

# Drs Fazil, Buckley & Raghwani – Fieldhouse Medical Group

## Quality Report

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

## Ratings

### Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

**This practice is rated as Requires improvement overall.** (Previous inspection October 2015 – Good overall, Requires improvement for Safe).

The key questions are rated as:

Are services safe? – Requires improvement

Are services effective? – Requires improvement

Are services caring? – Good

Are services responsive? – Good

Are services well-led? - Requires improvement

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

Older People – Requires improvement

People with long-term conditions – Requires improvement

Families, children and young people – Requires improvement

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

People whose circumstances may make them vulnerable – Requires improvement

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

We carried out an announced comprehensive inspection at Drs Fazil, Buckley & Raghwani - Fieldhouse Medical Group on 13 November 2017 as part of our inspection programme.

At this inspection we found:

- The practice had some systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice did not have a system to record when action was taken following the receipt of national safety alerts.
- 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.
- We found there was a lack of evidence of records of mandatory training such as safeguarding, basic life support and infection control.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

# Summary of findings

- The practice understood the needs of its population and tailored services in response to those needs. For example extended opening hours, online services such as repeat prescription requests and advanced booking of appointments.

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

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

- Reception staff should receive awareness training and written guidance about sepsis signs and recognising deteriorating patients.
- Continue with efforts to review and monitor processes for QOF; auditing areas of high exception reporting.
- The practice should undertake a formal risk assessment to ensure the emergency drugs are appropriate for the activities provided by the practice.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The six population groups and what we found

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

<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> 

# Drs Fazil, Buckley & Raghwani – Fieldhouse Medical Group

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

a CQC lead inspector and included a second CQC inspector and a GP specialist adviser.

## Background to Drs Fazil, Buckley & Raghwani – Fieldhouse Medical Group

Drs Fazil, Buckley & Raghwani – Fieldhouse Medical Group occupies part of a purpose built GP and primary care centre premises in Freshney Green Primary Care Centre, Sorrel Road, Grimsby, DN34 4GB. The practice has a Personal Medical Services (PMS) contract and provides services to approximately 13,500 patients living in Cleethorpes, Grimsby and North East Lincolnshire.

The majority of patients on the practice list are of white British background. The proportion of the practice population in the 65 years and over age group is similar to the England average. The practice population in the 45-60

years age group is slightly higher than the England average. The practice scored four on the deprivation measurement scale, the deprivation scale goes from one to ten, with one being the most deprived. The overall practice deprivation score is higher than the England average, the practice is 28.9 and the England average is 21.8. People living in more deprived areas tend to have a greater need for health services.

The practice has one male and five female GPs. There are three partners and three salaried GPs. There are eight practice nurses and five health care assistants. There is a practice manager, three management staff, eight receptionists and five administration staff.

The practice is accredited as a training practice and supports GP registrars and medical students; one GP trainee was placed with them at the time of our inspection.

The practice provides appointments between 8am to 6.30pm Monday to Friday with extended hours 6.30pm -7.30pm on Tuesday. GPs provide telephone consultations between 7am to 8am three days a week. When the practice is closed, patients' calls are transferred to the Out Of Hours provider. Information for patients requiring urgent medical attention out of hours is available in the practice information leaflet and on the practice website.

# Are services safe?

## Our findings

At our previous inspection on 5 October 2015, we rated the practice as requires improvement for providing safe services. When we undertook a follow up inspection on 13 November 2017 these arrangements had improved in some but not all areas.

We identified there were gaps in the safeguarding adults and children training completed by clinical and non-clinical staff. There were gaps in the completion of staff training in areas such as cardio-pulmonary resuscitation (CPR), information governance and infection prevention and control. Some of the equipment being used to care for and treat service users was not safe for use.

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

### Safety systems and processes

We found patients were at risk of harm because safety systems and processes were not in place or had weaknesses.

- The practice had a range of safety policies which were made available to staff. The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- Not all staff received up-to-date safeguarding and safety training appropriate to their role. We found no evidence of up-to-date and appropriate safeguarding training for 43% of nursing staff. We found no evidence of up-to-date and appropriate safeguarding training for

any non-clinical staff. However staff we spoke with knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.

- There were audits to manage infection prevention and control. Annual infection and prevention control training was overdue or absent for 42% of clinical staff. Privacy curtains were overdue replacement by two to seven months. We found bags of clinical waste required labelling and dating.
- The practice had some processes that ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. However we found two lamps and a defibrillator in shared rooms and an ECG machine were overdue safety checks. The defibrillator safety check was 12 months overdue and the ECG calibration check was four months overdue meaning the results were potentially incorrect. Both these were resolved shortly after the inspection. Three kettles were 13 months overdue safety checks; these were removed from service following the inspection.

### Risks to patients

We found patients were at risk due to poor systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was no formal induction system for permanent or temporary clinical staff tailored to their role. This put patients at risk as inappropriate procedures and processes could be followed.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. However, we found no evidence of basic life support training for any non-clinical staff and 48% of clinical staff were overdue annual basic life support training. Not all clinical staff including those that administered vaccines and immunisations had up to date anaphylaxis training.
- Clinicians knew how to identify and manage patients with severe infections, for example sepsis. Some non-clinical staff had not received specific training information/advice to assist them in easily identifying patients identified 'at risk' of sepsis.

### Information to deliver safe care and treatment

# Are services safe?

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information.

## Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice kept prescription stationery securely and monitored its use. However, we found two completed prescriptions had not been locked away. This was resolved following the inspection.
- Staff prescribed medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship (antimicrobial stewardship is a system to monitor the appropriate prescribing of antibiotics).

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

## Track record on safety

The practice had a variety of risk assessments to monitor safety of the premises such as control of substances hazardous to health and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

## Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. GPs and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. For example, following an incident, the frequency of routine blood tests for some conditions was reduced.
- The practice could not demonstrate appropriate investigation and actions taken in response to national patient safety alerts received by the practice.

# Are services effective?

(for example, treatment is effective)

## Our findings

At our previous inspection on 5 October 2015, we rated the practice as good for providing effective services. We undertook a follow up inspection on 13 November 2017.

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

### Effective needs assessment, care and treatment

The practice 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' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- Average daily quantity rates of Hypnotics prescribed per Specific Therapeutic group were lower than CCG and national averages (Practice 0.41; CCG 0.69; National 0.98) demonstrating that the practice was following prescribing guidelines.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

#### Older people:

- Older patients who were frail or may be vulnerable received a full assessment of their physical, mental and social needs. 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. Over a 12 month period the practice had carried out 436 of these checks.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any additional 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.

- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- Exception rates for blood sugar indicators for patients with diabetes were 10-18% higher than CCG averages. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

#### 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.

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

- The practice's uptake for cervical screening was 77%, which was in line with the 80% coverage target for the national screening programme.
- 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 years. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

#### People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.

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

- 86% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was comparable to the national average.

# Are services effective?

## (for example, treatment is effective)

- 94% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was comparable to the national average.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption (practice 94%; CCG 95%; national 91%).

### Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. There had been ten clinical audits completed in the last two years, three of these were completed audits where the improvements made were implemented and monitored. For example, reviewing patients on pain-relieving medication and ensuring that safer medication was prescribed.

Where appropriate, clinicians took part in local and national improvement initiatives. For example, reviewing their use of antibiotics to ensure it was in line with NICE guidelines.

The most recent published Quality Outcome Framework (QOF) results from 2016/17 showed the practice achieved 100% of the total number of points available compared with the local clinical commissioning group (CCG) average of 93% and national average of 95%. The overall exception reporting rate was 11% compared with a national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

- Exception rates for patients with diabetes were significantly higher for all three blood sugar control indicators. For example,
  - 27% of patients with diabetes in whom the last IFCC-HbA1c is 59 mmol/mol or less in the preceding 12 months were excepted (CCG; 9%, national; 14%).

- 23% of patients with diabetes in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months were excepted (CCG; 8%, national; 12%).
- 16% of patients with diabetes in whom the last IFCC-HbA1c is 75 mmol/mol or less in the preceding 12 months were excepted (CCG; 6%, national; 9%).
- We reviewed the exception reporting and found that the practice had made every effort to ensure appropriate decision making including prompting patients to attend for the relevant monitoring and checks. Discussions with the lead GP showed that procedures were in place for exception reporting as per the QOF guidance. Patients were reminded to attend three times by letter and were contacted by telephone before they were excepted. However, we looked at the records of three patients that had been excepted and found no reason for exception had been recorded in these records.

### Effective staffing

The practice could not demonstrate how they ensured role-specific training and update training for relevant staff. They could not easily provide a detailed record and supporting documentation to confirm what training staff had completed.

- The practice could not demonstrate that all staff had completed training in areas such as safeguarding adults and children, basic life support, infection control and information governance.
- Not all clinical staff including those that administered vaccines and immunisations had up to date anaphylaxis training.
- Non-clinical staff had not received specific training information/advice to assist them in easily identifying patients identified 'at risk' of sepsis. No written guidance was available.
- The practice provided staff with ongoing support. This included appraisals, coaching and mentoring, clinical supervision and support for revalidation. We found no evidence of an induction process for temporary or permanent medical or nursing staff. The practice ensured the competence of staff employed in advanced roles by mentoring and audit of their clinical decision making, including non-medical prescribing.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

# Are services effective?

(for example, treatment is effective)

## Coordinating care and treatment

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

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

## Helping patients to live healthier lives

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

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

## Consent to care and treatment

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

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

# Are services caring?

## Our findings

At our previous inspection on 5 October 2015, we rated the practice as good for providing caring services. We undertook a follow up inspection on 13 November 2017.

**We rated the practice as good for providing caring services overall and across all population groups.**

### Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- All of the 10 patient Care Quality Commission comment cards we received were positive about the service experienced. All five patient questionnaires we received were positive about the service experienced. This was in line with the results of the NHS Friends and Family Test and other feedback received by the practice.

Results from the national GP patient survey published in July 2017 showed patients felt they were treated with compassion, dignity and respect. 254 surveys were sent out and 116 were returned. This represented about 1% of the practice population. The practice results were comparable to the local clinical commissioning group (CCG) and national average for its satisfaction scores on consultations with GPs and nurses. For example:

- 82% of patients who responded said the GP was good at listening to them compared with the local CCG average of 87% and the national average of 89%.
- 88% of patients who responded said the GP gave them enough time compared to the local CCG average of 85% and national average of 86%.
- 94% of patients who responded said they had confidence and trust in the last GP they saw compared to the local CCG average of 94% and national average of 96%.

- 80% of patients who responded said the last GP they spoke to was good at treating them with care and concern compared to the local CCG average of 84% and national average of 86%.
- 97% of patients who responded said the nurse was good at listening to them compared to the local CCG average of 92% and national average of 91%.
- 98% of patients who responded said the nurse gave them enough time compared to the local CCG average and national average of 92%.
- 95% of patients who responded said they had confidence and trust in the last nurse they saw compared to the local CCG average and national average of 97%.
- 91% of patients who responded said the last nurse they spoke to was good at treating them with care and concern compared to the local CCG average of 90% and national average of 91%.

89% of patients who responded said they found the receptionists at the practice helpful compared to the local CCG average of 86% and national average of 87%.

### Involvement in decisions about care and treatment

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

- Interpretation services were available for patients who did not have English as a first language. We saw no notices in the reception areas, including in languages other than English, informing patients this service was available.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 548 patients as carers (4% of the practice list). Staff had received carer support training.

- The website contained information about various services supporting carers and leaflets were available.

## Are services caring?

- Staff told us that if families had experienced unexpected bereavement, their usual GP contacted them.

Results from the national GP patient survey published in July 2017 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with the local CCG and national averages For example:

- 82% of patients who responded said the last GP they saw was good at explaining tests and treatments compared to the local CCG average of 84% and the national average of 86%.
- 79% of patients who responded said the last GP they saw was good at involving them in decisions about their care compared to the local CCG average of 80% and national average of 82%.

- 94% of patients who responded said the last nurse they saw was good at explaining tests and treatments compared to the local CCG average of 89% and national average of 90%.85% of patients who responded said the last nurse they saw was good at involving them in decisions about their care compared to the local CCG average of 83% and national average of 85%.

### Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

At our previous inspection on 5 October 2015, we rated the practice as good for providing responsive services. We undertook a follow up inspection on 13 November 2017.

**We rated the practice as good for providing responsive services overall and across all 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.

- The practice understood the needs of its population and tailored services in response to those needs. For example extended opening hours, online services such as repeat prescription requests and advanced booking of appointments.
- The practice improved services where possible in response to unmet needs.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. For example extended hours 6.30pm -7.30pm on Tuesday and GPs provide telephone consultations between 7am to 8am three days a week.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

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

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.

- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- The practice provided a weekly drop in sexual health clinic for patients.

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 hours.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.

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

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

### Timely access to the service

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

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

# Are services responsive to people's needs?

(for example, to feedback?)

- The appointment system was easy to use.

Results from the national GP patient survey published in July 2017 showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages. This was supported by observations on the day of inspection and completed comment cards. 254 surveys were sent out and 116 were returned. This represented about 1% of the practice population.

- 84% of patients who responded were satisfied with the practice's opening hours compared with the local CCG average of 84% and the national average of 80%.
- 66% of patients who responded said they could get through easily to the practice by phone compared to the local CCG and national average of 71%.
- 73% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared to the local CCG average of 74% and national average of 75%.
- 71% of patients who responded said their last appointment was convenient compared to the local CCG average of 82% and national average of 81%.
- 68% of patients who responded described their experience of making an appointment as good compared to the local CCG average of 72% and national average of 73%.

- 56% of patients who responded said they don't normally have to wait too long to be seen compared to the local CCG average of 53% and national average of 58%.

## 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 in the practice leaflet. However there was no information within the practice or on the practice website. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. 25 complaints were received in the last year. We reviewed six complaints and found that they were satisfactorily handled in a timely way.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. We saw the practice used lessons learned to improve the quality of care. For example, following complaints, additional training in communication was provided to staff.

# Are services well-led?

Requires improvement 

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

## Our findings

At our previous inspection on 5 October 2015, we rated the practice as good for well-led. We undertook a follow up inspection on 13 November 2017.

**We rated the practice as requires improvement for well-led overall and across all population groups.**

### Leadership capacity and capability

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

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

### Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- The practice developed its vision, values and strategy jointly with patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.

### Culture

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

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- 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. For example following an error administering a vaccine, affected patients were contacted and invited to return for an appropriate vaccine. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were some processes for providing 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.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- The practice actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Some staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

### Governance arrangements

There were some structures, processes and systems to support good governance and management however these were not fully implemented. We found staff mandatory training was not monitored. For example, we found not all staff had received training at appropriate levels and frequency and this required improvement; for example, safeguarding, infection prevention and control and basic life support.

- The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.

### Managing risks, issues and performance

There were some processes for managing risks, issues and performance.

# Are services well-led?

Requires improvement 

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

There were some processes to identify, understand, monitor and address current and future risks including risks to patient safety. However we found two lamps and a defibrillator in shared rooms and an ECG machine were overdue safety checks. The defibrillator safety check was 12 months overdue. The ECG calibration check was four months overdue meaning the results were potentially incorrect. Three kettles were 13 months overdue safety checks. We found infection and prevention control risks that had not been addressed as two curtains were overdue replacement. We found bags of clinical waste required labelling and dating. We found there was no formal induction system for new or temporary medical or nursing staff tailored to their role.

- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions.
- Practice leaders had oversight of MHRA alerts, incidents and complaints. However, the practice could not demonstrate appropriate investigation and actions taken in response to national patient safety alerts received by the practice.
- 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 for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

## Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.

- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice 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 arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems. However we found no evidence of staff having received information governance training in the last 12 months and we found no evidence that 70% of staff had received any information governance training.

## 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 range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. For example, the practice was moving to work more closely with the other two practices in the shared primary care centre.
- There was an active patient participation group.

## Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement at all levels within the practice. For example, an in-house pharmacist helped manage patients with diabetes.
- The practice made use of internal reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Care and treatment must be provided in a safe way for service users</p> <p><b>How the regulation was not being met</b></p> <p>Not all of the people providing care and treatment had the qualifications, competence, skills and experience to do so safely. In particular:</p> <ul style="list-style-type: none"><li>• Not all staff had received annual basic life support training.</li><li>• Not all clinical staff including those that administered vaccines and immunisations had up to date anaphylaxis training.</li><li>• Not all staff had completed safeguarding children and adult training.</li></ul> <p>The equipment being used to care for and treat service users was not safe for use. In particular: two lamps and a defibrillator in shared rooms and an ECG machine were overdue safety checks. Three kettles were 13 months overdue safety checks.</p> <p>The arrangements for managing medicines in the practice did not always ensure patients were safe. For example, the practice could not demonstrate appropriate investigation and actions taken in response to national patient safety alerts received by the practice.</p> <p>This was in breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services	Regulation 17 HSCA (RA) Regulations 2014 Good governance

This section is primarily information for the provider

## Requirement notices

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

### **How the regulation was not being met**

The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person had maintained securely such records as are necessary to be kept in relation to persons employed in the carrying on of the regulated activity or activities. In particular:

- There was a failure to ensure that staff received mandatory training.
- The practice could not demonstrate that staff had completed training in areas such as safeguarding adults and children, basic life support, infection prevention and control and information governance.

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