staff were aware of the vision and values and their role in achieving them.

### Culture

The practice had a culture of aiming to provide high-quality sustainable care.

- Staff stated they felt respected, supported and valued.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so.
- There were processes for providing 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. However the practice could not provide training records for ongoing staff refresher training. These were only available from October 2017 when a new training programme commenced. We also noted a programme of support was in place for a clinical staff member arranged through the CCG.
- Clinical staff were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was an emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff felt they were treated equally.

### Governance arrangements

There were responsibilities, roles and systems of accountability to support governance and management. The lead GP told us that governance arrangements would be strengthened once they were successful in recruiting a further GP and other clinical staff.

## Are services well-led?

- Structures, processes and systems to support governance and management were currently managed by the lead GP supported by a practice nurse and the practice manager.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. However, not all of these policies and procedures were seen to be working effectively. For example, the practice's recruitment procedures had not always been followed and records of references for some members of staff were not available.

### Managing risks, issues and performance

We reviewed the processes for managing risks, issues and performance.

- The process to identify, understand, monitor and address current and future risks including risks to patient safety needed strengthening. For example a systematic approach to recruitment, determining the skill mix of clinical staff available and health and safety risk assessments was not evident.
- The practice had processes to manage current and future performance. Practice leaders had oversight of incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments for example the practice was involved in a joint venture with the local acute hospital to employ a clinical pharmacist to help with medicine optimisation.

### Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information were available to evaluate and improve performance. This included views of patients.
- Quality and sustainability were discussed in relevant meetings where staff had sufficient access to information.

- The practice used performance information which was reported and monitored.
- 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. However we found the data reconciliation on the electronic clinical records system had not been updated which consequently highlighted a large number of laboratory tests as not completed when in fact these had been completed and acted upon. We found this to be a historical issue dating back to the previous four years.
- The practice submitted data or notifications to external organisations as required.
- There were 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

We reviewed the arrangements to involve patients, the public, staff and external partners to support high-quality sustainable services.

- The service was transparent, collaborative and open with stakeholders about performance. At present the CCG and NHS England were involved with the practice in quality improvement work including supporting a clinical member of staff.
- The practice was aware of patient views through patients comments received and a locally commissioned patient satisfaction survey. Changes to the way services were delivered had been implemented in response. However we found the impacts of these changes were yet to be demonstrated.
- There was an active patient participation group. However the PPG chair and a former member of the PPG highlighted that communication and engagement with the PPG could be improved especially in learning about areas for improvements, implementation plans and monitoring the impact of changes. The PPG members felt such improved communication and engagement could add value to any improvement work in hand, for example improving the telephone system and access to appointments.

## Are services well-led?

### Continuous improvement and innovation

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

- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- The practice was involved in a pilot for caring for people experiencing domestic abuse.
- The practice offered training to qualified doctors to become GPs and to other clinical professionals such as pharmacists. For example a trainee GP had just completed their training and the practice was involved in successfully training a clinical pharmacist.

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 Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>How the regulation was not being met:</b></p> <p>There were no systems or processes that enabled the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:</p> <p>a) There were no systems or processes that enabled 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 as:</p> <ol style="list-style-type: none"><li>1. Recruitment process had not been followed for some staff. References were not evident in two staff files.</li><li>2. Data reconciliation on the electronic clinical records system for laboratory tests (for example blood tests requested for patients) were not up-to-date.</li><li>3. A systematic approach to health and safety risk assessments was not evident.</li><li>4. Exception reporting for diabetes monitoring was high (23% compared with the national rate of 11%) and required a review.</li><li>5. The practice could not provide evidence of the specific training for a clinical staff member for immunisation, taking samples for the cervical screening programme and for carrying out reviews for people with long term conditions nor could they confirm whether the nurse was safe and competent for the role.</li><li>6. The practice could not provide training records for ongoing staff refresher training for all staff. Temporary staff induction pack had not been ratified.</li></ol>

## Requirement notices

b) The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services as:

1. The arrangements in place for planning and monitoring the number and mix of staff needed did not reflect patient feedback on the availability of GP appointments available, in order to meet demand.
2. Improvements were needed to the way GPs interacted with patients during consultations as the national GP survey results published in July 2017 showed patient dissatisfaction.
3. Improvements were needed to address patient feedback from the national GP patient survey which showed patient's satisfaction with how they could access care and treatment was below local and national averages. There were negative variations in patient satisfaction in relation to the practice opening times, getting through to the practice on the phone and getting an appointment with a GP or a nurse.

This was in breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.