

Werneth Medical Practice

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?		Requires improvement	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Werneth Medical Practice on 13 October 2017. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- The practice had systems to minimise risks to patient safety but some of these required review.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Results from the national GP patient survey were below average, but we saw during the inspection that patients were treated with compassion, dignity and respect.
- Information about services and how to complain was available.

- Patients we spoke with said they usually found it easy to make an appointment with a GP and there was continuity of care, with urgent appointments available the same day.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

The areas where the provider must make improvement are:

- The provider must ensure safe care and treatment is provided. This includes carrying out all necessary checks, such as for legionella and other appropriate items, ensuring all medicines and toxic substances are kept securely, displaying hazard signs in appropriate places, and checking there are control of substances hazardous to health (COSHH) assessments for all required substances.

Summary of findings

In addition the provider should:

- Check the cleaning schedule contains full guidance of items to be cleaned.
- Have an explanation of gaps in potential staff members' employment history and ask for reasons past employment ended.

- Work towards increasing the number of patients recorded as being carers, and look at further support for carers that could be offered.
- Put in place an action plan following patient surveys.
- Consider having oxygen masks for children.

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.

Requires improvement



- Although risks to patients were usually assessed, the systems to address these risks were not implemented well enough to ensure patients were kept safe. For example, medicines were not always kept securely, and hazard warning signs were not always appropriately displayed.
- The practice had defined systems, processes and practices to minimise risks to patient safety but these were not always effective. For example, not all required checks were carried out.
- From the sample of documented examples we reviewed, we found there was an effective system 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 were informed as soon as practicable, received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average compared to the national average.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge 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.
- End of life care was coordinated with other services involved.

Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the national GP patient survey showed patients rated the practice lower than others for several aspects of care, although figures had improved from previous surveys. The practice was aware of this and had discussed this with the patient participation group.
- Other survey information we reviewed showed that most 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 accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with said they usually found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- Information about how to complain was available and evidence from the examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Good



Are services well-led?

The practice is rated as good for being well-led.

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk, although some were not effective.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.

Good



Summary of findings

- The provider was aware of the requirements of the duty of candour. In the examples we reviewed we saw evidence the practice complied with these requirements.
- The practices encouraged a culture of openness and honesty. The practice had systems in place to become aware of notifiable safety incidents, and processes for sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and. The practice engaged with the patient participation group.
- There was a focus on continuous learning and improvement at all levels.

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



- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible.

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 long-term disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was 100%. This was above the CCG average of 88% and the national average of 91%.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- All these patients had a named GP and there was a system to recall patients for 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.

Summary of findings

Families, children and young people

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

Good



- From the sample of documented examples we reviewed we found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- Staff told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives, health visitors and school nurses to support this population group. This included the provision of ante-natal, post-natal and child health surveillance clinics.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.

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).

Good



- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example there were extended opening hours and seven day access at a nearby practice.
- 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.

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



- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability.

Summary of findings

- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They 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 practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- The practice carried out advance care planning for patients living with dementia.
- Performance for mental health related indicators was 100%. This was above the CCG average of 92% and the national average of 94%.
- The practice specifically considered the physical health needs of patients with poor mental health and dementia.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The most recent national GP patient survey results were published in July 2017. The results showed the practice was performing below local and national averages. 374 survey forms were distributed and 54 were returned. This was a completion rate of 14% representing 2% of the practice's patient list.

- 66% of patients described the overall experience of this GP practice as good compared to the clinical commissioning group (CCG average) of 85% and the national average of 85%.
- 49% of patients described their experience of making an appointment as good compared to the CCG average of 72% and the national average of 73%.
- 46% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 76% and the national average of 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 15 comment cards and most were positive about the standard of care received. Patients said that staff listened and were helpful, and one patient said the practice had improved during the last few years. Two patients said appointments could sometimes be difficult to access, and two said they felt the environment should be updated.

We spoke with six patients during the inspection. All six patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. They said they could access appointments easily.

Areas for improvement

Action the service **MUST** take to improve

- The provider must ensure safe care and treatment is provided. This includes carrying out all necessary checks, such as for legionella and emergency lighting, ensuring all medicines and other appropriate items are kept securely, displaying hazard signs in appropriate places, and checking there are control of substances hazardous to health (COSHH) assessments for all required substances.

Action the service **SHOULD** take to improve

- Check the cleaning schedule contains full guidance of items to be cleaned.

- Have an explanation of gaps in potential staff members' employment history and ask for reasons past employment ended.
- Work towards increasing the number of patients recorded as being carers, and look at further support for carers that could be offered.
- Put in place an action plan following patient surveys.
- Consider having oxygen masks for children.

Werneth Medical Practice

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 second CQC inspector.

Background to Werneth Medical Practice

Werneth Medical Practice is located in a converted house in a residential area of Oldham. There is a small car park at the front of the practice and there is also street parking.

The practice is run by an individual male GP, and there are also two female long term locum GPs. They are supported by a practice nurse, a locum advanced nurse practitioner, a healthcare assistant, a practice manager and administrative and reception staff.

The practice is open from 8am until 7pm on Mondays, Tuesdays and Thursdays, and from 8am until 6.30pm on Wednesdays and Fridays. GP surgery times are between 9.45am and 12 noon and 2.30pm and 4.30pm. Later practice nurse, advanced nurse practitioner and healthcare assistant appointments are available daily.

The practice has 2950 patients. It has a General Medical Services (GMS) contract and is a member of NHS Oldham clinical commissioning group (CCG).

The practice has an above average number of young patients, particularly in the 0 to 14 and 25 to 34 age range. It has a below average number of patients over the age of 44, and a low number of patients over the age of 65.

Approximately 93% of patients are black and minority ethnic (BME), mainly from a Pakistani or Bangladeshi background.

Life expectancy is 75 for males (below the national average of 79) and 79 for females (below the national average of 83). There is an above average number of patients with a long term condition.

The practice has opted out of providing out-of-hours services to their patients. This service is provided by a registered out of hours provider, Go to Doc Ltd, via NHS 111.

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

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations such as the clinical commissioning group (CCG) to share what they knew. We carried out an announced visit on 13 October 2017. During our visit we:

- Spoke with a range of staff including GPs, the practice manager, the healthcare assistant and reception staff.

Detailed findings

- Spoke with patients, including members of the patient participation group (PPG).
- Observed how patients were being cared for in the reception.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.

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 living 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 a system 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). There was a significant event policy that staff were aware of, and staff had been trained in significant event reporting.
- From the sample of examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out an analysis of the significant events.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice.

Overview of safety systems and processes

The practice had systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. 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. The GP told us they attended safeguarding meetings when possible or provided reports where necessary for other agencies.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and

vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three. We saw that safeguarding was discussed at monthly meetings.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (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. There were cleaning schedules and monitoring systems in place. Although we found all areas of the practice to be clean, the cleaning schedule did not contain all necessary items. For example, there were no instructions to clean the folding privacy screens used around examination couches.
- The lead GP was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken. These identified that there were issues with the building which was in need of updating. Hand wash basins were of the domestic type, although the practice had reduced the risk of infection by removing plugs. They stated that they had been liaising with the landlord and the clinical commissioning group (CCG) about the best way of ensuring the building was fit for purpose as a significant amount of work to the building was required.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical

Are services safe?

commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems to monitor their use.

We reviewed six personnel files and found appropriate recruitment checks had been usually been undertaken prior to employment. These included obtaining proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS. Although the practice manager told us they always asked about gaps in employment and the reasons for leaving past jobs, this was not documented in interview notes.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- Not all risks within the practice had been identified. Blinds had been removed from windows but the tracks and cords were still in place. These pose a risk to children. The practice manager carried out routine checks. However there was no monthly check of the emergency lighting.
- The practice had an up to date fire risk assessment and carried out regular fire drills. Due to this being a small practice all staff were fire wardens and were aware of their responsibilities. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health (COSHH) and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). However, not all were being appropriately actioned. The legionella risk assessment had identified that monthly temperature testing was required for some water outlets, and other tests should

be recorded. These were not being done. We also found weed killer containing dangerous chemicals in the cleaner's cupboard. The cupboard was locked but the key was kept in the lock, and there was no COSHH assessment for this. Following the inspection the provider told us the key had been left in the lock so we could access it.

- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

Arrangements to deal with emergencies and major incidents

The practice had arrangements to respond to emergencies and major incidents, but not all these were effective.

- 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.
- The practice had a defibrillator available on the premises. Oxygen was kept in a cupboard in the nurse's room. The hazard warning sign, required for safety reasons, was positioned on the inside of the cupboard door, so not visible. There were adult oxygen masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff and the staff we asked knew of their location. This was not documented in the locum pack used to provide essential practice information to locums. All the medicines we checked were in date. Emergency medicines were kept in a cupboard in the nurse's room. The room and cupboard were kept unlocked and so accessible to patients. The cupboard also contained items such as needles. The vaccine fridge was also in this room. Although the fridge was kept locked the key was in the lock and therefore vaccines could be accessed by unauthorised people.

The practice had a comprehensive business continuity plan 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

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems 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.
- We saw that all new guidelines were reviewed by GPs and this was monitored.

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 compared with the clinical commissioning group (CCG) average of 96% and national average of 96%. The exception reporting rate was 12% which was above the CCG average of 8% and below the national average of 10%. 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 2016-17 showed:

- Performance for diabetes related indicators was 100%. This was above the CCG average of 88% and the national average of 91%.
- Performance for mental health related indicators was 100%. This was above the CCG average of 92% and the national average of 94%. The exception reporting rate was usually in line with CCG and national averages.

There was evidence of quality improvement including clinical audit:

- The practice had carried out some two cycle audits. They had also carried out audits were a second cycle was planned.
- The two cycle audits we saw showed that improvements had been made. Although the practice had a low prevalence of cancer, their cancer audit showed patients were being referred and treated in line with guidelines.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- 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 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, 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. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.
- Staff received training that included safeguarding, fire safety awareness, basic life support and information governance. 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

Are services effective?

(for example, treatment is effective)

and their intranet system. This included care and risk assessments, care plans, medical records and investigation and test results. From the sample of examples we reviewed we found that 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. Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

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. They had received training on the Mental Capacity Act. 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.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example:

- Patients receiving end of life care, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.
- The practice nurse and healthcare assistant offered weight management advice and smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 80%, which was below the CCG average of 97% and the national average of 96%. This had been recognised and the practice was taking steps to improve the figures. They found that a lot of patients did not understand what the screening was for and how it was carried out. They had translated the information leaflet into Bengali and had visual aids to help patients understand the process. The practice nurse telephoned patients to invite them for a screening appointment as they found a lot of patients failed to keep appointments.

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

During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Screens were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same gender.

We received 15 patient Care Quality Commission comment cards and most contained positive comments about the service experienced. Patients said that staff listened and were helpful, and one patient said the practice had improved during the last few years. There were no negative comments relating to the key question caring.

We spoke with six patients including three members of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Results from the national GP patient survey showed patients gave below average responses to questions about being treated with compassion, dignity and respect. The practice was below average for its satisfaction scores on consultations with GPs and nurses. For example:

- 72% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 73% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 86%.
- 90% 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 86% and the national average of 86%.
- 77% of patients said the nurse was good at listening to them compared to the CCG average of 92% and the national average of 91%.
- 75% of patients said the nurse gave them enough time compared to the CCG average of 93% and the national average of 92%.
- 92% of patients said they had confidence and trust in the last nurse they saw compared to the CCG average of 97% and the national average of 97%.
- 78% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 69% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

We spoke to the practice about their below average survey results, which they had acknowledged. They stated that they thought their practice population found it difficult to complete the survey, but the results had been improving. They also felt the appearance of the building had an effect on patients' perception, and they were planning to rectify this. Although they did not have a formal action plan in place they discussed making improvements with the PPG. Our observations during the inspection showed receptionists were friendly and warm towards patients and patients appeared happy and content while in the waiting room.

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. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Staff told us children and young people were treated in an age-appropriate way and recognised as individuals.

Are services caring?

However, results from the national GP patient survey showed patients had below average responses to questions about their involvement in planning and making decisions about their care and treatment. For example:

- 73% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 69% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and the national average of 82%.
- 77% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 91% and the national average of 90%.
- 72% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that interpretation services were available for patients who did not have English as a first language. This was estimated to be 25% of patients, and they main language was recorded. Staff, including two GPs, spoke languages used by patients who did not speak English as a first language, including Urdu, Punjabi and Bengali.
- Information leaflets were available in easy read format.

- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital).

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. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 24 patients as carers (under 1% of the practice list). Written information was available to direct carers to the various avenues of support available to them. The practice did not offer health checks for carers.

Staff told us that if families had experienced bereavement, their usual GP contacted them and visited depending on the circumstances. The practice had also put a system in place to make it easier for families if an expected death occurred outside the practice hours. This was only required once or twice a year but it meant families could contact the practice and the lead GP would attend during the night to certify the death, allowing a timely burial in line with religious requirements.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice offered extended hours on a Monday, Tuesday and Thursday until 7pm.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately/ were referred to other clinics for vaccines available privately.
- There were accessible facilities, which included a hearing loop, and interpretation services available. Most staff spoke a second language.
- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services.

Access to the service

The practice was open between 8am and 7pm on Mondays, Tuesdays and Thursdays and between 8am and 6.30pm on Wednesdays and Fridays. GP appointments were 9.45pm until 12 noon and 2.30pm until 4.30pm. There were later nurse and healthcare assistant appointments available. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them. Patients were also able to access appointments until 8pm during the week, and during weekends and bank holidays, at a nearby practice as part of a GP Federation scheme.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was below local and national averages. The practice was aware of their below average results. They had met as a practice to discuss them and the possible reasons

for the results. They stated that although still below average they were improving. In addition they carried out their own in-house surveys where satisfaction scores were higher.

- 72% of patients were satisfied with the practice's opening hours compared to the clinical commissioning group (CCG) average of 79% and the national average of 76%.
- 52% of patients said they could get through easily to the practice by phone compared to the CCG average of 73% and the national average of 71%.
- 68% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared to the CCG average of 81% and the national average of 84%.
- 66% of patients said their last appointment was convenient compared to the CCG average of 79% and the national average of 81%.
- 49% of patients described their experience of making an appointment as good compared to the CCG average of 72% and the national average of 73%.
- 41% of patients said they don't normally have to wait too long to be seen compared to the CCG average of 59% and the national average of 58%.

Patients told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system to assess:

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

The practice was part of a home visiting scheme with practices within their CCG cluster. Acute visit requests were usually handled by a nearby GP practice. However, patients with longer term needs, or patients receiving palliative care, were seen by a GP from this practice. 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 a system for handling complaints and concerns.

Are services responsive to people's needs? (for example, to feedback?)

- 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.

We looked at the complaints received in the last 12 months and found they were satisfactorily handled and dealt with in a timely way. Lessons were learned from individual concerns and complaints. We saw they were discussed in clinical and administrative meetings.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement and staff knew and understood the values.
- The practice had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice.
- Clinical and internal audit was used to monitor quality and to make improvements.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions, although these were not always effective.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

Leadership and culture

On the day of inspection the GP demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the GP

and practice manager were approachable and always took the time to listen to all members of staff. The GP and practice manager met daily for updates and to discuss priorities.

The provider was aware of and had systems to ensure compliance with the requirements of 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). This included support training for all staff on communicating with patients about notifiable safety incidents. The practice encouraged a culture of openness and honesty. From the sample of documented examples we reviewed we found that the practice had systems to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

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

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- 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 and supported in doing so. Minutes were comprehensive and were available for practice staff to view.
- Staff said they felt respected, valued and supported. All staff were involved in discussions about how to run and develop the practice, and the GP 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 and staff. It proactively sought feedback from:

Are services well-led?

Good 

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

- patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly and were able to contribute suggestions to improve the practice. The practice also carried out an in-house patient survey during the summer.
- the NHS Friends and Family test, complaints and compliments received.
- the NHS Choices website, where the practice manager responded to comments received.

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. Although this was a training practice there were currently no GP trainees.

The practice had recognised that improvements were required to their building an environment. They were in discussions with the landlord and the clinical commissioning group (CCG) about the best way of ensuring their environment was fit for purpose.

Continuous improvement

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 Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The provider did not carry out all appropriate checks, such as for legionella and emergency lighting. Medicines and other appropriate items were not kept securely. A control of substances hazardous to health (COHSS) assessment was not in place for all required substances. Hazard warning signs were not displayed appropriately.</p> <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>