

# Bolton House Surgery

## 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 February 2015, rating - Good).

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 Bolton House Surgery on 11 December 2017. The inspection was carried out as part of our inspection programme.

At this inspection we found:

- The practice had clear 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 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 involved and treated patients with compassion, kindness, dignity and respect.
  - The practice had good facilities and was well equipped to treat patients and meet their needs.
  - The practice recognised that the patient's emotional and social needs were as important as their physical needs.
- Recruitment procedures were not fully established and some staff recruitment files were found to be incomplete.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.

# Summary of findings

- Some members of staff had not been provided with appropriate training, such as safeguarding and fire training.
- An effective process had not been established for the on-going appraisal of staff.

The areas where the provider **must** make improvements as they are in breach of regulations are:

- Ensure that training, learning and development needs of staff members are identified and reviewed at appropriate intervals during the course of employment.
- Ensure an effective process is established for the on-going appraisal of all staff employed at the practice.
- Ensure that necessary recruitment checks are in place for all staff and the required specified information in respect of persons employed by the practice is held.
- Ensure that an adequate governance system is in place to manage the assessing, monitoring and mitigation of risks relating to the health, safety and welfare of patients.

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

- Review the availability of emergency medicines to manage medical emergencies giving due regard to guidelines issued by the British National Formulary and the Resuscitation Council (UK).
- Implement and maintain a schedule of regular practice meetings to include all staff members and ensure that these are minuted.
- Encourage the contribution of ideas and decision making from staff at all levels in order to drive improvement.
- The practice should continue their work in improving the delivery of immunisations to children.
- Encourage the involvement and engagement of GPs at PPG meetings.

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

Chief Inspector of General Practice

# Bolton House Surgery

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

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

### Background to Bolton House Surgery

The practice is situated in the town of Eastbourne in East Sussex and provides general medical services to

approximately 5220 patients. There are four GPs, two of whom are female. The practice also employs two practice managers, three practice nurses, a paramedic practitioner and administration and reception staff.

The practice has a higher proportion of patients over the age of 65 years compared to the national average and serves a population that has higher deprivation levels affecting both adults and children than the national average. Data showed that there was a slightly lower population of children aged four and under compared to the national average.

Opening hours are Monday to Friday 8.30am until 5.30pm. Telephone lines are open all day between 8.30am and 5.30pm and a triage telephone line is in place from 5.30pm to 6.30pm which is shared with another local surgery.

# Are services safe?

## Our findings

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

We rated the practice as requires improvement for providing safe services because of the arrangements in respect of recruitment documentation and staff training in the area of safety.

### Safety systems and processes

The practice had some systems in place to keep patients safe and safeguarded from abuse.

- The practice conducted safety risk assessments. It had a suite of safety policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. Policies were accessible to all staff. They outlined 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 the majority of staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. However, some recruitment documents were not available in staff files, such as proof of identification for all staff, signed contracts for four members of staff, interview notes for three members of staff, application forms for three members of staff, induction checklists for four members of staff, current nursing registration for one member of staff and indemnity details for clinical members of staff. Proof of identification documents for all staff and indemnity details for clinical staff were sent to us following the inspection.
- Disclosure and Barring Service (DBS) checks were undertaken where required for clinical staff. (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). One DBS document for a GP was not available on the day of inspection. A copy was

sent to us following the inspection. Risk assessments for non-clinical staff who were deemed to not require a DBS were not available for the majority of non-clinical staff. Copies of these were sent to us following the inspection.

- Some staff members had received up-to-date safeguarding training appropriate to their role. On the day of inspection, we found that the practice had not recorded details of completed safeguarding training within their training matrix. The practice sent us an updated copy of the training matrix following the inspection. It showed that seven members of non-clinical staff and one clinical staff member had not attended safeguarding training. Five members of non-clinical staff had attended safeguarding training in 2014, but the training certificates and specific dates were not available. Seven clinical staff had attended safeguarding training in 2016, however only one training certificate was seen, which was sent to us following the inspection.
- According to the staff training record, five members of staff had not attended fire training. A recent fire drill had not taken place. The training matrix also highlighted that health and safety training had not been provided.
- Staff knew how to identify and report concerns. Nurses who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control. However, training records highlighted that only one clinical staff member had attended face to face infection control training. The practice manager told us that only one staff member had been able to attend and that they had disseminated the information they had received to the rest of the practice. There was evidence that non-clinical staff had completed an infection control quiz and actions were being taken in relation to infection control within the practice. For example, a new pedal bin had been purchased for the downstairs toilet and an audit had taken place with regards to nurses' aseptic technique.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

### Risks to patients

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

# Are services safe?

- There were arrangements for planning and monitoring the number and mix of staff needed.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.
- Clinicians knew how to identify and manage patients with severe infections, for example, sepsis.

## Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- 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.
- The practice did not have a policy in place which identified a list of required emergency medications based on the medical needs of patients at the practice in order to treat an epileptic fit, acute severe asthma or severe allergic reaction.

- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had audited antimicrobial prescribing.
- 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 good safety record.

- There were risk assessments in place in relation to safety issues.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

## Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were 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.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

# Are services effective?

(for example, treatment is effective)

## Our findings

**We rated the practice, and all of the population groups, as requires improvement for providing an effective service.**

**We rated the practice as requires improvement for providing effective services because the arrangements in respect of staff training and support required improvements.**

### 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.
- 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. 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.

#### 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.

#### Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the pneumococcal conjugate booster vaccine were below the national average (57%) with the target being 90% or above.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.

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

- The practice's uptake for cervical screening was 82%, 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 to 74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice carried out monthly multi-disciplinary case meetings to discuss patients on the palliative care register, attended by the community matron, district nursing team, palliative care team and social services.

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

- 74% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was comparable to the CCG average of 82% and the national average of 83%.
- 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 97%; CCG 90%; national 90%).

### Monitoring care and treatment

# Are services effective?

## (for example, treatment is effective)

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.

The most recent published Quality Outcome Framework (QOF) results were 98% of the total number of points available compared with the clinical commissioning group (CCG) average of 95% and national average of 95%. (QOF is a system intended to improve the quality of general practice and reward good practice).

- 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 carried out an audit of prescribing antibiotics for a urinary tract infection. The first audit cycle highlighted that there were not enough delayed prescriptions. The second audit cycle showed that more prescriptions were being delayed and therefore far less antibiotics were being prescribed.

### Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- The practice understood the learning needs of staff and the importance of providing protected time and training to meet them. However, this was not reflected in the training records we reviewed on the day of inspection. Up to date records of skills, qualifications and training were not maintained effectively. The staff training record showed that Mental Capacity Act training for clinical staff had not been provided and Information Governance training had only been attended by two members of staff.
- Records were not available to demonstrate that a newly appointed member of staff had received a full induction process and four other staff files were also missing induction documentation.
- Staff we spoke with told us that one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation rarely took place. The

practice told us that all non-clinical staff were overdue for receiving an appraisal. Nursing staff told us that they had received an appraisal, but the practice were unable to provide the relevant documentation.

- The practice manager discussed their 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, services and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice carried out multi-agency team meetings on a monthly basis and focused on patients with multi-agency issues. The meetings included input from adult social care, adult mental health, district nursing and geriatrics. The practice told us that medical, social and mental health needs were discussed and how these could be best managed for patients using collaborative working.
- 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.

# Are services effective?

(for example, treatment is effective)

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

**We rated the practice as good for providing caring services overall although all population groups are rated as requires improvement as the practice was given this rating for providing safe, effective and well-led services. The issues identified as requiring improvement overall affected all patients including all population groups. There were, however, examples of good practice.**

### 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.
- The 14 patient Care Quality Commission comment cards we received were positive about the service experienced. This is in line with the results of the NHS Friends and Family Test and other feedback received by the practice.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. Of the 251 surveys that were sent out, 105 were returned. This represented about 2% of the practice population. The practice results for satisfaction scores on consultations with GPs and nurses, were comparable to the CCG and national averages. For example:

- 83% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 84% of patients who responded said the GP gave them enough time; CCG - 89%; national average - 86%.
- 92% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 97%; national average - 95%.

- 87% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG - 89%; national average - 91%.
- 95% of patients who responded said the nurse was good at listening to them; CCG - 95%; national average - 91%.
- 96% of patients who responded said the nurse gave them enough time; CCG - 95%; national average - 92%.
- 93% of patients who responded said they had confidence and trust in the last nurse they saw; CCG - 99%; national average - 97%.
- 96% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 95%; national average - 91%.
- 90% of patients who responded said they found the receptionists at the practice helpful; CCG - 91%; national average - 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.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available. A hearing loop was not 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 patients who were carers. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 62 patients as carers (1.2% of the practice list).
- Staff told us that if families had experienced bereavement, patients would be offered information on organisations which offer bereavement support.
- Information leaflets were available for carers to enable them to access appropriate services. Care plans were formulated in discussion with carers and patients where appropriate.

## Are services caring?

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

- 89% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 89% and the national average of 86%.
- 84% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 86%; national average - 82%.

- 92% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 93%; national average - 90%.
- 92% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 89%; national average - 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

**We rated the practice as good for providing responsive services although all population groups are rated as requires improvement as the practice was given this rating for providing safe, effective and well-led services. The issues identified as requiring improvement overall affected all patients including all population groups. There were, however, examples of good practice.**

### 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, patients could access online services such as repeat prescription requests and 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, such as ramp access to the main entrance and a disabled toilet.
- 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, nursing 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.
- The practice offered additional monitoring clinics such as INR Testing (a measure of how long it takes the blood to clot), electrocardiogram (to check the heart's rhythm and activity), 24 hour blood pressure testing, phlebotomy and wound care.

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 offers flexible appointments for child immunisations and runs baby clinics every week.

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.
- Telephone GP consultations were available which supported patients who were unable to attend the practice during normal working hours.
- Telephone lines were open all day between 8.30am and 5.30pm and a triage telephone line was in place from 5.30pm to 6.30pm which was shared with another local surgery in order to improve accessibility.

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.
- There is full disabled access on the ground floor of the building and all of the GPs offer appointments on the ground floor for those who are unable to use stairs.

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.

# Are services responsive to people's needs?

## (for example, to feedback?)

- The practice has same day access for appointments in order for patients who are experiencing poor mental health to be seen quickly.
- The practice held GP led dedicated annual mental health and dementia reviews.

### 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.
- The appointment system was easy to use.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was above local and national averages in most areas. This was supported by observations on the day of inspection and completed comment cards.

- 74% of patients who responded were satisfied with the practice's opening hours compared with the Clinical Commissioning Group (CCG) average of 80% and the national average of 76%.
- 87% of patients who responded said they could get through easily to the practice by phone; CCG – 70%; national average - 71%.

- 94% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG - 87%; national average - 84%.
- 86% of patients who responded said their last appointment was convenient; CCG - 86%; national average - 81%.
- 88% of patients who responded described their experience of making an appointment as good; CCG - 77%; national average - 73%.
- 69% of patients who responded said they don't normally have to wait too long to be seen; CCG - 61%; national average - 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 and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. Ten complaints had been received in the last year. We reviewed three complaints and found that they were handled satisfactorily and in a timely way.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care.

# Are services well-led?

Requires improvement 

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

## Our findings

**We rated the practice, and all of the population groups, as requires improvement for providing a well-led service.**

**We rated the practice as requires improvement for providing well-led services because the systems in respect of governance arrangements required improvements.**

### Leadership capacity and capability

Leaders had the 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 effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

### Vision and strategy

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

- There was a clear vision and set of values. The practice 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.
- The practice monitored progress against delivery of the strategy.

### Culture

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

- Staff stated they felt respected 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. 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. There was limited evidence that appraisal and career development conversations were taking place. Non-clinical staff had not received appraisals within the last year. Nursing staff told us that they had received an appraisal in February 2017, but they had not been given a copy of the completed paperwork.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given some protected time for professional development and evaluation of their clinical work. One member of staff told us that they would like to contribute ideas and become involved in decision making and auditing but had not been given the opportunity to do so. Nursing staff told us that they felt well supported by the lead nurse and management.
- The practice actively promoted equality and diversity. There were no records available to demonstrate that staff had received equality and diversity training.
- There were positive relationships between staff and teams.

### Governance arrangements

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

- There was a system in place for identifying, capturing and managing issues and risks. However, this was not always effective as the practice had not identified and managed the training and development needs of staff. For example, we found that the staff training matrix was

# Are services well-led?

Requires improvement 

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

incomplete on the day of inspection and requested that it was updated and sent to us following the inspection. Gaps remained in the final copy training record which the practice sent to us.

- The practice did not have a clear schedule of practice meetings. Records showed that the most recent staff meeting had taken place in February 2017. Staff told us that clinical meetings between GPs and practice nurses did not take place and commented that this would be beneficial to share clinical knowledge and 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.
- Practice leaders did not always have established policies, procedures and activities to ensure safety to assure them that they were operating as intended. For example, the practice did not complete a recruitment checklist to be held in individual staff files.

## • **Managing risks, issues and performance**

There were clear and effective processes for managing risks, issues and performance.

- 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.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments 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.
- There was limited evidence to demonstrate that quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information. Staff told us that general practice meetings were rare. However, there was evidence that discussions were taking place in smaller groups within the practice, such as practice nurses, GPs and practice managers.
- 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 some plans in place to address identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

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

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

- A diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.
- There was an active patient participation group (PPG). The group was representative of all patient groups and carried out meetings every six to eight weeks. They were involved in giving feedback and suggestions to the practice on areas of possible improvement. The practice felt that the PPG were a valuable contribution in supporting the service.
- The service was transparent, collaborative and open with stakeholders about performance.

## **Continuous improvement and innovation**

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

# Are services well-led?

Requires improvement 

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

- Staff knew about improvement methods and had the skills to use them. The practice made use of internal and external reviews of incidents and complaints. There was some evidence that learning was shared and used to make improvements, however there were limited records to demonstrate that this was taking place.
- There was limited evidence to demonstrate that leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance. Staff told us that the practice had been through recent challenges and would welcome further support and discussions regarding objectives and future plans.

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

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

#### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

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

The registered person had not ensured that staff had received appropriate safeguarding training to enable them to carry out the duties they are employed to perform.

This was a breach of regulation 18 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Regulated activity

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

#### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

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

The registered person had not ensured that staff had received appropriate training and appraisals to enable them to carry out the duties they are employed to perform.

This was a breach of regulation 18 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Regulated activity

Diagnostic and screening procedures  
Family planning services  
Maternity and midwifery services  
Surgical procedures

#### Regulation

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

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

This section is primarily information for the provider

# Requirement notices

Treatment of disease, disorder or injury

The registered person had not established robust recruitment procedures and were not operating effectively to ensure that required specified information in respect of persons employed by the practice was held.

This was a breach of regulation 19 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

## Regulated activity

Diagnostic and screening procedures

Family planning services

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

## Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

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

The practice could not demonstrate that they had an adequate governance system in place to manage the assessing, monitoring and mitigation of risks relating to the health, safety and welfare of service users and others who may be at risk due to not documenting these areas sufficiently.

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