

# The Acocks Green Medical Centre

## Inspection report


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

### Ratings

#### Overall rating for this location

Requires improvement 

Are services safe?	Requires improvement 
Are services effective?	Requires improvement 
Are services caring?	Good 
Are services responsive?	Good 
Are services well-led?	Requires improvement 

# Overall summary

**This practice is rated as Requires improvement overall.** (Previous rating 11 January 2017 – Good)

The key questions at this inspection are rated as:

Are services safe? – Requires Improvement

Are services effective? – Requires Improvement

Are services caring? – Good

Are services responsive? – Good

Are services well-led? - Requires Improvement

We previously carried out an announced comprehensive inspection at The Acocks Green Medical Centre on 11 January 2017 as part of our inspection programme. We carried out an unannounced focused inspection on 31 May 2018 in response to concerns received. The full comprehensive report on the 11 January 2017 inspection and the unannounced focused report on the 31 May 2018 inspection can be found by selecting the 'all reports' link for The Acocks Green Medical Centre on our website at .

At this inspection we found:

- There were areas where risk was not being assessed or managed effectively. For example, health and safety risk assessment did not identify all risks, the fire risk assessment had not been reviewed since June 2016 and risk assessments to cover the full range of substance hazardous to health had not been carried out.
- Clinical waste was not appropriately labelled in a way which enabled the waste to be classified correctly so that it was managed appropriately upon collection.
- In the absence of some suggested emergency medicines the practice did not carry out a risk assessment to mitigate risks.
- The practice did not operate an effective staff immunisation programme and were unable to demonstrate how they mitigated risks to staff who had direct contact with clinical specimens'.
- The practice had clear systems to manage safety incidents so that they were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to

evidence-based guidelines. Staff were aware of the practice Quality Outcome Framework results and were taking action to improve areas where performance was below local and national averages.

- National GP patient survey results showed that patients felt involved in their care and treatment, staff were caring and patients felt listened to. Survey results showed that patients were treated with compassion, kindness, dignity and respect.
- Completed Care Quality Commission comment cards showed that patients did not always find the appointment system easy to use and reported that they were not always able to access care when they needed it. National survey results were below local and national average regarding access. Staff were aware of this and took action to improve patient access.
- There was a focus on continuous learning and improvement.
- The practice demonstrated a clear understanding of the practice population group and created referral pathways to community support groups. For example, the practice was a Armed Forces Veteran friendly accredited practice. Veterans were identified and signposted to services which offered them as well as their families support.
- The leadership, governance and culture were used to drive and improve the delivery of its service. All staff were involved in the development of the practice. However, we found some gaps in the practice governance arrangements. For example, there was no written protocol for Patient Specific Directives, there was a lack of effective monitoring systems in place for the safety of the service, some risks had not been mitigated and some protocols had not been reviewed.

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

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

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

- Take action to increase the number of health checks carried out for patients on the practice learning disability register.

# Overall summary

- Continue taking action to improve the uptake of national screening programmes.
- Take action to ensure privacy and dignity is maintained at all times.
- Continue taking action to improve patient satisfaction.

**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>Good</b> 
<b>People with long-term conditions</b>	<b>Requires improvement</b> 
<b>Families, children and young people</b>	<b>Good</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>Good</b> 
<b>People experiencing poor mental health (including people with dementia)</b>	<b>Good</b> 

## Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector. The team included a second CQC inspector, a GP specialist adviser and a practice nurse specialist adviser.

## Background to The Acocks Green Medical Centre

Dr. T Sen-Gupta, Dr. D Hogan and Dr. T Chetty are the registered provider of The Acocks Green Medical Centre.

The surgery is located in a converted two-story building in Acocks Green, Birmingham. The practice provides NHS services to the local community. Further information about The Acocks Green Medical Centre can be found by accessing the practice website at <https://www.acocksgreenmedicalcentre.org.uk/>

Based on 2015 data available from Public Health England, the levels of deprivation in the area served by The Acocks Green Medical Centre shows the practice is located in a more deprived area than national averages, ranked at two out of 10, with 10 being the least deprived. (Deprivation covers a broad range of issues and refers to unmet needs caused by a lack of resources of all kinds, not just financial). The age of the practice population served is comparable to local and national averages. For example, patients aged between five and 65 were comparable to local and national averages. Based on data available from Public Health England and 2011 Census, the ethnicity estimate is 57% White, 5% Mixed race, 32% Asian and 5% Black.

The patient list size is 4,761 of various ages registered and cared for at the practice. Services to patients are provided under a General Medical Services (GMS) contract with

Birmingham and Solihull Clinical Commissioning Group (CCG). GMS is a contract between general practices and the CCG for delivering primary care services to local communities.

The surgery has expanded its contracted obligations to provide enhanced services to patients. An enhanced service is above the contractual requirement of the practice and is commissioned in order to improve the range of services available to patients.

There is limited parking available around the practice and designated parking for patients who display a disabled blue badge is available. The surgery has manual operated entrance doors which reception staff had clear view of. The practice is accessible to patients using a wheelchair and push chairs.

Practice staffing comprises of three male GP partners and three regular locum GPs (one female and two male). At the time of our inspection, staff explained that two out of the three GP partners did not regularly undertake clinical sessions at the practice. The clinical team also includes two regular locum GPs (one male and one female), a locum practice nurse, a nurse prescriber, a health care

assistant and a prescribing clinical pharmacist. The non-clinical team consists of a business manager, a practice manager and a team of administrators and receptionists.

The practice is open between 9am and 6pm Mondays to Fridays; except on Wednesdays when the practice is open between 7am and 6pm and the last Thursday of every month when the practice closes at 1pm for training.

GP consulting hours are available from 9am to 1pm and 2pm to 6pm Mondays to Fridays, except Wednesdays when GP consulting hours are available from 7am to 8.10am, 9am to 1pm and 2pm to 6pm; Thursdays consulting hours are available from 9am to 1pm on the last Thursday of every month.

The practice has opted out of providing cover to patients in their out of hours period and on the last Thursday of every month when the practice is closed from 1pm. During this time, services are provided by Birmingham and District General Practitioner Emergency Rooms (BADGER) medical services.

Dr. T Sen-Gupta, Dr. D Hogan and Dr. T Chetty are registered to provide Diagnostic and screening procedures, Surgical procedures and Treatment of disease, disorder or injury. At the time of our inspection, we were told that only one partner had physical day to day presence at the practice.

The practice was previously inspected in January 2017 and rated overall good.

# Are services safe?

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

## Safety systems and processes

We reviewed the practice's safety systems and processes. The practice had clear systems to keep people safe and safeguarded from abuse. However, there were areas where infection prevention and control were not effectively managed.

- 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.
- Staff who acted as chaperones were trained for their role and had received a Disclosure and Barring Service (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 carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- An infection prevention and control audit had been carried out in February 2018 and an action plan to address concerns was in place and monitored by the practice. There were cleaning logs for specific equipment in the clinical rooms; however, the nebuliser and spirometer was not included in this.
- The practice employed a cleaner who carried out general cleaning duties and cleaning logs were maintained.
- Clinical waste was stored in locked bins awaiting collection. However, bins were not in a secure area and waste awaiting collection was not appropriately labelled.
- Some staff who handled clinical specimens' as part of their role did not receive vaccinations such as Hepatitis B or measles, mumps and rubella (MMR). The practice did not carry out a risk assessment to mitigate risks.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.

## Risks to patients

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

- 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.
- There was an induction system for temporary staff tailored to their role.
- The practice was equipped to deal with most medical emergencies and staff were suitably trained in emergency procedures. However, in the absence of some recommended emergency medicines the practice had not carried out a risk assessment to mitigate risks.
- 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.

## 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.
- 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 some reliable systems for appropriate and safe handling of medicines.

- There were systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment. However, we found systems for monitoring medicine expiry dates was not operated effectively and a medicine used to treat suspected bacterial meningitis was eight months out of date. Following our inspection, the practice provided evidence which showed that the medicine had been replaced.

## Are services safe?

- The practice operated a system for tracking the use of controlled stationery in accordance with national guidance. For example, a record of prescription serial numbers was kept on receipt and when they were distributed through the practice.
- Staff prescribed and administered medicines to patients and gave advice on medicines in line with current national guidance. Patient specific directions were written into patients clinical notes by GPs; however, there were no written protocol to accompany PSDs for healthcare assistants administering vaccinations (PSDs are written instruction, signed by a prescriber for medicines to be administered to a named patient after the prescriber has assessed the patient on an individual basis).
- 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 practice had arrangements in place to ensure yearly inspection of fire equipment such as fire extinguishers. However, the last fire risk assessment was carried out in 2016, with no schedule for re assessment and Control of Substances Hazardous to Health (COSHH) safety sheets for cleaning products used in the practice had not been completed.
- The legionella risk assessment we viewed during our inspection, was carried out in August 2016 and a review was scheduled for August 2018. (Legionella is a term for a bacterium which can contaminate water systems in buildings). Staff were unable to demonstrate steps taken since the 2016 risk assessment to prevent and control potential risks.

### Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- Staff we spoke with understood their duty to raise concerns and report incidents and near misses.
- Following incidents, 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.**

### Track record on safety

There were areas where the practice did not have a good track record on environmental safety issues.

- There were some risk assessments in relation to safety issues. However, the health and safety risk assessment did not include all identified risks and mitigating actions.

# Are services effective?

**We rated the practice and the population groups as requires improvement for providing effective services overall, except for older people, those whose circumstances make them vulnerable; families, children and young people; as well as people experiencing poor mental health (including people with dementia) population group which we rated as good .**

## Effective needs assessment, care and treatment

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

- Patients' immediate and 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.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

### Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- The practice was accredited as an Armed Forces Veteran friendly practice. Staff had completed relevant training to support this accreditation. Alerts were placed on the clinical system to enable identification of veterans and staff explained that patients were able to access priority services such as reduced hospital waiting times. Processes were also in place to enable the practice to obtain patients military health records.

### People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- Adults with newly diagnosed cardiovascular disease were offered statins for secondary prevention. People with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation (AF) were assessed for stroke risk and treated as appropriate. The practice were taking action to improve monitoring.
- The practice was able to demonstrate how it identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension). Staff explained that COPD patients with recent hospital admissions' or those who were having problems with controlling their COPD were identified and reviewed by a specialist.
- The practice's performance on quality indicators for long term conditions was mostly in line with local and national averages; except for diabetes care which was below local and national averages in some areas.

### Families, children and young people:

- Childhood immunisation uptake rates were below the target percentage of 90%. The practice was aware of this and were taking action to improve immunisation uptake. For example, the practice was involved in a pilot with Public Health England where staff proactively contacted parents and followed a set script when discussing childhood immunisations.
- 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 52%, which was below the 80% coverage target for the national screening programme. The practice was aware



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of this and taking action to improve screening rates. For example, the practice identified sample takers high inadequate rates (the rate of patients who have been required to have a repeat test because the first one could not be read properly) and placed staff on further training. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

- The practice's uptake for breast and bowel cancer screening carried out within six months of invitation was below the national average. Staff explained that the patient population group was a young one; therefore, the target age was quite young. However, the practice were working closely with the screening service who delivered a presentation to the patient participation group to raise patients' awareness. Promotional videos were being played in the patient waiting area explaining how to carry out the screenings and the importance of early detection.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- The number of new cancer cases which were referred using the urgent two weeks wait referral pathway was below the CCG and national average. Staff explained that the practice identified this and changed how two week wait referrals were managed and reviewed their e-referral system. Staff told us that GPs were required to ensure that patients left the practice with an appointment.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- 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 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. There was a system for following up patients who failed to attend for administration of long term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had processes in place to ensure timely referral to appropriate services to help patients remain safe.
- 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 also worked jointly with community dementia coordinators who supported carers.
- The practice offered annual health checks to patients with a learning disability. The practice had 49 patients with a learning disability; unverified data provided by the practice showed 13 annual health checks had been carried out in the last 12 months. Staff explained that the practice monitored the uptake of health checks and patients were contacted by letter and phone to encourage attendance.
- The practice's performance on quality indicators for mental health was above local and national averages. The practice was proactive in identifying and supporting veterans diagnosed with post-traumatic stress disorder (PTSD) and were developing a veteran pack which included a wide range of services which veterans could access for further support.

### Monitoring care and treatment

The practice had a programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. Where appropriate, clinicians took part in local and national improvement initiatives. We reviewed a number of clinical audits where actions had been implemented and monitored. Audits showed a number of variations'; for example, some

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demonstrated quality improvements while others demonstrated a decline in performance. Staff we spoke with were aware of areas which required further improvement and taking action to improve performance.

The most recent published Quality Outcome Framework (QOF) results were 94% of the total number of points available compared with the clinical commissioning group (CCG) and national average of 97%. The overall exception reporting rate was 6% compared with a local and national average of 6%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.

- Staff were aware of QOF performance areas such as diabetes care which was below local and national averages. Staff explained that the practice was taking action to improve management of patients' health.
- The practice used information about care and treatment to make improvements.
- The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives. For example, the practice was involved in Aspiring to Clinical Excellence (ACE) programme to meet the needs of the patient population. ACE is a programme offered to all Birmingham and Solihull Clinical commissioning group (CCG) practices to further improve care offered to patients. The practice were also part of the Sigma provider group called East Birmingham Health Organisation which consisted of 13 other local practices.

### 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 as well as additional training and the practice could demonstrate how they stayed up to date.

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. There was an induction programme for new staff. This included one to one meetings, appraisals, clinical supervision and revalidation.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

### Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when discussing 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. Staff completed the going for gold which enabled staff to effectively follow the gold standard framework (GSF is an evidence based guideline to deliver high quality end of life care). Staff attended quarterly Gold Standards Framework (GSF) meetings to discuss the care management of patients approaching end of life care. Each patient was assessed according to their needs of support.

# Are services effective?

## Helping patients to live healthier lives

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

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through social prescribing schemes. Patients diagnosed as pre-diabetic or at risk of developing heart disease were signposted to local groups for support.
- Staff discussed changes to care or treatment with patients and their carers as necessary.

- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

## Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

**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. Completed Care Quality Commission (CQC) comment cards we received showed that patients were satisfied with how staff treated them.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The practice's GP patient survey results were in line with local and national averages for questions relating to kindness, respect and compassion.

### **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. For example, the practice offered monthly drop in sessions carried out by a service who offered support and advice for carers of patients diagnosed with dementia.
- The practice's GP patient survey results were in line with local and national averages for questions relating to involvement in decisions about care and treatment.

### **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.

### **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 good for providing responsive services.**

## Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs.
- Telephone 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.
- 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.
- The practice encouraged patients to register for online services by providing access to computers in the practice to register for the service. Staff explained that the number of patients registered for online access increased from 7% to 30% in 14 months. NHS England identified this achievement and commissioned the practice to record a short promotional video explaining how the practice went about increasing the number of patients registered for online access.
- The practice had a referral system in place for patients who required access to the Citizen Advice Bureaux (CAB). Staff explained that a worker previously attended the practice on a weekly basis and would see up to six patients. However, due to funding this service came to an end in June 2018. Staff explained that due to the positive feedback received from patients the practice arranged for the CAB worker to offer telephone consultations.

### Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.

- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.
- The practice received support from pharmacists employed by the practice. Scheduled reviews were carried out for patients with four or more repeat medicines and clinical effectiveness reviewed to explore whether the number of medicine items could be reduced.

### People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.
- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. For example, education sessions were delivered during appointments for patients diagnosed with asthma and Chronic Obstructive Pulmonary Disease (COPD) to improve control.
- Virtual clinics were held to discuss patients diagnosed with COPD with poor respiratory control. Clinical staff ensured patients had access to rescue packs and identified patients were referred to a community matron who carried out home visits.
- The practice provided information leaflets for advice and support for long term conditions. There was detailed information on diabetes, respiratory, heart disease and other conditions. The practice website gave information about the clinics available and local and national support groups.

### Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.

## Are services responsive to people's needs?

- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening on Wednesday mornings. Staff explained that from October 2018 patients would have access to GP services from two local GP practices from 8am to 8pm Monday to Friday.
- The practice offered Cardiovascular disease (CVD) health risk assessments for working age people who were not in any of the at risk groups and who may not attend surgery on a regular basis.
- Meningitis vaccines for 18 year olds and students going to university were available at the practice.
- 2016/17 data showed that 16% of new cancer cases were referred using the urgent two week wait referral pathway, which was below the CCG and national average of 52%.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- The practice was proactive in understanding the needs of the patients, such as people who may be approaching the end of their life and people who may have complex needs, such as housebound patients. The practice made use of the Gold Standards Framework (GSF) for end of life care; (an evidence based guidelines to deliver high quality end of life care).

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice held GP led dedicated mental health and dementia clinics. Patients who failed to attend were proactively followed up by a phone call from a GP.

- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- The practice established strong communication pathways with community mental health nurses, who offered counselling services and staff told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff were trained and proactive in identifying veterans with mental health issues and the practice provided patients with information and established referral pathways to the veterans' mental health transition, intervention and liaison service (VMH TILS).

### Timely access to care and treatment

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately. The practice carried out audits of missed appointments to ensure measures such as appointment text reminders were having a positive impact on reducing the number of non-attendances. Data provided by the practice showed a reduction in the number of missed appointments.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.
- At the time of our inspection, the practices July 2017 GP patient survey results were below local and national averages for questions relating to access to care and treatment. The practice was aware of the national GP survey results and were taking access to further improve patients' satisfaction regarding access. August 2018 data published following our inspection, shows patients satisfaction was closer to local and national averages.
- The practice carried out audits regarding accessibility and effective allocation of appointments to establish whether appointment bookings were appropriately allocated and to assess whether the level of clinical staff were meeting patient demands. Staff explained that this enabled the practice to ensure actions carried out such as recruitment of additional clinical staff and increasing clinic times had a positive impact in increasing access.

## Are services responsive to people's needs?

Data provided by the practice showed that patients were being booked in with the most appropriate clinician to address their needs and clinical staffing levels were meeting appointment demands.

### **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 complaints policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints and also from analysis of trends. Staff acted as a result to improve the quality of care. For example, the practice extended their appointment times when seeing patients who wish to discuss multiple health problems.

**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.**

## Leadership capacity and capability

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible. They worked closely with staff and others to make sure they prioritised inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice. For example, some members of the management team had completed the level five management diploma for business managers and others were part way through the course.

## Vision and strategy

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

- There was a vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social care priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

## Culture

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

- We received mixed feedback; however, most staff we spoke with stated they felt respected, supported and valued.
- The practice focused on the needs of patients.
- Leaders and managers mainly 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 aware of practice policies to support this process.
- There were processes for providing all staff with the development they needed. 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.
- There was an emphasis on well-being of all staff; however, there were some safety measures such as employee immunisation programme which was not managed effectively.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training.
- Working relationships between staff and teams had been established.

## Governance arrangements

We found in most areas there were clear responsibilities, roles and systems of accountability to support governance and management arrangements. Leadership responsibilities were split between the business manager and practice manager. However, we found areas where governance arrangements were not effectively managed.

- Structures, processes and systems to support good governance and management were set out, understood and effective in most areas.
- The governance and management of partnerships, joint working arrangements and shared services promoted co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control. However, we found that clinical waste awaiting collection was not managed effectively. The practice employee immunisation programme was not always carried out effectively and risk assessments to mitigate risks to staff who were not up to date with routine immunisations had not been carried out.
- There were systems in place for monitoring vaccination fridges and medicine expiry dates; however, oversight of these processes was not carried out effectively. .
- Practice leaders had established policies, procedures and activities to ensure safety. However, there were areas where oversight was not carried out effectively.
- Members of the management team explained that the practice were in the process of introducing a new portal



# Are services well-led?

to store information and key documents such as practice procedures, policies and training records. However, we found some protocols which had not been reviewed since 2015, the incident reporting policy was not practice specific and the practice did not have a written protocol to accompany the PSDs.

## Managing risks, issues and performance

There were processes for managing issues and performance; however, there were areas where risks were not well managed.

- There were processes to identify, understand, monitor and address most risks including risks to patient safety. However, COSHH and legionella risks were not effectively managed and the health and safety risk assessment did not identify or mitigate all identified risks.
- The practice had processes to manage current and future performance. Practice leaders had oversight of safety alerts, incidents, and complaints. Staff were aware of clinical audit outcomes and were taking action to improve areas where performance was not being sustained.
- Clinical audit provided by the practice showed limited impact on the quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality. Although not all clinical audits demonstrated improvement.
- Although the practice had plans in place and had trained staff for major incidents; in the absence of some suggested emergency medicines the practice had not carried out a risk assessment to mitigate any potential risks.
- 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.

- 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 full and 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 practice actively reviewed feedback from a range of sources such as NHS Choices. We saw evidence of a feedback structure which involved sharing positive and less positive comments with the team and actions were taken to address any identified concerns.
- The service was transparent, collaborative and open with stakeholders about performance.

## Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement.
- Staff knew about improvement methods and had the skills to use them. For example, the practice was aware of the range of healthcare services aimed at supporting the Armed Forces community and the practice was an Armed Forces Veteran friendly accredited practice.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.

## Are services well-led?

- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

**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 Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered person did not ensure arrangements to take appropriate actions in the event of a clinical or medical emergency were in place. For example, registered person did not ensure staff had access to medicines used to respond to emergencies such as suspected bacterial meningitis and Croup (children).</p> <p>The registered person did not ensure that risk assessments were reviewed in an agreed timeframe to ensure the premises remained safe for their intended purpose and risk to staff and cleaners were not mitigated. For example, there were no schedule or plan for reviewing fire risk assessments to ensure it remained relevant. Steps to prevent and control potential risks relating to legionella had not been reviewed or established. Control of Substances Hazardous to Health (COSHH) data sheets for cleaning products used by the cleaner had not been completed. The health and safety risk assessment did not identify all potential risks.</p> <p>The registered person did not do all that is reasonably practicable to mitigate risks associated with waste management to ensure safe management and storage of healthcare waste.</p> <p>The registered person did not ensure that clinical equipment such as nebulisers and spirometers were identified in cleaning logs as equipment to be cleaned.</p> <p>This was in breach of regulation 12(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Diagnostic and screening procedures Surgical procedures	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p>

This section is primarily information for the provider

## Requirement notices

Treatment of disease, disorder or injury

The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular: The registered person did not ensure medicine expiry dates were monitored effectively and did not take timely action to replace medicines which had expired.

The registered person did not operate an effective system to ensure employee immunisation programmes were carried out and risk assessments to mitigate risks to staff who were not up to date with routine immunisations had not been carried out. The registered person did not operate an effective system to monitor review dates of practice protocols and written protocols to accompany patient specific directions had not been established.

The registered person did not ensure that processes to monitor and minimise the likelihood of risks and minimise the risks on people was effectively carried out.

This was in breach of regulation 17(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.