

# The Waterfront Surgery

## Quality Report

Brierley Hill Health and Social Care Centre  
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

## Ratings

### Overall rating for this service

Inadequate



Are services safe?

Inadequate



Are services effective?

Requires improvement



Are services caring?

Inadequate



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Inadequate



# 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 The Waterfront Surgery on 17 December 2015. Overall the practice is rated as inadequate.

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

- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about services and how to complain was available and easy to understand.
- There was a leadership structure and staff felt supported by management.
- The practice had no business continuity plan in place to guide staff on the procedures to follow if there was a major disruption to business
- Risks to patients was not always assessed and managed appropriately for example we saw evidence of patient's care plans that had not been completed.

- There was a system in place for reporting and recording significant events, however it was unclear of what action had taken place and the lessons learnt.
- The practice did not have a Patient Participation Group in place and on speaking with patients there was no evidence that feedback had been sought from them in the past. Results from the national patient satisfaction survey had not been used to consider ways to further improve the practice.
- Patients told us they struggled to get an appointment by telephone and this was reflected in the national survey and on NHS Choices feedback section.
- Limited audits had been carried out, there no evidence that audits were driving improvement in performance to improve patient outcomes

There were areas of practice where the provider must make improvements.

The provider must:

- Have a robust system in place to ensure safety alerts have been reviewed and actioned in order to assess the risks to patients receiving care.

# Summary of findings

- Review the system for assessing and managing infection control within the practice, for example implement actions to address identified concerns following an infection control audit
- Implement systems for seeking and acting on feedback received from patients in order to evaluate and improve services.
- Consider future risks to the practice and patient and ensure that a business continuity plan is in place to mitigate risks where appropriate.
- Review the management of test results to ensure results are acted upon appropriately and in a timely manner.
- Review the schedule of both clinical and non-clinical audits in order to assess, monitor and improve the quality and safety of the service.

There were also areas of practice where the provider should make improvements

The provider should:

- Review the process for managing medicines that are no longer in use and out of date.
- Review how nursing staff are kept up to date in the absence of full clinical meetings.

- Consider how they assure themselves that risks in relation to the environment have been assessed and appropriately managed.
- Ensure that all staff have a cycle of appraisals, with the opportunity to discuss performance and training needs.

I am placing this practice in special measures. Practices placed in special measures will be inspected again within six months. If insufficient improvements have been made so a rating of inadequate remains for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The practice will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service.

Special measures will give people who use the practice the reassurance that the care they get should improve.

**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 inadequate for providing safe services. The practice had systems, processes and practices in place to keep patients safeguarded from abuse and there were enough staff to keep patients safe.

There was a system in place for reporting and recording significant events, however the reports were inconsistent and there was no evidence of learning outcomes. Risks to patients were not always assessed, for example there was no system for the management of patient safety alerts.

Inadequate



### Are services effective?

The practice is rated as requires improvement for providing effective services. Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) but there was no clear process in place to monitor that the guidance had been used to assess the needs of the patients. Staff had the skills, knowledge and experience to deliver effective care and treatment and there was evidence of appraisals, but not for all staff. Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs, but care plans were inconsistent and lacked information. There was no evidence that audit; both clinical and non-clinical were driving improvement in performance to improve patient outcomes.

Requires improvement



### Are services caring?

The practice is rated as inadequate for providing caring services. Patients we spoke with told us they were satisfied with their care they received and the comment cards patients had completed prior to our inspection provided positive opinions about staff, their approach and the care provided to them. However, data from the GP survey in July 2015 showed that many patients rated the practice lower than others for some aspects of care. The majority of patients said they were treated with compassion, dignity and respect, but not all felt cared for, supported and involved in decisions about their care. We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality. Information for patients about the services available was easy to understand.

Inadequate



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

The practice is rated as requires improvement for providing responsive services. Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and

Requires improvement



# Summary of findings

Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Patients said they found it difficult to make appointments via telephone and became frustrated at not being able to get through. The practice had one doctor on call each day to support the patients who required to see a doctor urgently. The practice had good facilities and was well equipped to treat people 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 inadequate for being well-led. There was a leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and support the delivery of quality care; however these did not demonstrate that they were driving improvements within the practice. This included arrangements to monitor and improve quality and identify risk. The partners encouraged a culture of openness and honesty. The practice had a system in place for knowing about notifiable safety incidents and ensured this information was shared with staff, but did not have a process in place to ensure appropriate action was taken. The practice did not have a patient participation group and on speaking with patients they informed us that they had not been asked for feedback. There was a strong focus on continuous learning and improvement at all levels. Staff told us they were encouraged to do training but, there was evidence that appraisals had not been carried out for all staff on a regular basis.

**Inadequate**



# 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 inadequate for the care of older people. The provider was rated as inadequate for safe, caring and well led services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Nationally reported data showed that outcomes for patients were similar for conditions commonly found in older people. The practice offered had a range of enhanced services, for example dementia and unplanned admissions. It was responsive to the needs of older people, and offered home visits and telephone consultations as required and on the day appointments for those with enhanced needs. Care and treatment of older people reflected current evidence-based practice. Some patients in this group did not have completed care plans.

Inadequate



### People with long term conditions

The practice is rated as inadequate for the care of people with long-term conditions. The provider was rated as inadequate for safe, caring and well led services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The nursing staff had lead roles in chronic disease management; however appointments were not available with a nurse for review after 5pm. Patients were offered longer appointments to cover multiple conditions at the same time and home visits were available when needed for patients who were unable to attend the surgery. Data showed that the practice's achievement for the management of long term conditions was comparable to both local and national average. For those patients with the most complex needs, we saw evidence that the practice worked with relevant health and care professionals to deliver a multidisciplinary package of care, but on reviewing patients' records, we found that one patient had no care plan in place and care plans were not available for other patients. We were advised this was due to technical errors that when the practice merger took place not all data was transferred. The practice were unable to demonstrate what they were doing to rectify this.

Inadequate



# Summary of findings

## Families, children and young people

The practice is rated as inadequate for the care of families, children and young people. The provider was rated as inadequate for safe, caring and well led services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

There were policies and procedures to support staff should they have any safeguarding concerns about children and all the staff were aware of who the safeguarding lead was in the practice. The clinical team offered immunisations to children in line with the national immunisation programme. Appointments were available outside of school hours and facilities were available for parents and carers with young babies. The practice was easily accessible for pushchairs with all the consultation rooms being on one level. We saw positive examples of joint working with health visitors through documented minutes where discussions had taken place. Midwives held regular clinics at the practice.

Inadequate



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

The practice is rated as inadequate for the care of working age people. The provider was rated as inadequate for safe, caring and well led services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The needs of the working age population, those recently retired and students had been identified and the practice had adjusted some of its services by offering extended opening hours to see a GP on a Tuesday and Wednesday morning and Tuesday, Wednesday and Thursday evening, however nurses appointments were unavailable after 5pm which would affect access for working patients who needed to see a nurse. The practice offered online booking of appointments and prescription ordering through the NHS Choices website and a full range of health promotion and screening that reflected the needs for this age group were also available this included health checks for patients aged 40 to 70 years of age.

Inadequate



## People whose circumstances may make them vulnerable

The practice is rated as inadequate for the care of people whose circumstances may make them vulnerable. The provider was rated as inadequate for safe, caring and well led services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice held a register of patients living in vulnerable circumstances including those with a learning disability and offered

Inadequate



# Summary of findings

longer appointments for patients with a learning disability. The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had carried out annual health checks for people with a learning disability. 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 practice is rated as inadequate for the care of people experiencing poor mental health (including people with dementia). The provider was rated as inadequate for safe, caring and well led services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Seventy five percent of patients with dementia had received at least one review in the previous twelve months. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia and a community psychiatric nurse held a clinic twice a week at the surgery to support patients. Staff had a good understanding of how to support patients with mental health needs and dementia.

**Inadequate**





# Summary of findings

## What people who use the service say

The national GP patient survey results published on 2 July 2015 showed the practice was performing below the local and national averages in some areas. 378 survey forms were distributed and 118 were returned. This represented a 31% return rate.

- 35.5% found it easy to get through to this surgery by phone compared to a CCG average of 68.3% and a national average of 73.3%.
- 74.6% were able to get an appointment to see or speak to someone the last time they tried (CCG average 83.2%, national average 85.2%).
- 58.5% described the overall experience of their GP surgery as fairly good or very good (84.4% average, national average 84.8%).

47.9% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 75.2%, national average 77.5%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received five comment cards which were all positive about the standard of care received, service and staff. Patients commented that staff were friendly, helpful and informative.

We spoke with four patients during the inspection. All four patients said that they were happy with the care they received; however trying to call the practice was extremely difficult and caused frustration. Two of the four patients told us that they could not get an appointment when then needed one and felt that there was an intrusion of privacy if they requested an emergency appointment as they were asked why it was required. All of the patients we spoke with felt fully informed and involved in the decisions about their care and treatment. They 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.

## Areas for improvement

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

- Have a robust system in place to ensure safety alerts have been reviewed and actioned in order to assess the risks to patients receiving care.
- Review the system for assessing and managing infection control within the practice, for example implement actions to address identified concerns following an infection control audit
- Implement systems for seeking and acting on feedback received from patients in order to evaluate and improve services.
- Consider future risks to the practice and patient and ensure that a business continuity plan is in place to mitigate risks where appropriate.

- Review the management of test results to ensure results are acted upon appropriately and in a timely manner.
- Review the schedule of both clinical and non-clinical audits in order to assess, monitor and improve the quality and safety of the service.

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

- Review the process for managing medicines that are no longer in use and out of date.
- Review how nursing staff are kept up to date in the absence of full clinical meetings.
- Consider how they assure themselves that risks in relation to the environment have been assessed and appropriately managed.
- Ensure that all staff have a cycle of appraisals, with the opportunity to discuss performance and training needs.

# The Waterfront Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to The Waterfront Surgery

The Waterfront Surgery is situated in Brierley Hill, Dudley. It is part of the NHS Dudley Clinical Commissioning Group (CCG). A CCG is an NHS Organisation that brings together local GPs and experienced health care professionals to take on commissioning responsibilities for local health services. The practice is located in a purpose built health and social care centre and shares the facilities with other NHS Services. The practice merged in May 2014 creating a list size of approximately 8500 patients. The practice manager left the surgery shortly after the merger and the post was covered by one of the GPs until the practice was able to recruit a substantive replacement in September 2015. The practice currently has no registered manager in place; the current Practice Manager has an application in progress.

The practice has a team of six GP partners (four male and two female), 5 GP Partners are full time and 1 part time, two part time practice nurses and a health care assistant to provide care and treatment to the practice population. There is a newly appointed Practice Manager and a team of administration/reception staff.

The surgery is open Monday to Friday 8.00am to 6.30pm. Extended hours appointments were available on Tuesday and Wednesday morning from 7.00am to 8.00am and

Tuesday, Wednesday and Thursday evening from 6.30pm to 7.30pm with a GP. The practice has opted out of providing out-of-hours services to their own patients. This service is provided by an NHS 111 out of hour's service contracted by the CCG.

The practice has a GMS (General Medical Services) contract and also offers enhanced services for example: various immunisation schemes and avoiding unplanned admissions

We reviewed the most recent data available to us from Public Health England which showed that the practice had a practice population comparable to national England average. The deprivation score was higher than the average across England.

## 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.

## How we carried out this inspection

Before visiting, we reviewed a range of information we held about the service and asked other organisations and health

## Detailed findings

care professionals to share what they knew about the service. We also sent the practice a box with comment cards so that patients had the opportunity to give us feedback. We received 5 completed cards where patients shared their views and experiences of the service. We carried out an announced inspection on 17 December 2015. During our inspection we spoke with a range of staff including the practice manager, clinical and non-clinical staff. We spoke with patients who used the service and we observed the way the service was delivered but did not observe any aspects of patient care or treatment.

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 open and transparent approach and a system in place for reporting and recording significant events and staff told us they were encouraged to report any significant events and near misses and were aware of the process for doing so. There was a significant event form for relevant staff to complete and forward to the practice manager who was the lead. We saw evidence that the practice had documented nine significant events for 2014-15, for example a hospital letter had been scanned onto the wrong patient's notes and incorrect information had been given to another health professional about a patient's immunisation record. However, we found that the paperwork was unclear and inconsistent and there was no evidence to demonstrate the learning and improving outcomes in its current format. There is no system in place to for the management of safety alerts, the practice manager has signed up to receive all alerts and was in the process of setting up a system to record who alerts have been sent to and actions taken, however this was not in place or embedded. Patient safety alerts, for example Medicines and Healthcare Regulatory Agency (MHRA) are issued when potentially harmful situations are identified and need to be acted on.

### Overview of safety systems and processes

The practice had clearly defined systems and processes in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and staff knew who to contact if they had concerns about a patient's welfare. There was a lead member of staff for safeguarding. Staff demonstrated they understood their responsibilities; we were informed that administration staff had received training in 2013 and were booked for refresher training in January 2016 along with the medical team. We reviewed minutes of multi-disciplinary team meetings where safeguarding issues had been discussed with a plan of action. Last meeting was held in December 2015 and future meeting dates have been scheduled in.

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 check (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).

We observed the premises to be clean and tidy; however no records were held by the practice to demonstrate that appropriate cleaning that had taken place. The practice nurse was the infection control clinical lead and completed their last training twelve months ago and had update training scheduled in for January 2016. Annual infection control audits were undertaken, but we saw no evidence that action had been taken to address any improvements identified as a result. We did note that during our infection control review that the curtains in the consulting rooms had not been cleaned recently and the only confirmation of cleaning was in 2013. Since the inspection, the Practice Manager has advised us that the practice is purchasing disposable curtains. There was no clear information available on who had responsibility for maintenance action within the practice. Since the inspection we have received cleaning schedules and areas identified that required action, however confirmation of action being taken was not recorded.

There were some arrangements for managing medicines, including emergency medicines and vaccinations, (including obtaining, prescribing, recording, handling, storing and security). We found out of date medicines in the nurse's room, none of the staff asked knew why the medicines were there or if they required disposing of. Prescription pads were securely stored and there were systems in place to monitor their use. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. Mentorship and support from the medical staff was received for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

We reviewed two personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

## Are services safe?

There was a health and safety policy available and a designated fire marshal at the practice. The practice were tenants in a health centre and had not completed any health and safety risk assessments, or fire risk assessments although regular fire drills were carried out. Fire extinguishers had not been checked since March 2014. The practice had not gained assurance that environmental risk had been assessed and managed by the landlord of the building.

All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

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

The practice did not have adequate arrangements in place to respond to emergencies and no business continuity plan

was available. Business continuity plans are required keep a service running through interruptions of any kind. The GPs informed us that as the CCG was based in the same building and they relied on them if anything went. This meant that the potential impact on patient access and safety had not been considered and robust plans to manage the risks were not in place.

There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency and each room has a panic button which alerts the security team within the building. All staff received annual basic life support training and there were emergency medicines available in the treatment room. The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book was 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 in the emergency box were in date and fit for use, however a separate box was also present which contained out of date medicines.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The GPs and nursing staff told us that they referred to guidelines from the National Institute for Health and Care Excellence (NICE). The practice had no formal process in place to monitor that the guidelines were followed through risk assessments, audits and random sample checks of patient records.

The practice used a system of coding and alerts within the clinical record system to ensure that patients with specific needs were highlighted to staff on opening the clinical record. For example: patients on the 'at risk' register and learning disabilities. The practice took part in the avoiding unplanned admissions scheme. The GPs at the practice told us that care plans had been developed; on reviewing one patient's care plan we found that it was blank and no other care plans were available for this patient.

### 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 88.7% of the total number of points available, with 5.5% 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 comparable to other practices, the practice achieved (79.1%), this was lower than the national average (89.2%)
- The percentage of patients with hypertension having regular blood pressure tests was comparable to other practices, the practice achieved (92.3%), this was slightly lower than the national average by 5.5%
- The percentage of patients with dementia whose care had been reviewed face to face in the last 12 months was 75.9%. this was 8.1% below the England average.

- Performance for mental health related indicators was comparable to other practices, the practice achieved (84.6%), which was 8.2% below the England average.

The practice held regular meetings with the CCG pharmacist, and had done some recent work around antibiotic prescribing. The GPs also attended regular CCG meetings and participated in external peer review through the CCG with other local surgeries. One of the GP Partners had a specialist interest in diabetes care and ran specialised clinics for diabetics and offered anticipatory care for prediabetes.

There was limited monitoring of patient outcomes of care and treatment as there had been no complete clinical audits carried out. There was some preliminary work around atrial fibrillation and new anti-coagulant medicines and another audit cycle had been commenced for patients who were on a gliptin (gliptins are usually prescribed for people with type 2 diabetes who have not responded well to other drugs). The doctors informed us that re-audit of the current results was imminent.

### 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, fire safety, health and safety and confidentiality. We saw evidence of a current induction programme underway which had been partly completed by a new staff member. Reviews of new staff were carried out initially after one, three and six months and more training was offered if required. The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, life support and manual handling. 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. Support to staff included, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. The practice was unable to demonstrate that all staff had received appraisals in the last twelve months. On reviewing one of the reception staff records the last appraisal had been in 2011. The new practice manager had scheduled in all staff appraisals during the forthcoming



# Are services effective?

## (for example, treatment is effective)

weeks. Staff used to have access to and made use of e-learning training modules but this has now ceased. The practice manager was reviewing options available to re-introduce e-learning into the practice. However, staff are awarded training leave and the practice actively encourages staff to complete training as and when required.

### 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. This included medical records and investigation and test results. Information such as NHS patient information leaflets were also available. There was signage within waiting room to inform patients that it was their responsibility to enquire about any tests they had received. The practice did not have a system in place to ensure that all abnormal results were reviewed and communicated to patients and appropriate action taken should a patient fail to contact the practice. The practice nurse informed us that she is not involved in clinical meetings, but had access to the on call doctor if they needed any guidance. 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 ongoing 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, but care plans were not 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 or practice nurse 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. These included patients who were at risk of developing a long-term condition and those requiring advice on their diet, smoking, alcohol cessation and drug addiction. The practice worked closely with the community psychiatric nurse who ran two clinics a week to support patients with addiction. Smoking cessation advice was available from the health care assistant at the practice. The practice's uptake for the cervical screening programme was 95%, which was higher than the national average of 81.83%.

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 96.7% to 100% and five year olds from 97% to 98%.

Flu vaccination rates for the over 65s were 67.01%, and at risk groups 52.36%. These were also comparable to national averages. These services were delivered by the practice nurse with the support of the GPs.

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 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 and situated away from the main reception area so 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 and notices were displayed advising patients that this was available if required.

All of the five patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and them with dignity and respect. We spoke with four patients who 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 published on 2 July 2015 showed low results of how patients felt they were treated with compassion, dignity and respect. The practice was below average for its satisfaction scores on consultations with GPs and nurses. For example:

- 70.6% said the GP was good at listening to them compared to the CCG average of 88.2% and national average of 86.6%.
- 72.4% said the GP gave them enough time (CCG average 87.2%, national average 88.6%).
- 84.2% said they had confidence and trust in the last GP they saw (CCG average 95.4%, national average 95.2%)
- 62.5% said the last GP they spoke to was good at treating them with care and concern (CCG average 84.8%, national average 85.1%).
- 69.8% said they found the receptionists at the practice helpful (CCG average 86.8%, national average 86.8%)

The practice were in line with the CCG and national average in relation to the nursing staff treating the with care and concern:

- 93.5% said the last nurse they spoke to was good at treating them with care and concern (CCG average 90.8%, national average 90.4%).

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

Patients we spoke to 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 negatively to questions about their involvement in planning and making decisions about their care and treatment. Results were below in comparison to local and national averages. For example:

- 62.1% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86.2% and national average of 86%.
- 59.4% said the last GP they saw was good at involving them in decisions about their care (CCG average 82.2%, national average 81.4%)
- 83.9% said the last nurse they saw was good at involving them in decisions about their care (CCG average 86.9%, national average 84.8%)

Staff told us that translation services were available for patients who did not have English as a first language and that the GPs spoke various languages which supported some of the practice 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. Patients who were registering at the practice for the first time were asked to identify if they were carers on the registration form and these were coded and added to the patient's record. Written information was available to direct carers to the various avenues of support available to them and the practice had 23 patients on their carers register.



# 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. For example reducing unplanned admissions to hospital. The practice offered an extended hours clinic to see a GP on a Tuesday and Thursday evening until 7.30pm for working patients who could not attend during normal opening hours; however nurse's appointments were not available after 5pm. There were longer appointments available for patients with a learning disability. Home visits were available for older patients and patients who were unable to get into the surgery and same day appointments were available for children and those with serious medical conditions. There were vaccination clinics for babies and children and patients were also able to receive travel vaccinations available on the NHS. Women were offered cervical screening and the practice offered family planning and pregnancy testing. Patients over the age of seventy five years had an accountable GP for co-ordination of care. The practice had a carers register with 23 patients registered as carers.

There were disabled facilities, and translation services available, but the practice did not have a hearing loop. Baby changing facilities were available in the main building, not in the surgery, however there was no information on display in the waiting room to advise patients of this.

### Access to the service

The practice was open between 8.00am and 6.30pm Monday to Friday. Extended surgery hours were offered Tuesday and Wednesday morning from 7.00am to 8.00am and Tuesday, Wednesday and Thursday evening from 6.30pm to 7.30pm to see a GP, but as nurses worked part time there were no evening appointments available after 5pm. In addition to pre-bookable appointments that could be booked up to a month in advance, urgent appointments were also available for people that needed them and the doctors had a rota for a doctor to be on call the surgery for patients who needed to see a doctor urgently and to deal with emergencies.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was below in comparison to local and national averages.

- 63.6% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 74.9%.
- 35.5% patients said they could get through easily to the surgery by phone (CCG average 68.3%, national average 73.3%).

38.3% patients said they always or almost always see or speak to the GP they prefer (CCG average 58.1%, national average 60%).

People told us on the day of the inspection that they were unable to get appointments when they needed them due to the phone system. The practice had a high number of patients that did not attend their appointments (DNA), for example during November 2015; two hundred and seventy appointments were not attended. There was no system in place to monitor or respond to this.

The practice had recently employed an additional part time practice nurse, but nurse's appointments were still limited and the practice advised us that there was a difficulty in recruiting practice nurses in the area and it was something that they were looking into.

### 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 and we saw that information was available to help patients understand the complaints system for example posters were displayed in the waiting area and leaflets were available from the reception staff on request.

We looked at four complaints received in the last twelve months and found that a record of outcomes and learning had been recorded. We saw minutes of staff meetings where complaints had been discussed and there was openness and transparency when dealing with complaints. Lessons were learnt from concerns and complaints and

# Are services responsive to people's needs?

(for example, to feedback?)

action was taken to as a result to improve the quality of care. For example, delays in coroner's office being notified of death. Practice had put procedure in place to make sure this is done in a timely manner.

# Are services well-led?

Inadequate 

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

## Our findings

### Vision and strategy

The practice merged in May 2014 and the practice manager left the surgery shortly after the merger, and the post was covered by a GP for 12 months until 1 September 2015 when the new practice manager was appointed.

### Governance arrangements

In some areas the governance arrangements were unclear. The practice had a number of policies and procedures in place to govern activity and these were available to all staff. The policies outlined the structures and procedures in place with named members of staff in lead roles. However the governance arrangements were not actively used to monitor performance and drive improvement to the service delivered.

The practice manager was responsible for the day to day management of the practice and the practice nurse was the lead for infection control. One of the GPs was the lead for safeguarding and all the staff we spoke with were aware of the leads and who to approach for any issues. Staff we spoke with were all clear about their own roles and responsibilities. They all told us they felt valued and well supported. Evidence from complaints was used to identify areas where improvements could be made, but action and lessons learnt from significant events were unclear.

### Leadership and culture

With the introduction of a new practice manager the practice had the capacity to run the practice. The new practice manager was working with the staff to identify areas that required improvement, for example more staff were required in reception and a new receptionist had recently been employed.

The partners were visible in the practice and staff told us they were approachable and took the time to listen to all members of staff. The practice had a whistleblowing policy and staff told us they felt confident to raise any concerns. Whistleblowing is when staff are able to report suspected wrong doing at work; this is officially referred to as 'making

a disclosure in the public interest'. The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents, but there were no clear records of actions that had been taken.

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

There had been minimal engagement with patients and the practice did not have a patient participation group (PPG). PPGs are a way in which patients and GP surgeries can work together to improve the quality of the service. We saw no evidence that this had been addressed by the practice before the new manager commenced, but the new practice manager had plans in place to set up a PPG and we saw a display in the waiting area detailing information on what a group would involve and how to join. On speaking with patients we were told that the practice had not sought their feedback, but a suggestion box was available in the waiting area for patients to leave feedback. The practice had gathered feedback from staff through staff meetings and appraisals. Staff told us they were comfortable to give feedback and discuss any issues or concerns with management.

We saw no evidence that the survey results from July 2015 had been considered or reviewed. There had been no actions developed in order to address the areas where patients has suggested improvements were required.

When there were complaints the practice gave affected people reasonable support, truthful information and a verbal and written apology. For example we saw a complaint about a patient who was not happy about a diagnosis on clinical examination. The practice had set up a meeting with the patient and their family to discuss further and the patient had then withdrawn the complaint.

### Continuous improvement

The practice team were encouraged to do training and the new manager was in the process of reviewing all the policies and procedures within the practice and working closely with all the staff to move the practice forward.

## 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 Treatment of disease, disorder or injury	<p>Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010 Respecting and involving people who use services</p> <p><b>Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 17 Good Governance</b></p> <p>The registered person must have effective governance, including assurance and auditing systems or processes. These must assess, monitor and drive improvement in the quality and safety of the services provided, including the quality of the experience for the people using the service. The systems and processes must also assess, monitor and mitigate any risks relating to health, safety and welfare of people using services and others.</p> <p>How we found the regulation was not being met:</p> <ul style="list-style-type: none"><li>• During the inspection we noted that there was no system in place to review and action safety alerts received</li><li>• Results from the patient survey were not reviewed or acted on and feedback was not sought</li><li>• There was no business continuity plan</li><li>• Audits, both clinical and non-clinical were not utilised to monitor and improve patient care and treatment.</li></ul> <p>Regulation 17 (2)(a) (2)(e)</p>

Regulated activity	Regulation
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## Requirement notices

Diagnostic and screening procedures

Family planning services

Maternity and midwifery services

Treatment of disease, disorder or injury

Regulation 12 HSCA 2008 (Regulated Activities) Regulations  
2010 Cleanliness and infection control

### **Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 12 Safe Care and Treatment**

Care and treatment must be provided in a safe way for patients. The provider must have systems in place for assessing the risks to the health and safety of service users of receiving the care or treatment and doing all that is reasonably practicable to mitigate any risks

How we found the regulation was not being met:

- The system for reviewing and the management of test results was not sufficient to ensure results were acted upon appropriately and in a timely manner.
- We noted that there was no action plan to assess and implement change to concerns raised from the infection control audit.

Regulation 12 (1) (2) (a) (b) (h)