

# Dormers Wells Medical Centre

## Quality Report

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Date of inspection visit: 15 March 2016

Date of publication: 29/04/2016

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

<b>Overall rating for this service</b>	<b>Requires improvement</b> 
Are services safe?	<b>Requires improvement</b> 
Are services effective?	<b>Good</b> 
Are services caring?	<b>Good</b> 
Are services responsive to people's needs?	<b>Good</b> 
Are services well-led?	<b>Requires improvement</b> 

# 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 8.30am on 15 March 2016. Overall the practice is rated as requires improvement.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed, with the exception of those relating to recruitment checks, staff training, medicine management and fire safety.
- Data showed patient outcomes were comparable to the local and national averages. Although some audits had been carried out, we saw limited evidence that audits were driving improvement in performance to improve patient outcomes.
- The majority of patients said they were treated with compassion, dignity and respect.
- Information about services and how to complain was available and easy to understand.

- Urgent appointments were usually available on the day they were requested.
- The practice had a number of policies and procedures to govern activity, but some were overdue a review.
- The practice had proactively sought feedback from patients and had an active patient participation group.

The areas where the provider must make improvements are:

- Ensure the monitoring of vaccine fridge temperatures is carried out in accordance with Public Health England guidance.
- Ensure recruitment arrangements include all necessary employment checks for all staff.
- Ensure Disclosure and Barring Services (DBS) checks are completed for non-clinical staff who act as chaperones or carry out risk assessments to mitigate the risk.
- Ensure staff training is up to date and relevant particular in relation to chaperoning and safeguarding.
- Ensure there is a system to monitor the use of prescription pads.
- Ensure the risks associated with fire are assessed.

# Summary of findings

- Ensure a locum induction pack containing all the necessary information for locums to work safely at the practice is made available.

In addition the provider should:

- Develop a robust strategy to deliver the practices vision and monitor progress
- Review and update policies, procedures and guidance.

- Implement a programme of clinical audits and re-audits to drive improvement in patient outcomes.
- Consider ways to identify and support more carers of patients in the practice.

**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 requires improvement for providing safe services.

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. Areas of concern included staff training, recruitment, medicine management and fire safety.

Requires improvement



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- 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 multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Good



### Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.

We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



### Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



# Summary of findings

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- 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 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 quickly to issues raised. Learning from complaints was shared with staff.

## Are services well-led?

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

- The practice had a vision but no robust strategy or supporting business plans to deliver it.
- The practice had a number of policies and procedures to govern activity, but some of these were overdue a review.
- The practice proactively sought feedback from patients and had an active patient participation group (PPG).
- All permanent staff had received inductions, regular performance reviews and attended staff meetings. However, there was no induction pack in place for locum staff.
- There was no programme of clinical audit in place to drive improvement in patient outcomes.
- The systems and processes in place to effectively demonstrate good governance required improvement with regard to staff training, recruitment, medicine management and fire safety.

**Requires improvement**



# 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 provider was rated as requires improvement for safety and for well-led and good for effective caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice;

- 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.

Requires improvement



### People with long term conditions

The provider was rated as requires improvement for safety and for well-led and good for effective caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice;

- Nursing staff had lead roles in chronic disease management.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less was 87%, which was above national average.
- 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.

Requires improvement



### Families, children and young people

The provider was rated as requires improvement for safety and for well-led and good for effective caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice;

- Immunisation rates were comparable to other practices for all standard childhood immunisations.

Requires improvement



# Summary of findings

- The practice ran well women clinics on Monday 2.00pm to 3.00pm and Tuesday 1.30pm to 2.30pm. In addition a baby clinic ran on Tuesday 2.45pm to 4.00pm.
- The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the three Royal College of Physicians questions was 79%, which was comparable to the national average of 75%.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The practice's uptake for the cervical screening programme was 81%, which was comparable to CCG/national averages.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

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

The provider was rated as requires improvement for safety and for well-led and good for effective caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice;

- 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.
- 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.

**Requires improvement**



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

The provider was rated as requires improvement for safety and for well-led and good for effective caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice;

- 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 annual reviews.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

**Requires improvement**



# Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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

The provider was rated as requires improvement for safety and for well-led and good for effective caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice;

- 87% of patients diagnosed with dementia who had had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the national average of 84%.
- 94% of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months, which was comparable to the national average of 90%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Requires improvement





# Summary of findings

## What people who use the service say

The national GP patient survey results published in January 2016. The results showed the practice was performing similar to local and national averages. Four hundred and nine survey forms were distributed and 112 were returned. This represented a 27% response rate or 0.2% of the patient list.

- 54% found it easy to get through to this surgery by phone compared to a CCG average of 69% and a national average of 73%.
- 71% were able to get an appointment to see or speak to someone the last time they tried (CCG average 79%, national average 85%).
- 78% described the overall experience of their GP surgery as good (CCG average 78%, national average 85%).

- 65% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 69%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 28 comment cards which were mostly positive about the standard of care received. Patients said staff were caring and treated them with dignity and respect.

We spoke with six patients during the inspection. All six patients said they were happy with the care they received and thought staff were approachable, committed and caring. The latest results from the NHS Friends and Family Test showed 100% of patients would recommend the practice.

# Dormers Wells Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and a practice manager specialist adviser.

## Background to Dormers Wells Medical Centre

Dormers Wells Medical Centre is situated at 143 Burns Avenue, Southall, Ealing, UB1 2LU. The practice provides NHS primary care services through a General Medical Services (GMS) contract to approximately 7,000 people living in the London Borough of Ealing. The practice is part of the NHS Ealing Clinical Commissioning Group (CCG).

The practice population is ethnically diverse with a higher than average number of children of all ages and adults 44 years and below. The practice has a much lower than average number of older patients. The practice area is rated in the third most deprived decile of the Index of Multiple Deprivation (IMD). People living in more deprived areas tend to have greater need for health services.

The practice is registered with the Care Quality Commission (CQC) to provide the regulated activities of diagnostic and screening procedures; treatment of disease, disorder or injury; maternity and midwifery services, surgical procedures and family planning.

The practice team consists of a male GP partner (eight sessions /week), a female GP partner (eight sessions/week), one locum GP (two sessions /week), a full time practice nurse, a full time health care assistant, a practice manager, a practice secretary and seven reception staff.

The practice is open between 8.30am and 8.00pm Mondays and Thursdays, 8.30am and 7.00pm Tuesdays and Fridays and 8.30am and 1.00pm Wednesdays. Appointments are available from 9.00am to 12.00pm every morning, 3.00pm to 6.00pm Monday, Tuesday and Friday and 2.00pm to 6.00pm Thursday. Extended appointments are available 6.30pm to 8.00pm Monday and Thursday, and 7.30am to 8.00am Wednesday. Patients can access out of hours care through the NHS 111 service.

The practice provides a range of services including child health and immunisations, joint injections, anticoagulation, long-term condition management, smoking cessation advice, cervical screening.

## Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme. 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.

# Detailed findings

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 15 March 2016.

During our visit we:

- Spoke with a range of staff including two GP partners, a regular locum GP, the practice nurse, the healthcare assistant, the practice manager, two non-clinical staff and spoke with six patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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)

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 practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, one incident we reviewed involved a patient who presented with breathing difficulties. A GP advised the use of a nebuliser however staff were unsure of where the nebuliser was stored. This led to a review of emergency equipment and the refreshing of staff knowledge of emergency arrangements. Learning was shared in a staff meeting.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

### Overview of safety systems and processes

The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse however we found areas of concern where improvements must be made.

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. Staff demonstrated they understood their responsibilities and most staff had received training relevant to their role. GPs and the nurse were trained to Safeguarding level 3 and non-clinical staff to level 1. However, it was not clear what level of training had been completed by the

healthcare assistant as it was not specified on their safeguarding certificate. The practice manager told us that this would be clarified to ensure training was to at least level 2 in accordance with intercollegiate guidance. We also found safeguarding policies were in need of review.

- A notice in the waiting room advised patients that chaperones were available if required. However, we found not all staff who acted as chaperones were trained for the role and there was some confusion amongst staff who were trained regarding where to stand whilst carrying out chaperone duties. We also found that non-clinical staff who acted as chaperones had not received a Disclosure and Barring Service check (DBS check) risk assessments had not been carried out to mitigate risk. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead. There was an infection control protocol in place and staff had received up to date training. Quarterly infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). However, the monitoring of vaccine fridge temperatures was in need of improvement. We found that staff were only recording the actual fridge temperatures which was not in accordance with Public Health England guidance. We explained to the nurse that minimum and maximum temperatures must also be recorded to ensure the fridges remained within the correct temperature range. The nurse assured us this would be completed in future. Prescription pads were securely stored, however there was no system in place to log stock levels or to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

## Are services safe?

- We reviewed five personnel files including the practice nurse, health care assistant, two receptionist and a regular locum GP and found appropriate recruitment checks had not consistently been undertaken prior to employment. For example, there were no recruitment documents for a locum GP and locum nurse who worked at the practice including no criminal check through the Disclosure and Barring Service. We also found that references had not been sought in all instances and the practices recruitment policy was in need of review as it did not specify the practices recruitment procedures in sufficient detail.
- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

### 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. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice manager told us there was a fire risk assessment however she was unable to provide evidence of this. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. Fire alarms were installed in the premises and checked regularly. Staff were trained in fire safety and there were nominated fire marshals. 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 that 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 although improvements were needed.

- All staff received basic life support training and there were emergency medicines available in the treatment room. However, the training was not updated annually in accordance with the Resuscitation Council (UK) guidance.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# 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 peoples' needs.

### 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 were 97% of the total number of points available, with 9% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- Performance for diabetes related indicators was 80%, which was 7% below the CCG average and 9% below national average.
- The percentage of patients with hypertension related indicators was 100%, which was 3% above the CCG average and 2% above the national average.
- Performance for mental health related indicators was 100%, which was 5% above the CCG average 7% above the national average.

Clinical audits demonstrated quality improvement:

- We saw evidence of five clinical audits carried out in the last two years, one of these was a completed audit where the improvements made were implemented and monitored. The audit was in relation to the

management of patients with Chronic Obstructive Pulmonary Disease (COPD). The second cycle of the audit showed an improvement in adherence to NICE guidance from the initial audit.

The practice was comparable to other practices for prescribing indicators, emergency admissions to hospital, the ratio of reported versus expected prevalence for Coronary Heart Disease and the ratio of reported versus expected prevalence for COPD.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. However, there was no locum induction pack in place.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- 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. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

### 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 system.

# Are services effective?

## (for example, treatment is effective)

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- 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 services to understand and meet the range and complexity of patients' needs and to assess and plan on-going care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

### Consent to care and treatment

Staff sought patients' consent to care and treatment 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. 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 assessed the patient's capacity and, recorded the outcome of the assessment.
- We saw evidence that consent was sought for the fitting of contraceptive devices, ear syringing and joint injections.

### Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. The practice nurse and health care assistant were qualified to provide smoking and alcohol cessation and dietary advice. Patients were also referred to relevant services if required.

The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG average of 78% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 74% to 98% and five year olds from 82% to 99%. Data for flu vaccinations for over 65s and at risk groups was not available.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people 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 28 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect.

We spoke with two members of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was comparable to other practices for its satisfaction scores on consultations with GPs and nurses. For example:

- 83% said the GP was good at listening to them compared to the CCG average of 84% and national average of 89%.
- 78% said the GP gave them enough time (CCG average 80%, national average 87%).
- 94% said they had confidence and trust in the last GP they saw (CCG average 93%, national average 95%).
- 80% said the last GP they spoke to was good at treating them with care and concern (CCG average 78%, national average 85%).

- 85% said the last nurse they spoke to was good at treating them with care and concern (CCG average 83%, national average 91%).
- 84% said they found the receptionists at the practice helpful (CCG average 82%, national average 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. Patient feedback on the comment cards we received was also positive and aligned with these views.

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

- 83% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81% and national average of 86%.
- 75% said the last GP they saw was good at involving them in decisions about their care (CCG average 74%, national average 82%).
- 86% said the last nurse they saw was good at involving them in decisions about their care (CCG average 78%, national average 85%).

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. In addition staff spoke a range of languages common to the local population.

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

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had 26 identified carers on the carers register which represented 0.4% of the practice list. Written information was available to direct carers to the various avenues of support available to them. Although the



## Are services caring?

number of patients identified as carers was low compared to the practice list size, the practice was taking steps to identify more including staff training, having a carers champion and working closely with a carers centre to help identify more carers.

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.

- The practice offered extended opening hours on a Monday and Thursday evening until 8.00pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability, patients with dementia and those whose first language was not English.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities and translation services available.
- Online appointments and repeat prescription requests were available through the practice website.

### Access to the service

The practice was open between 8.30am and 8.00pm Monday and Thursday, 8.30am and 7.00pm Tuesday and Friday and 8.30am and 1.00pm Wednesday. Appointments were from 9.00am to 12.00pm every morning, 3.00pm to 6.00pm Monday, Tuesday and Friday and 2.00pm to 6.00pm Thursday. Extended appointments were available 6.30pm to 8.00pm Monday and Thursday, and 7.30am to 8.00am Wednesday. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to other practices;

- 72% of patients were satisfied with the practice's opening hours compared to the CCG average of 71% and national average of 75%.
- 54% patients said they could get through easily to the surgery by phone (CCG average 69%, national average 73%).
- 55% patients said they always or almost always see or speak to the GP they prefer (CCG average 50%, national average 59%).

People told us on the day of the inspection that they were able to get appointments when they needed them. However, the wait for a preferred GP could be up to three weeks.

### 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 to help patients understand the complaints system including posters in the patient waiting area and information leaflets.

We looked at two complaints received in the last 12 months and found they were satisfactorily dealt with in a timely way. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, one complaint we reviewed involved a misunderstanding between a patient and a locum GP. The complaint was discussed in a staff meeting and learning shared to minimise the likelihood of a similar situation happening again.

# 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 a mission statement displayed and staff knew and understood the values.
- However, the practice did not have a robust strategy or supporting business plans in place to deliver the vision and monitor progress.

### 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.
- An understanding of the performance of the practice was maintained.
- Practice specific policies were implemented and were available to all staff.

However, some policies were overdue a review. For example, safeguarding policies contained inaccurate information in relation to the frequency of staff training and the practices recruitment policy did not specify the practices recruitment procedures in sufficient detail. We also found the systems and processes in place to effectively demonstrate good governance required improvement with regard to staff training, recruitment, medicine management and fire safety. In addition, the practice did not have a programme of clinical audit. Although some audits had been carried out, there was limited evidence that audits were driving improvement in performance to improve patient outcomes.

### Leadership and culture

The partners in the practice were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty.

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful 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 held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. 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.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, as a result of feedback the practice had introduced extended open hours to improve access to the service.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve 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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <p>Patients were not protected from unsafe care and treatment because vaccine fridge temperatures were not monitored in accordance with national guidance. There was no system in place to monitor the use of prescription pads. There were shortfalls in staff training, a locum induction pack was not in place and a up to date fire risk assessment was not completed. DBS checks had not been completed on non-clinical staff who acted as chaperones and risk assessments were not in place to mitigate the risk.</p> <p>This was in breach of regulation 12(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p><b>How the regulation was not being met:</b></p> <p>Patients were not protected from unsafe care and treatment because appropriate recruitment checks had not been carried out on all staff.</p> <p>This was in breach of regulation 19(1)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>