

# Westwood Medical Health Centre

## 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		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?		Requires improvement	

# 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 Westwood Medical Health Centre on 15 November 2016. Overall, the practice is rated as good overall and requires improvement for providing a Well Led service.

### Our key findings across all the areas we inspected were as follows:

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand and improvements were made to the quality of care as a result of complaints and concerns.
- The practice had no system in place to ensure they followed NHS Protect security of prescription forms guidance, but during the inspection commenced this process.
- The practice lacked a documented process on how they shared and acted upon National Institute for Health and Care Excellence (NICE) best practice guidance and the Medicines and Healthcare products Regulatory Agency (MHRA) alerts.
- Risks to patients were assessed and well managed with some exceptions. These included; an infection prevention and control process, fridge temperature monitoring, cold chain documentation when transporting vaccines between the main and branch practices, and the completion of locum recruitment checks.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group.
- The practice paid for car parking facilities for its patients based at the rear of the practice.

# Summary of findings

- The practice had visible clinical and managerial leadership and governance arrangements.

## **However there were areas of practice where the provider must make improvements:**

- Ensure measures are in place to assess the risk of, and prevent, detect and control the spread of infections, particularly in relation to the collection of urine samples, and take measures to ensure staff complete update training in Infection Prevention and Control.
- Ensure the proper and safe management of medicines, particularly in relation to the cold chain arrangements, the vaccine fridge temperatures at the branch practice, the transportation of vaccines between sites and the security of fridge plugs.
- Ensure all recruitment checks including those of locum staff, are appropriately received and are complete prior to employment.
- Put systems in place to demonstrate how the practice implements and shares National Institute

for Health and Care Excellence (NICE) best practice guidance and the Medicines and Healthcare products Regulatory Agency (MHRA) alerts including searches and any action taken.

## **There were areas of practice where the provider should make improvements:**

- Monitor the implementation system started during the inspection that follows NHS Protect Security of prescription forms guidance.
- Consider how staff would safely transport any medicines including oxygen required in the event of an emergency.
- Encourage all staff to report incidents and events within the practice.
- Document the comments received and actioned from those made by patients verbally as well as formal complaints to inform any trend analysis.

**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.

Good



- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had some clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed with a few exceptions, which included some infection control measures, the management of some medicines.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable to or better than local and national averages.
- Staff assessed patient needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

### Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice in line with the local Clinical Commissioning Group (CCG) and above the national average in others for several aspects of care.
- The majority of patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

# Summary of findings

- The practice identified frail and vulnerable patients they also provided signposting and supportive information where required.
- The practice held a carers' register and had systems in place, which highlighted to staff patients who also acted as carers. The practice provided additional support and signposting to other appropriate health and social care professionals or to voluntary/third sector providers.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and CCG to secure improvements to services where these were identified.
- The majority of patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The main practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

The practice is rated as requires improvement for being well-led.

- There were gaps in some of the practice governance arrangements. These included safe management of medicines, particularly in relation to the cold chain arrangements, locum staff recruitment checks, and systems to demonstrate how the practice implemented and shared National Institute for Health and Care Excellence (NICE) best practice guidance and the Medicines and Healthcare products Regulatory Agency (MHRA) alerts including searches and any action taken.
- Governance and performance management arrangements had been reviewed and took account of current models of best practice. This included arrangements to monitor and improve quality and identify risk.
- The practice had no documented strategy or supporting business plan, which reflected their vision and values but this had been discussed amongst the partners.
- Staff felt they would benefit from the reintroduction of whole staff meetings.

Requires improvement



# Summary of findings

- The partners encouraged a culture of openness and honesty, were aware of, and complied with the requirements of the Duty of Candour.
- The practice proactively sought feedback from staff and patients, which it acted upon. The patient participation group was active and attempts were being made to increase their number.

# 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 as good for the care of older people.

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice held a frail and vulnerable register of patients and these were discussed at regular multi-disciplinary meetings with other health and social care professionals.
- The practice provided flu vaccinations to eligible patients at walk in clinics at the practice and at home for those who were housebound. In 2015/16 the practice had vaccinated 68% of the target population and this had improved with 73% of the target population in receipt of their vaccinations to date in 2016/17.
- The practice participated in the admissions avoidance local enhanced scheme and patients who had attended A&E were followed up to ensure their needs were being met and reduce the risk of readmission.

### People with long term conditions

The practice is rated as good for the care of people with long-term conditions.

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The frailest 2% of practice patients had an admission avoidance care plan in place, which included many patients with long-term conditions. The practice had systems in place to “flag” patients with chronic or life limiting conditions to the out-of-hours service and provide information to enable continuity of care.
- The practice held a list of patients who required palliative care and their GP acted as the lead.

# Summary of findings

- The practice had a higher prevalence of diabetes than average (7.5% compared with the CCG average of 6.5% and a national average of 6.4%), the practice had achieved 100% of the performance points available from the Quality and Outcomes Framework (QOF) diabetes related indicators, which was nearly 10% higher than the local CCG average.
- Patients with Chronic Obstructive Pulmonary Disease (COPD) were provided with a support pack to treat symptoms at home to assist patients to avoid hospital admission.

## Families, children and young people

The practice is rated as 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 who were at risk. For example, children and young people who had a high number of A&E attendances.
- The practice held meetings, which included Health Visitors every month.
- The practice provided services, which included contraception, and sexual health advice.
- Appointments were available outside of school hours and the main practice premises were suitable for children and babies.
- Midwives held clinics at the surgery once a week and ante natal as well as post-natal care was provided at the practice.

Good



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

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Same day appointments were available for patients with urgent need.
- Patients had access to the 'Extended Hours Service' through GP Alliance, which together with the practices extended evening access improved appointment availability including Saturdays and Sundays.
- Extended pre bookable appointments were available with a GP or nurse.

Good





# Summary of findings

- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group. Appointments and prescriptions could be booked online.
- The practice provided NHS health checks to those in the over 40 to 74 age groups.

## People whose circumstances may make them vulnerable

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

Good



- We found that the practice enabled all patients to access their GP services.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability and with complex needs.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients and informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities, such as, information sharing, the documentation of safeguarding concerns and in how to contact relevant agencies both in and out of normal working hours.
- All patients on the practice palliative care register were reviewed at least on a monthly basis at their multidisciplinary meetings.
- The practice held a carer's register and provided support and information for carers on a specific notice board in the reception waiting area.

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

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

Good



- Clinical staff had received training in the Mental Capacity Act and used this when assessing appropriate patients.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

## Summary of findings

- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice worked with other health care professionals to offer a multi-disciplinary care package and an Improving Access to Psychological Therapies (IAPT) counsellor held weekly sessions at the practice. IAPT is a national programme to increase the availability of 'talking therapies' on the NHS for people who have mild to moderate mental health difficulties, such as depression, anxiety, phobias and post-traumatic stress disorder.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice performance when compared with the national averages. Two hundred and fifty-six survey forms were distributed and 116 were returned, a response rate of 45%.

- 89% of patients found it easy to get through to this practice by phone compared to the local and national average of 73%.
- 92% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 85%.
- 85% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 75% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 78%.

In response to patient feedback, the practice had introduced GP telephone consultations, text appointment reminders and extended hours on Monday, Tuesday, Wednesday and Friday until 7.30pm to improve patient access.

As part of our inspection, we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 45 comment cards, all were positive about the standard of care received. Two patients commented on the waiting time during a visit to the practice, the cleanliness of the practice and on the process of receiving blood test results. The majority of patients talked about how much they valued the practice, the professional approach of the staff, GPs, nurses and all staff inclusively. Their comments included words such as; an excellent service, caring and professional. We spoke with the Patient Participation Group (PPG) and they said they had received excellent care and treatment and found staff to be professional, approachable, committed and caring.

## Areas for improvement

### Action the service **MUST** take to improve

Ensure measures are in place to assess the risk of, and prevent, detect and control the spread of infections, particularly in relation to the collection of urine samples, and take measures to ensure staff complete update training in Infection Prevention and Control.

Ensure the proper and safe management of medicines, particularly in relation to the cold chain arrangements, the vaccine fridge temperatures at the branch practice, the transportation of vaccines between sites and the security of fridge plugs.

Ensure all recruitment checks including those of locum staff, are appropriately received and are complete prior to employment.

Put systems in place to demonstrate how the practice implements and shares National Institute for Health and Care Excellence (NICE) best practice guidance and the Medicines and Healthcare products Regulatory Agency (MHRA) alerts including searches and any action taken.

### Action the service **SHOULD** take to improve

Monitor the implementation system started during the inspection that follows NHS Protect Security of prescription forms guidance.

Consider how staff would safely transport any medicines including oxygen required in the event of an emergency.

Encourage all staff to report incidents and events within the practice.

Document the comments received and actioned from those made by patients verbally as well as formal complaints to inform any trend analysis.

# Westwood Medical Health Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Westwood Medical Health Centre

Westwood Medical Health Centre is located in Tile Hill, Coventry. The practice has some patient areas on the first floor, accessible by lift or stairs. A ramped front entrance and disabled facilities are available. It is part of the NHS Coventry and Rugby Clinical Commissioning Group (CCG). The practice has a branch surgery based at Mayors Croft, Coventry. The total practice patient population is about 5,193. The practice has a higher proportion of patients aged over 75 (13%), compared with the CCG average of 9% and national average of 10%. The practice pays for car parking facilities for its patients based at the rear of the practice and has limited car parking to the front. The practice provides GP services in an area of deprivation within its locality. People living in more deprived areas tend to have greater need for health services. The average life expectancy at the practice for males is 78 years and females 83 years both of which are in line with local CCG averages of 78 and 82 and national life expectancy averages of 82 and 83.

The main practice is open Monday to Friday from 8.30am to 7.30pm (excluding bank holidays) with the exception of a Thursday when the practice closes at 1pm. Mayors Croft,

the practice branch practice surgery times are on a Monday and Thursday, from 9.20am to 10.50am, Tuesday from 9am to 10.20am and on Wednesday and Friday from 9am to 10.30am. The practice telephone lines are closed on a Thursday afternoon and calls to the service are taken by the out of hours provider, NHS 111. The practice offers pre-bookable appointments that can be booked up to four weeks in advance, same day appointments and telephone consultations. Urgent appointments are also available for patients that need them. The practice does not provide an out-of-hours service to its own patients but has alternative arrangements for patients to be seen when the practice is closed through NHS, 111, the out-of-hours service provider.

The staff team work a mixture of full and part times hours. Staff at the practice include:

- Three GP partners
- A business partner
- Two office managers
- Two practice nurses.
- A senior receptionist
- Eight reception/administration staff
- A cleaner

The practice has a General Medical Services (GMS) contract with NHS England. This is a contract for the practice to deliver General Medical Services to the local community or communities. They also provide some Directed Enhanced Services, for example, they extended hours and identify patients who are at high risk of avoidable unplanned admissions. The practice provides a number of services, for

# Detailed findings

example long-term condition management including asthma, diabetes and high blood pressure. The practice offers NHS health checks and smoking cessation advice and support.

## Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The 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.

## 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 were provided for specific groups of people and what good care looked 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 our inspection, we reviewed a range of information that we held about the practice and asked other organisations to share what they knew. We carried out an announced comprehensive inspection on 15 November 2016. During our inspection, we spoke with a range of staff, which included the practice management, nursing staff, administrative and receptionist staff and GPs. We reviewed 45 comment cards where patients shared their views and experiences of the service.

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.

# Are services safe?

## Our findings

### Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). However, non-clinical staff did not routinely report incidents, which had the potential to be a missed learning and improvement opportunity.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, a written apology and were told about any actions taken to improve processes to prevent the same thing happening again.
- Of the two significant events reported, the practice had carried out a thorough analysis. We found that these were investigated, discussed with the patient's involvement, appropriate measures were taken and the learning from the event shared within the practice team to prevent the risk of reoccurrence. There were no whole staff team meetings held at which events could be discussed and learning cascaded and no evidence of an annual review of incidents or significant events.

### Overview of safety systems and processes

The practice had some defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from the risk of abuse.

- The practice had policies in place for safeguarding both children and vulnerable adults that were available to all staff. All staff had received role appropriate training to nationally recognised standards, for GPs this was level three in safeguarding children. One of the GPs took the safeguarding lead within the practice. The staff we spoke with knew their individual responsibility to raise any concerns they had and were aware of the appropriate process to do this. Staff were made aware of both children and vulnerable adults with safeguarding concerns by computerised alerts on their

records. The practice had electronic systems in place, which flagged patients and families at risk appropriately and removed those who were no longer on the risk register.

- Chaperones were available when needed. In general clinical staff acted as chaperones, however staff who had completed chaperone training and had a disclosure, and barring services (DBS) check could act as chaperones when required, and they understood their responsibilities when performing chaperone duties. A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure. The availability of chaperones was displayed in the practice waiting room.
- The practice was visibly clean and tidy and clinical areas had appropriate facilities to promote the implementation of current Infection Prevention and Control (IPC) guidance. The IPC lead had just taken on the role and the completion of an IPC audit of the main practice was in progress. The IPC lead had yet to attend a local IPC link meeting and additional IPC training had been requested and granted. The practice took action following previous audits and the practice had appropriate levels of personal protective equipment available for staff. We saw that at the branch practice patients to assist them when providing a urine sample used a plastic jug, the jug was then rinsed and reused by the next patient; this was not considered best practice.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions, which included the review of high-risk medicines. The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group (CCG) pharmacy teams, and their clinical staff, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored. However, there was no formal system in place to monitor their use. Staff read the guidance from NHS

## Are services safe?

Protect Security of prescription forms during the inspection. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

- Vaccines were stored in lockable fridges. We found that the fridge temperature ranges were appropriately set at both the main and branch surgery. Staff at the branch location only documented the vaccine fridge temperature recordings once a week. The fridge plugs in two of the clinical rooms, one at the branch and one at the main practice had the potential to be accidentally switched off, as there was nothing to alert staff of the potential risk. If unplugged this may reduce the effectiveness of medicines stored within.
- We reviewed four personnel files and found appropriate recruitment checks had not all been undertaken prior to employment, for example, a locum GP used and a locum nurse. The nurse file lacked evidence of an appropriate check through the Disclosure and Barring Service, proof of identification, references, their health declaration including their immunity status and evidence of their qualifications. The practice had requested recruitment check information from the GP locum agencies used. The locum GP file lacked proof of identification, references and a health declaration including immunity status. The practice held information regarding completed checks with the appropriate professional bodies and their medical indemnity status. Following the inspection a partner at the practice verified they had records of all clinical staffs' immunity status.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice said they provided each staff member with a health and safety brochure and a health and safety policy was available for staff to access which identified local health and safety representatives. The practice had an up to date fire risk assessment completed but had yet to carry out regular fire drills. Following the inspection one of the practice partners confirmed that three drills had taken place in order to capture all staff. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a

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

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

### Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms, which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available.
- The practice had a defibrillator available at both the branch and main practice and oxygen with adult and children's masks. The oxygen was not housed in an easy to carry/protective casing. A first aid kit and accident book were available to staff.
- Emergency medicines were accessible to staff in a secure area at the branch and main practice. Staff at the main practice knew of their location but staff at the branch location were less aware of where emergency medicines were located. At the main and branch location emergency medicines were stored as individual medicine boxes and they would not be easy to transport in the event of an emergency. During the inspection, the practice partners assured us that this would be reviewed and actioned. The medicines we checked were in date and stored securely. The layout of the building had been considered when siting some emergency medicines, for example, where immunisations took place, emergency allergy medicines were to hand.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage and a copy was held off site. Not all staff we spoke with were aware of the practice's business continuity plan.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice individual GPs monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records, which were evidenced. There was however no documentation to show how they shared best practice guidelines with each other including, NICE and the Medicines and Healthcare products Regulatory Agency (MHRA).

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed that the practice had achieved 98% of the total number of points available. The clinical domain QOF exception rate was 7%, which was lower than the local Clinical Commissioning Group (CCG) average of 8.5% and national average of 10%. Clinical exception rates allow practices not to be penalised, where, for example, patients do not attend for a review, or where a medicine cannot be prescribed due to side effects.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

- Performance rates for all of the diabetes related indicators were above the local and national averages. For example, 84% of patients with diabetes had received a recent blood test to indicate their longer-term diabetic control was below the highest accepted level, compared with the CCG average of 78% and national average of 78%.

- The practice had a higher prevalence of diabetes than average (7.5% compared with the CCG average of 6.5% and a national average of 6.4%), the practice had achieved 100% of the performance points available from the Quality and Outcomes Framework (QOF) diabetes related indicators, which was 9.7% higher than the local CCG average.
- Performance rates for mental health related indicators were above the local and national averages. For example, 100% of patients with severe poor mental health had a recent comprehensive care plan in place compared with the CCG average of 86.5% and national average of 88%.
- Patients diagnosed with dementia who received a face-to-face review in the preceding 12 months was 82%, which was in line with the local CCG average of 81% and national average, 84%. However, the practice had not reported any exceptions and this therefore was lower than the CCG and national averages.
- The percentage of patients with asthma, who had an asthma review in the preceding 12 months, was 78%, which was slightly higher than the CCG average of 77% and national averages of 76%. Clinical exception reporting however was lower at 1%, compared with the CCG average of 4% and national average, 8%.
- The practice Chronic Obstructive Pulmonary Disease (COPD) patients were provided with a support pack to treat symptoms at home to assist patients to avoid hospital admission and had achieved 100% of the QOF performance points available.

The frailest 2% of practice patients had an admission avoidance care plan in place, which included many patients with long-term conditions. The practice had systems in place to "flag" patients with chronic or life limiting conditions to the out-of-hours service and provide information to enable continuity of care.

Clinical audits had completed in the last two years. We reviewed one full cycle audit completed within the last two years. We found that where improvements were needed these were implemented and monitored. Findings were used by the practice to improve services and information about patients' outcomes was used to make improvements. For example, recent action was taken in response to the practices prescribing data, which had been discussed with the local CCG medicines management



# Are services effective?

## (for example, treatment is effective)

team. The aim was to change their prescribing to fall within the parameters expected by the CCG. The audit focused on five specific medicines and the findings showed improvements had been made between April 2014 and October 2015. They demonstrated that there had been education of all clinical staff on the guidelines relevant to the audit and that the audit had been shared with clinical staff.

### Effective staffing

The practice could demonstrate how they ensured role-specific training and updating for relevant staff. We saw that the basic life support training for some staff was overdue and one of the practice partners had set up dates for refresher training to take place.

- The practice had an induction programme for all newly appointed staff, which covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The learning needs of staff were identified through appraisals and staff told us they felt supported.
- Staff received training that included safeguarding, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training. We found however that a practice nurse some administration staff had last completed training in safeguarding refresher training in May 2014.
- The nursing staff had not had infection prevention and control training since December 2014.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training, which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings and support for revalidating GPs. The staff had a regular annual appraisal and planned dates were in place for staff who had yet to receive an appraisal. All said they had been able to approach the senior management team if they had had any concerns.

- There was adequate clinical capacity within the practice to meet anticipated demand, including internal cover for holiday leave and other planned absences.

### Working with colleagues and other services

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 system.

- This included care and risk assessments, care plans, medical records and investigation and test results. The practice had fully computerised links for pathology and patient discharge summaries.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment.

- This included when patients moved between services, including when they were referred, or after they were discharged from hospital.
- When patients required referrals for urgent tests or consultations at hospitals, the practice monitored the referral to ensure the patient was offered a timely appointment.
- The practice identified patients approaching the end of their life and there were processes in place to monitor and appropriately discuss the care of patients with end of life care needs.
- We saw that referrals for care outside the practice were appropriately prioritised and the practice used approved pathways to do so with letters dictated and prioritised by the referring GP. For example, the two-week wait and urgent referrals were sent the same day.
- We saw evidence that multi-disciplinary team meetings took place regularly and that care plans were reviewed and updated where patients' needs had changed.

### Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

# Are services effective?

## (for example, treatment is effective)

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act (MCA) 2005. Staff had had access to training on consent and MCA 2005 through on-line training. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear, the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- Staff were aware of the importance of involving patients and those close to them in important decisions about when and when not to receive treatment.

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- Support and advice was available at the practice such as, smoking cessation advice and help to slim advice and patients could also be referred to the Lifestyle Counsellor Service.
- The practice offered Improving Access to Psychological Therapies (IAPT) counsellor who held weekly sessions at the practice. IAPT is a national programme to increase the availability of 'talking therapies' on the NHS for people who have mild to moderate mental health difficulties, such as depression, anxiety, phobias and post-traumatic stress disorder.
- The practice held a register of patients living in vulnerable circumstances including 15 patients with a learning disability. Patients with a learning disability had received an annual health assessment, which the practice arranged annually between January and March.

- The practice had introduced a notice board to target information for carers.

Data published by National Cancer Intelligence Network Data operated by Public Health England, showed that the number of patients who engaged with national screening programmes was higher than the national averages:

- 74.5% of eligible females aged 50-70 had attended screening to detect breast cancer. This was higher than both the CCG average of 71% and national average of 72%.
- 60% of eligible patients aged 60-69 were screened for symptoms that could be suggestive of bowel cancer. This was higher than the CCG average of 58% and national average of 58%.

The practice encouraged its patients to attend national screening programmes:

The practice was aware of the percentage uptake for the cervical screening programme of 86%, which was slightly higher than the CCG average of 82% and the national average of 82%. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred because of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, 2014/15 data showed that childhood immunisation rates for the vaccinations given to under two year olds ranged from 95% to 100% and five year olds from 80% to 100%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40-74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

The majority of the 45 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Two patients commented on the time the waiting time during a visit to the practice, the cleanliness of the practice and on the process of receiving blood test results. The majority of patients had chosen to write a significant amount about how much they valued the practice, the GPs, nurses and all staff inclusively. We spoke with members of the practice participation group. They found staff to be professional, diligent, approachable, committed and caring. They suggested it would be useful if the GPs attended their meetings once a year. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey, July 2016, showed patients felt they were treated with compassion, dignity and respect, however the findings showed lower than the CCG and national average results for the GP's. For example:

- 81% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 82% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%.

- 92% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 75% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average of 85%.
- 94% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the compared to the CCG average of 90% and national average of 91%.
- 92% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

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

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

Results from the national GP patient survey showed that the GP findings were slightly lower than the CCG and national averages to questions about their involvement in planning and making decisions about their care and treatment and higher for the nursing staff. For example:

- 70% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 77% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 91% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.
- 94% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 90%.

The practice provided facilities to help patients be involved in decisions about their care. Staff told us that translation services were available for patients who did not have English as a first language. The practice had a multi ethnic population and was based in an inner city area of high deprivation

## Are services caring?

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

Patient information leaflets and notices were available in the patient waiting area, which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 80 patients as carers 1.5% of the practice list. Written information was available on the practice notice boards to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs, and/or by giving them advice on how to find a support service.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities, translation services available, and a hearing loop. The main practice had a lift for ease of access to the first floor.
- There were longer appointments available for patients with a learning disability.
- Home visits were prioritised in line with NHS England's guidelines. Home visits were available for patients whose clinical needs resulted in difficulty attending the practice. The practice supported patients to take their own blood pressure and weight by providing equipment for their use outside the reception area and monitored the results with patients.
- The practice provided minor surgery joint injections.
- Specific asthma and respiratory conditions, Chronic Obstructive Airways Disease (COPD) and diabetic clinics were provided for patients, which were nurse led with treatment and care planning provided by the GPs.
- Patient Access was available to all patients aged 16 and over. Patient Access allowed patients to book appointments, order repeat prescriptions, update address details and view all aspects of their medical record online 24 hours a day.
- Electronic prescription's access was provided for patients as well as on line appointment booking.
- The practice was responsive to the needs of older people, and offered yearly health checks to all those aged 75 and over.
- Emergency admissions to hospital were reviewed and patients contacted on discharge to review their care needs if required.
- The practice designed their notice boards to ensure there were specific notice boards dedicated, and specifically relevant for example to: long term conditions management, a current health topic, for example flu vaccinations and carers.

- The practice offered access to an Improving Access to Psychological Therapies (IAPT) counsellor who held weekly sessions at the practice. IAPT is a national programme to increase the availability of 'talking therapies' on the NHS for people who have mild to moderate mental health difficulties, such as depression, anxiety, phobias and post-traumatic stress disorder.

### Access to the service

The practice was open Monday to Friday from 8.30am to 7.30pm (excluding bank holidays) with the exception of a Thursday when the practice closed at 1pm. Mayors Croft, branch practice surgery times were on a Monday and Thursday, from 9.20am to 10.50am, Tuesday from 9am to 10.20am and on Wednesday and Friday from 9am to 10.30am. The practice telephone lines were closed on a Thursday afternoon and calls to the service were then taken by the out of hours provider, NHS 111. The practice offered pre-bookable appointments that could be booked up to four weeks in advance, same day appointments and telephone consultations. Urgent appointments were also available for patients that needed them. The practice did not provide an out-of-hours service to its own patients but had alternative arrangements for patients to be seen by the out of hours provider, NHS, 111.

Results from the national GP patient survey, July 2016, showed patient's satisfaction with how they could access care and treatment when compared to local and national averages.

- 79% of patients were satisfied with the practice's opening hours compared to the national average of 76%.
- 89% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

Two patient comment cards reported they had had difficulty accessing appointments, the remainder were positive on appointment access.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

# Are services responsive to people's needs?

(for example, to feedback?)

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

## Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.

- We saw that information was available in various formats to help patients understand the complaints system.

There had been two written complaints received in the previous 12 months. We found these were satisfactorily handled and dealt with in a timely way. Lessons were learnt from individual concerns and complaints. There was openness and transparency when dealing with the complaint, which included the complainants' involvement. Staff said they dealt with informal verbal complaints immediately however they would document these and the action taken to inform on any complaint trends in the future. There was no formal annual analysis of any trends, but action was taken as a result of complaints, to improve the quality of care, and this was shared with all practice staff.



# Are services well-led?

Requires improvement 

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

## Our findings

### Vision and strategy

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

- The practice had aims and objectives, which staff understood. Staff members told us their aims were to provide high quality, safe care to their patients.

The practice had no documented strategy or supporting business plan, which reflected the vision and values but this had been discussed amongst the partners. Staff maintained the practices keen sense of identity, and regularly monitored its performance and progress in the schemes in which they were involved.

The practice met with other practices in the Clinical Commissioning Group (CCG) to consider and develop local robust health strategies and discuss plans to meet the needs of the local population.

### Governance arrangements

The practice had an overarching governance framework, which supported the delivery of good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous monitoring of the Quality and Outcomes Framework was maintained to assist with quality assurance and to make improvements.

There were systems for identifying, recording and managing risks, issues and implementing mitigating actions, with the exceptions of:

- Fridge temperature documentation and cold chain documentation when transporting vaccines between the main and branch practices.
- The completion of locum recruitment checks.
- A system which followed NHS Protect Security of prescription forms guidance.

- The practice had no documented process following searches completed to demonstrate how the practice implements and shares National Institute for Health and Care Excellence (NICE) best practice guidance and the Medicines and Healthcare products Regulatory Agency (MHRA) alerts including searches and any action taken.

- Clear written records of verbal

The practice implemented some changes immediately during the inspection. The changes included starting the implementation of the NHS Protect Security of prescription forms guidance, improving locum GPs recruitment requests and ensuring these were received prior to their appointment.

### Leadership and culture

Staff encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, information and a verbal and written apology

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us the practice had held meetings but no whole staff meetings had been held recently, they felt they would benefit from regular whole staff meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported by the partners who they found to be approachable and always took the time to listen to all members of staff. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

### Seeking and acting on feedback from patients, the public and staff

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

# Are services well-led?

Requires improvement 

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

The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG had struggled to recruit further members to attend meetings. The PPG had with the practice improved areas such as:

- Waiting times to be seen had been discussed and extended hours for improved GP access had commenced.
- The Friends and Family test had also highlighted the need to improve the access to GPs and nurses. The practice acted on the information and had signed up to the Extended Hours Initiative through the GP Alliance. They provided patient appointments with GPs and nurses of an evening as well as Saturdays, and Sundays.

- The practice had found that patients did not always retain the information given during consultations. The GPs used patient information provided within their electronic software systems, and to provide this literature for patients to take away and refer to when needed. The practice planned to monitor their progress through the findings of the next GP national survey in January 2017.

The practice had gathered feedback from staff through meetings, appraisals and daily discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff said they felt involved and engaged in how the practice was run.



This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 17 HSCA (RA) Regulations 2014 Good governance  <b>The practice had not ensured effective governance and assurance processes to monitor the service in all areas of the practice.</b>
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	