

# Wide Way Surgery

## Quality Report

Wide Way Medical Centre  
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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	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Wide Way Medical Centre on 8 October 2015. Overall the practice is rated as good.

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Our key findings were as follows:

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents. Information about safety was recorded, monitored and actions were taken to make improvements when required;
- Risk assessments were completed and kept under review;
- Patients' needs were assessed and care and treatment was planned and delivered following best practice guidance;
- Staff received training appropriate to their roles and further training needs were identified and planned;

- Patients told us they were treated well, with dignity and respect and they were involved in decisions about their care and treatment;
- Patients said staff were kind, helpful, friendly, caring, polite, compassionate and thorough;
- Information about the services provided and how to make a complaint were accessible to patients at the practice, in the patient information leaflet and on the practice website;
- Patients who spoke with us generally reported good experiences of getting appointments with the walk in clinics felt to be particularly beneficial;
- The practice provided appointments outside of work and school hours and urgent appointments were provided on the same day;
- The practice had good facilities and was equipped to treat patients and meet their needs;
- There was a clear leadership structure and staff felt supported by management;
- The practice sought feedback from patients and staff and acted upon it.

However there were areas where the provider should make improvements.

Importantly, the provider should:

# Summary of findings

- Ensure when the fridge temperatures are outside the required range, actions staff take are clearly recorded.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Staff understood their responsibilities to raise concerns and report incidents. Systems were in place for incidents to be analysed, lessons learned and the findings shared with relevant staff. Information about safety was recorded, monitored and reviewed. Risks to patients and staff were assessed and reviewed. The practice had developed policies regarding health and safety which were accessible to all staff. Systems were in place for safeguarding children and vulnerable adults. Arrangements for infection control were suitable. Medicines management was suitable with the exception of the arrangements to monitor the fridge temperatures, which had been recorded as outside of the required range with no evidence of actions taken. Although after the inspection the practice addressed this. Staff recruitment was in line with requirements.

Good



### Are services effective?

The practice is rated good for providing effective services.

Data showed patient outcomes were generally at or in line with local and national averages and the practice identified areas they needed to improve and were working through an action plan. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their role and further training needs were identified through appraisals and were planned for. There was an appraisal system in place and all staff received annual appraisals. The practice worked with other health and social care services to ensure patients received multidisciplinary care and treatment.

Good



### Are services caring?

The practice is rated good for providing caring services.

Data showed that patients rated the practice higher than others for several aspects of care. Patients told us their privacy and dignity was maintained, staff spoke with them respectfully and they were involved in decisions about their care and treatment. Information about local health and social care services was available at the practice. We saw staff treated patients with kindness, respect and maintained confidentiality.

Good



# Summary of findings

## Are services responsive to people's needs?

The practice is rated good for providing responsive services.

The practice reviewed the needs of the local population and worked with the Clinical Commissioning Group to make improvements to services when identified. Patients told us they were able to make an appointment and they received continuity of care. Urgent appointments were available on the same day, extended hours appointments were provided, and home visits were carried out when required. The practice had good facilities and was well equipped to meet patient's needs. Information about how to make a complaint was available to patients and complaints were dealt with effectively.

Good



## Are services well-led?

The practice is rated good for providing well-led services.

The practice had a clear vision and strategy which was discussed with staff so they were clear about their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by the partners and the practice manager. The practice had developed policies and procedures to govern activity and held regular governance meetings. There were systems in place to monitor and improve quality and identify risk. The practice sought feedback from patients and staff which it acted on. There was an active patient participation group. Staff received inductions, supervision, appraisals and training to carry out their role, they attended staff and practice meetings and social events.

Good



# Summary of findings

## The six population groups and what we found

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

### Older people

The practice is rated good for the care of older people.

Older people made up 11% of the practice registered population with just over half of these aged over 75. The practice provided a named GP for all patients. The practice provided a service to two care homes which included fortnightly visits and meetings every three months with the other GP practices who attended one of the homes. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people with the exception of the flu vaccine, which the practice had identified and reviewed the reasons and put an action plan in place to improve. The practice had invited a local charitable organisation who provided befriending and counselling services, to visit the practice once a week to provide information and support. They were due to evaluate this to see the impact of this service on patients. They offered a range of enhanced services including unplanned admissions. They provided hearing aid batteries so patients no longer had to attend the hospital for these. The practice worked with other health and social care professionals to provide joined up care.

Good



### People with long term conditions

The practice participated in a proactive GP project which aimed to embed health prevention in GP practices and tackle health inequalities within hard to reach communities. As a result of this project, the health care assistant undertook further training to become a community health champion which involved signposting patients to appropriate services. The practice used care plans for patients with long-term conditions and those with complex needs. They worked with other health and social care providers to provide multidisciplinary care and treatment. Nursing staff had lead roles in chronic disease management. Longer appointments and home visits were available when needed. All patients had a named GP. Systems were in place to call patients for an annual review of their medication and treatment.

Good



### Families, children and young people

The practice is rated good for the care of families, children and young people.

There were systems in place to identify and follow up children living in disadvantaged circumstances and those at risk. The practice had identified a safeguarding children lead GP and their details were

Good



# Summary of findings

displayed at the practice for patients and staff. The practice prioritised children at the morning walk in session and provided a children's drop in after school hours. Immunisation rates were in line with local averages. We saw good examples of joint working with health visitors. Staff signposted young people to the weekly sexual health clinic situated above the practice. The practice provided chlamydia checks for 16-25 year olds.

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

The practice is rated good for the care of working-age people (including those recently retired and students).

The needs of the working age population were identified and the practice provided extended hours surgeries every week day between 7.30am and 8.00am and from 6.30pm to 7.00pm on Wednesdays. The practice offered on line services for patients to book appointments and request repeat prescriptions. The nurses and health care assistant provided a full range of health promotion and screening.

Good



## **People whose circumstances may make them vulnerable**

The practice is rated good for the care of people whose circumstances who make them vulnerable.

The practice held registers of patients living in vulnerable circumstances which it reviewed monthly. The practice had identified a vulnerable adult safeguarding lead and their details were displayed at the practice for patients and staff. Staff knew how to recognise signs of abuse in vulnerable patients and were aware of their responsibilities to report concerns and how to contact the relevant agencies in normal working hours and out of hours. The practice had access to telephone translation services and to advocacy services for patients who do not speak English. The practice had developed the Cardiff template for care planning for patients with learning disabilities, which it used to complete annual checks for these patients. The practice had 20 patients on their learning disability register; all of these patients had received an annual health check in the last year. There was a noticeboard in the waiting room with a range of information leaflets and details of support groups and local services specifically for carers.

Good



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

The practice is rated good for people experiencing poor mental health (including people with dementia).

Good



# Summary of findings

The practice had 63 patients on their register of patients experiencing poor mental health. Ninety eight per cent of these patients had a care plan which was reviewed annually. The practice worked with multi-disciplinary teams in the case management of people experiencing poor mental health. The practice used advanced care planning for patients with dementia. Staff told patients about local services including support groups and voluntary organisations.



# Summary of findings

## What people who use the service say

We spoke with eight patients and two members of the Patient Participation Group (PPG). We looked at results from the national GP patient survey for 2015. The practice used the NHS Friends and Family Test to seek patients' views on the service; 50% of patients, from 10 responses, would recommend the practice to others because of their positive experiences.

The results from the 2015 national GP survey involved 422 surveys being sent out, with 95 returned giving a 22.5% completion rate. Responses showed:

- 80% of respondents would recommend this practice to someone new to the area which was above the Clinical Commissioning Group (CCG) and national average of 71 and 78%;
- 88% of respondents described their overall experience of the practice as good which was above the CCG and national average of 79% and 85%;
- 92% said they had confidence in the last GP and 97% had confidence in the last nurse they spoke with, both these figures were in line or above the CCG and national averages;
- 76% of respondents were satisfied with the opening hours which was above the CCG average of 68% and in line with the national average;
- 84% were able to get an appointment the last time they tried which was above the CCG average of 81% and in line with the national average;
- 81% of respondents said it was easy to get through on the telephone, above the CCG and national averages of 60% and 73%.

As part of our inspection we also asked for CQC comment cards to be completed two weeks before our inspection. We received 40 comment cards of which 30 were positive about the service, staff and the care and treatment provided. Eight of the remaining cards contained some positive comments and raised a few issues regarding having to wait too long to be seen, not being informed when their GP retired and lack of privacy at reception. Patients reported that staff were friendly, kind, caring, helpful, polite and understanding. Patients felt confident about the care and treatment they received and said the doctors compassionate, thorough and efficient. Patients told us the environment was always clean. Comments from patients we spoke reflected these positive comments regarding staff, treatment, the environment and cleanliness. In addition, some patients made positive comments about the walk in clinic, while others would prefer a booked appointment at a set time and some patients found parking at the practice an issue.

# Wide Way Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC inspector. The team included a GP and a practice manager Specialist Advisor, an Expert by Experience and two other CQC inspectors. The Specialist Advisors and Expert by Experience were granted the same authority to enter registered persons' premises as the CQC inspectors.

## Background to Wide Way Surgery

The practice operates from Wide Way Surgery. They has a higher than local and national average number of children under 18 years of age and was in line with local and below national numbers of people aged over 65, 75 and 85 years. Fifty seven per cent of patients have long-standing health conditions, which is above the local and national averages. Ten per cent of patients have a caring responsibility which is below local and national averages. Sixty four per cent of patients are in paid work or full time education, which is below the local and above the national average. It is in the fifth least deprived area of England. The practice is registered with the Care Quality Commission (CQC) to provide the regulated activities of: treatment of disease, disorder or injury, maternity and midwifery services, diagnostics and screening procedures and family planning services.

The practice provides primary medical services through a Personal Medical Services (PMS) contract. A PMS contract is the contract between general practices and NHS England for delivering primary care services to local communities. The practice provides a range of services including

long-term condition management, family planning and contraceptive services, smoking cessation, maternity services, child health surveillance and child and adult immunisations to 8,030 patients in the Mitcham area of Merton.

The practice is a member of Merton Clinical Commissioning Group (CCG) and is one of 25 practices. It comprises of five partner GPs (four male and one female), one salaried GP, two part time practice nurses, one part time health care assistant and two patient care co-ordinators. There is a full time practice manager and seven administrative and reception staff. The practice is a teaching practice for final year medical students.

The practice is open from 8.30am to 6.30pm Monday to Friday. Extended hours surgeries are provided between 7.30 and 8.30am Monday to Friday and 6.30pm and 7.00pm on Wednesdays.

The practice has opted out of providing out-of-hours services to their own patients and these services are provided by the locally agreed out-of-hours provider for the CCG.

The practice has applied to remove the partners who have left from its CQC registration and is in the process of applying to register the new partners.

## Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme. This provider has not been inspected before and that was why we included them.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as

# Detailed findings

part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

From April 2015, the regulatory requirements the provider needs to meet are called Fundamental Standards and are set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

## How we carried out this inspection

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services are provided for specific groups of people and what good care looks like for them. The population groups are:

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

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 8 October 2015. During our visit we spoke with eight patients and two members of the Patient Participation Group, three GP partners, two nurses, one health care assistant, the practice manager and four administrative and reception staff. We observed staff interactions with patients in the reception area. We looked at the provider's policies and a range of records including staff recruitment and training files, health and safety, building and equipment maintenance, infection control, complaints, significant events and clinical audits. We looked at how medicines were recorded and stored.

# Are services safe?

## Our findings

### Safe track record and learning

There was an open and transparent approach and systems in place for reporting and recording significant events, accidents and incidents. Patients affected by significant events received an apology and told about actions the practice took to prevent recurrence. Staff told us they would inform the practice manager or one of the GPs of any incidents. We saw records confirming the practice carried out an analysis of significant events. We reviewed records of the twelve events from the last year and saw they had been discussed initially by the GPs and disseminated to other staff as required. We saw lessons learned were shared to ensure improvements to safety were made. For example, the practice put a double check 'buddy' system in place to ensure all letters and test results were reviewed daily.

The practice manager received national safety alerts and sent these on to relevant clinical staff. GPs received updated guidance from the National Institute for Health and Care Excellence and discussed these at their daily and monthly meetings.

### Overview of safety systems and processes

The practice had clear policies, procedures and systems in place to keep people safe which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These reflected relevant legislation and local requirements. Policies were available to all staff and a clear flow chart of actions to be taken. One of the GPs was the safeguarding lead for children and another GP was the lead for vulnerable adults and their details were displayed in the waiting room for patients. All staff had completed training to the required level in safeguarding children. Staff spoken with were aware of their responsibilities to report issues and concerns. The electronic patient record had a system that indicated when a child was subject to a child protection plan and when a patient was considered a vulnerable adult.
- Notices informing patients of their right to request a chaperone were displayed in the waiting room. GPs asked nurses or health care assistant to act as chaperones when required and occasionally reception staff undertook this role. Staff who acted as chaperone were trained for the role and had a Disclosure and

Barring Scheme (DBS) check. (DBS checks identify whether a member of staff has a criminal record or is on a list of people barred from working where they may have contact with vulnerable children or adults).

- There were procedures for monitoring and managing risks to patient and staff safety. Health and safety policies were in place and kept under review and posters displayed relevant information for staff. We saw that a fire risk assessment had been completed in September 2015. Fire equipment was checked annually by external contractors, the last date was June 2015. Staff completed training in fire safety and an annual fire drill was planned. Portable electrical appliances were last checked in June 2015 although not all equipment had been tested, the practice manager arranged for other items to be tested after our visit. Clinical equipment was tested annually with the last check carried out in June 2015 when it was all working. Risk assessments were completed and kept under review.
- Appropriate standards of cleanliness and hygiene were followed. We saw the premises were clean and tidy. Patients told us the practice was always clean. The practice had developed infection control policies. Two of the nurses were the infection control leads. Clinical staff were responsible for cleaning between patients and had access to equipment to complete this. The practice employed a cleaner who attended daily. There was a cleaning schedule which detailed the areas to be cleaned daily, weekly and monthly. The practice manager carried out regular checks to ensure the cleaning met the required standards. Staff told us they would report issues with the cleaning to the cleaner or practice manager. An infection control audit completed in April 2015 identified some issues for the practice to address. For example, sinks in consultation rooms should be free from clutter, gloves should be provided at reception and single use eye protection was not available. While we were told and could see some of these had been actioned, there was no action plan to confirm actions taken. The practice sent a copy of the action plan after the inspection. Suitable arrangements were in place for the safe disposal of clinical waste including sharps. A legionella risk assessment was carried out in October 2014 which did not identify any actions.
- The arrangements for managing medicines, including emergency drugs and prescribing, recording, handling, storing and security of medicines and prescriptions kept

## Are services safe?

patients safe. However, while the fridge temperatures were checked, we saw records were outside of the required range of 2-8 degrees on three separate dates for one fridge and there was no record of actions taken. There were over two weeks of dates in July when the one fridge was outside of the required range. Staff told us this was when this was new and it was not used until the temperature was within the required range. After the inspection the practice sent details of the actions they had taken which included treating the fridge temperatures as a significant event, contacting the vaccine manufactures and being told vaccines would still be safe to use, checking the fridge temperatures twice each day and reviewing the cold chain policy. Systems were in place for stocks of vaccines to be rotated. Regular audits of medicines were carried out by the Clinical Commissioning Group (CCG) pharmacy teams to ensure the practice was prescribing in line with best practice guidelines. Prescription pads were securely stored with records kept of their serial numbers and their use.

- The practice had a recruitment policy which was kept under review. The appropriate recruitment checks had been carried out in the four staff files we reviewed. For example, proof of identification, references, qualifications, registration with the appropriate professional body and checks through the Disclosure and Barring Service (DBS). The practice policy was for DBS checks to be completed every three years. The practice had developed an induction programme for new staff.

- Arrangements were in place for planning and monitoring the number and mix of staff to needed to meet patients' needs. Reception and administrative staff had arrangements to cover staff holiday to ensure there was no disruption to the services provided.

### **Arrangements to deal with emergencies and major incidents**

Emergency alarms were provided in consultation rooms. Staff we spoke with were clear about their location, their use and how to respond if they sounded. These alarms were checked and serviced by external contractors. All staff had completed basic life support training in 2015. There were emergency medicines available in the treatment rooms and in the doctor's bag. Staff knew where emergency medicines and equipment were kept and they were checked monthly. We saw medicines were in date and fit for use. The practice had oxygen with adult and children sized masks and a defibrillator with children and adult pads and these were checked monthly. There was a first aid kit and an accident book.

The practice had developed a business continuity plan which included details of how to deal with a range of situations including power failure and building damage. The document included contact numbers of external contractors and staff. This document was kept under review.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice carried out assessments and treatment in line with relevant and current evidence based guidance and standards, including National Institute for Care and Excellence (NICE) best practice guidelines. The practice had systems in place to ensure that all clinical staff were kept up to date. The practice monitored the use of these guidelines through discussions at clinical meetings and audits of medical records. Medical records showed assessments were completed, investigations were carried out, referrals were made to specialist services and medicine reviews were carried out when required.

### Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. The practice achieved 97.5% of the total points available in the year ending March 2014. This was above the Clinical Commissioning Group (CCG) average of 93.9% and the national average of 94.2% of total points with 3.7% exception reporting. The practice was not an outlier for any QOF (or other) national targets. Data from April 2013 to March 2014 showed:

- Performance for diabetes related indicators were in line with the national average. For example, 71% of patients had a last blood pressure reading of 140/80mmHg or less compared with a national average of 77%. The number of patients with a record of a foot examination was 98% compared to the national average of 88%. Although the number of patients who had the influenza immunisation in the last year was 73% compared to the national average of 93%. The practice had audited the influenza immunisations and developed an action plan to increase the numbers; data showed 1224 of the 2587 eligible patients had received the immunisation which was an increase of 8% for the same period last year.
- The percentage of patients with hypertension having regular blood pressure tests was 85% in line with the national average of 83%.

- Performance for patients with mental health with a comprehensive care plan was 98% above the national average of 86%.
- The number of patients with dementia who had an annual review of their care was 90%, compared to the national average of 84%.
- The practice had 12.9 emergency admissions per 1,000 population compared to the national average of 13.6.

Clinical audits were carried out to demonstrate quality improvements and all relevant staff were involved to improve care and treatment and patients' outcomes. Four clinical audits had been carried out in the last two years, two of these were completed audits where the improvements made were implemented and monitored. The practice took part in local audits and local and national benchmarking. For example, an audit on antibiotic prescribing indicated the practice was the second-highest prescriber of antibiotics in the local area. In this case, highest is not a good indicator. When they reviewed their prescribing practice and put different systems in place, this dropped to 11th highest in the area. The practice now used information leaflets to help patients understand the ailments they would not be prescribed medicines to treat, for example, the common cold. Information about patient outcomes was used to make improvements, for example an audit on flu vaccinations identified some possible reasons why they did not achieve high numbers and they had developed an action plan which would be reviewed throughout the season.

### Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for new staff which included essential policies such as confidentiality, fire safety, first aid, health and safety and safeguarding.
- The learning needs of staff were identified through appraisals and reviews of the practice development needs. Staff had access to appropriate training to meet these learning needs and cover the scope of their work. Staff had access to clinical supervision and support for the revalidation of GPs and nurses. In addition the GPs carried out peer appraisals of each other. Staff we spoke with told us they received the support they needed and had an annual appraisal.

# Are services effective?

## (for example, treatment is effective)

- Staff had completed training in basic life support, equality and diversity, fire safety, infection control and safeguarding children and vulnerable adults. Clinical staff completed training and attended regular refresher courses including cytology, diabetes care, immunisations, information governance, Mental Capacity Act and phlebotomy. Staff had access to electronic learning as well as attending face to face training sessions.
- There was a mixed skilled staff group with clinical staff having an interest in asthma, diabetes, learning disability, mental health, gynaecology and urology. The practice were actively seeking a new GP with a special interest in family planning.

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet. This included care plans, medical records and test results. Information such as NHS patient information leaflets were also available. Clinical staff met on a monthly basis to discuss the care and treatment needs of patients with complex health needs. All relevant information was shared with other services in a timely way, for example referrals to other services. The practice held monthly multidisciplinary meetings with the palliative care team, health visitors and district nurses to understand and meet the needs of patients with complex health needs. They met with community health services every three months.

There were systems to share information with other health care providers. For example, they used care plans for people receiving end of life care, to ensure the individual's wishes were available to those providing care or treatment. Copies of these care plans were kept in the patient's home and shared with the out of hours service. The out of hours service sent details of patients seen to the practice electronically by 8am the following morning.

### Consent to care and treatment

Patients' consent to care and treatment was sought in line with legislation and guidance. Staff understood the relevant consent and decision making requirements of legislation and guidance including the Mental Capacity Act 2005 and the Children Acts of 1989 and 2004. Parental consent was sought before children were given immunisations. Clinical staff spoke with patients about what was involved in examinations and procedures.

### Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. For example those receiving end of life care, carers, those at risk of developing a long-term condition and those requiring information and advice on their diet and smoking cessation. New patients were invited to attend an initial appointment to identify the individuals and their family medical history, take base line checks of height, weight, blood pressure and note if they smoke or drank alcohol. Any patients who took regular medicines were referred to the GP at this point. A wide range of posters and information leaflets were displayed in the waiting room to inform patients of the services provided, the health screening they are eligible for and information that could be provided to them.

The practice had a comprehensive screening programme. The uptake for cervical screening was 84% compared to the national average of 82%. Childhood immunisation rates for the practice were in line with local averages. For example, childhood immunisation rates for vaccinations given to under one year in the year ending March 2014 ranged from 88% to 93%, in line the national averages of 93%. Immunisation rates for the pre-school booster for five year olds were 73%, which was in line with the local average of 76%. The nurses were developing an action plan to increase the number of children receiving their childhood immunisations. Flu vaccination rates for those aged over 65 were 62%, compared to the national average of 73%. For the at risk groups this figure was 42% below the national average of 52%. The practice was working through an action plan to improve their immunisation rates.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We observed staff spoke with patients politely, respectfully and were helpful to patients attending the practice and those who telephoned during our visit. Consultations took place in private rooms with the doors closed and conversations in these rooms could not be overheard. Curtains were provided in consultation and treatment rooms to maintain patients' privacy and dignity during examinations and treatment. Reception staff told us they would take patients to the end of the reception area or to a separate room if they needed to speak in private.

In the 40 CQC comment cards we received, 38 patients made positive comments about the services provided. Patients we spoke with, including those from the Patient Participation Group told us they were satisfied with the care and treatment provided by staff and that their privacy and dignity was respected.

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the 2015 national GP patient survey which showed:

- 90% of respondents said they found receptionists at the surgery helpful which was above the CCG average of 84% and national average of 87%;
- 87% of patients said the last GP they saw was good at listening to them, in line with the local and national averages;
- 97% had confidence in the last nurse they saw, which was in line with the CCG and national averages;
- 86% said the last GP they saw was good at giving them enough time, in line with the national average and above the CCG average of 82%;
- 87% said the last nurse they saw was good at giving them enough time which was below the CCG and national averages of 89% and 92%.

### Care planning and involvement in decisions about care and treatment

Patients told us they were involved in discussions about treatment options and they felt involved in decision making. They felt that staff had the time to listen and explain things to them in ways they understood. Patient comments in CQC comment cards reflected this.

Results from the national GP patient survey 2015 we reviewed showed patients responded positively to their involvement in planning and decision making about their care and treatment. For example:

- 86% of respondents said the last GP they saw was good at explaining tests and treatments which was above the national and CCG averages of 83% and 86%;
- 86% said the nurse they saw was good at explaining tests, which was below the CCG and national averages of 88% and 90%;
- 75% said the last GP they saw was good at involving them in decisions about their care and treatment which was below the CCG and national averages of 78 and 81%;
- 82% said the nurse they saw involved them in decisions about their care and treatment which was in line with local averages and below the national average of 85%.

Staff told us that they spoke a number of the common languages of the local population and they had access to translation services for patients for whom English was not their first language.

### Patient/carer support to cope emotionally with care and treatment

There were a range of notices displayed in the reception and waiting area for patients, these were separated into different age groups and medical conditions, making it easier for patients to see the ones most relevant to them.

The electronic patient record indicated if the patient was also a carer and 10% of the patient list had been identified as carers. Staff told us these patients were prioritised for appointments and referred to relevant health and social care services for support and information.

Clinical staff told us that if patients suffered bereavement, they contacted them to ensure they had access to support services if required.

Seventy seven per cent of respondents to the national GP survey said the last GP was good at treating them with care and concern which was below the local and national averages of 83 and 85%. Ninety per cent said the last nurse they saw was good at treating them with care and concern which was above the local average of 87% and in line with the national average.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

The practice worked with the Clinical Commissioning Group (CCG) to plan services to improve outcomes for patients in the area. They demonstrated a clear knowledge and understanding of their local population and their health needs. For example they offered a walk in service every weekday morning from 7.30am-10.30am to provide better access to urgent on the day appointments. The practice provided a phlebotomy service and a hearing aid battery replacement service, which gave patients access to these services closer to home.

Services were planned to take into account the different patient groups and helped provide choice, flexibility and continuity of care. For example:

- Patients could book appointments and request repeat prescriptions on-line.
- The practice offered a range of book in advance and urgent on the day appointments.
- They provided evening appointments one day a week for patients who worked and could not attend during the day.
- They provided an afternoon 'drop in' for children who were taken ill during the day.
- The practice provided text reminders to ensure patients attended their appointment.
- Longer appointments were provided for patients with a learning disability, mental health needs and those with long term conditions.
- There were disabled facilities including an accessible toilet and room for wheelchairs and mobility aids. The practice did not have a hearing loop.
- There were baby changing facilities and an area in the waiting room for young children.
- They had access to translation services when required.
- Patients could choose to see a male or female GP, there were fewer appointments for female GPs.

### Access to the service

The practice was open between 8.00am-6.30pm Monday to Friday. Extended hours surgeries were provided from 7.30am-8.00pm Monday to Friday and from 6.30pm-7.00pm on Wednesday. Pre-bookable appointments and on the day urgent appointments were available.

Results from the national GP patient survey 2015 showed that patients were satisfied with access to the practice.

- 84% of respondents said they were able to get an appointment the last time they tried, in line with the CCG average of 81% and national average of 85%.
- 81% of respondents found it easy to get through to this surgery by phone, above the CCG average of 60% and national average of 73%.
- 31% of respondents usually wait 15 minutes or less after their appointment time to be seen, compared to the CCG average of 55% and national average of 65%. The practice were aware of this and were looking at ways to balance increased patient access through the walk in service and lower patient satisfaction with wait times.
- 76% of respondents were satisfied with the practice opening times, above national and CCG averages of 68% and 74%.

### Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Their complaints policy was in line with recognised guidance and contractual obligations for GPs in England. The practice manager was the designated responsible person who handled all complaints in the practice. We saw information about how to make a complaint was displayed at the practice, included in the patient leaflet and available on the practice website. Patients we spoke with were aware of how to raise concerns. We looked at the records for seven complaints received in the last year and found the practice had responded in an open way, in line with their policy. The practice invited patients who made a complaint to join the Patient Participation Group, we saw evidence of this in responses to complainants. We saw that complaints were discussed at clinical and practice meetings to ensure staff were aware and action agreed to prevent similar complaints being received in the future.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a clear vision to provide good quality patient centred primary care services, giving patients the right care, at the right time and in the right place, in a clean, well equipped and safe environment. Staff we spoke with knew and understood this vision. The partners met weekly for clinical governance meetings to review how the practice was operating, and discuss future improvements. The partners had identified areas for development and were working towards becoming a GP training practice and taking on a physician's associate trainee with a view to employing one in the future.

### Governance arrangements

The practice had a governance framework which supported the delivery of good quality care. The structures and procedures in place ensured that:

- There was a clear staffing structure and staff understood their own roles and responsibilities;
- Practice policies had been developed, these were kept under review and available to all staff. For example all staff were given a staff handbook when they joined the practice, this included the core policies and information they needed to know;
- The partners had a clear understanding of how the practice was performing and were addressing areas identified;
- Clinical audits were used to monitor the quality of services and make improvements. For example following the antibiotic audit the practice was identified as the second highest for prescribing in the local area, they made changes and after a second audit were found to be 11th highest ;
- There were suitable arrangements for identifying, recording and managing risks.

### Leadership, openness and transparency

The partners in the practice had the experience and capacity to operate the practice and ensure the provision of

high quality care. They prioritised effective, responsive and compassionate care. The partners were visible in the practice and staff told us they were approachable and responded to suggestions and ideas. The partners encouraged a culture of openness and honesty.

Staff told us there were regular clinical and practice meetings. These were used to disseminate important information about the practice, review patient feedback and complaints. Staff told us they were happy to be working at the practice and felt they could speak openly with suggestions, ideas and issues.

### Practice seeks and acts on feedback from its patients, the public and staff

The practice encouraged feedback from patients through the NHS Friends and Family Test, responses from the national GP survey, complaints, concerns and a suggestion box. A Patient Participation Group (PPG) was developed in 2014. They held quarterly meetings and had twelve regular attendees. Patients we spoke with who were not involved in the PPG were not aware of its existence. The PPG told us they were working to recruit new members who better reflected the local community. The partners received feedback from the PPG so they could respond to suggestions. The practice had increased access to phlebotomy services at the practice, invited a local charitable organisation to visit the practice weekly to provide information and support and drop in clinics in response to patient feedback.

The practice gathered feedback from staff through practice meetings and appraisals. Staff told us they felt involved and able to give their comments and suggestions on how the practice should be run.

### Management lead through learning and improvement

The practice demonstrated that they prioritised safety, used audits and learning from complaints and significant events to make improvements to the care and treatment patients received.