

# Westdale Lane Surgery

## Quality Report

20-22 Westdale Lane  
Nottingham NG4 3JA  
Tel: 0115 9619401  
Website: [www.westdalelanesurgery.co.uk](http://www.westdalelanesurgery.co.uk)

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

## Ratings

Overall rating for this service	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Westdale Lane Surgery on 12 May 2016. 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 an effective system in place for reporting and recording significant events. Learning outcomes were shared with staff.
- Risks to patients were assessed and well managed. This included effective health and safety management such as regular checks that equipment was safe to use. Appropriate arrangements were in place to ensure the practice could respond to emergencies and processes were in place to ensure good infection prevention control standards.

- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Clinical audit drove quality improvement. Staff had been trained and had the skills, knowledge and experience to deliver effective care and treatment to patients.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. Patient feedback which included the National GP Patient survey generally rated the care provided higher than local and national averages.
- Information about services and how to complain was available and easy to understand. Staff we spoke with knew the procedure in place for addressing patient complaints. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and had been recently renovated. It was well equipped to treat patients and meet their needs.

# Summary of findings

- 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 and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- To continue to identify more carers and offer support to them.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events. All staff knew how to report incidents and we saw that a robust process was in place.
- Lessons were shared to make sure action was taken to improve safety in the practice. Records we reviewed supported that the practice undertook a detailed analysis of any identified risks and took action to reduce these. Learning outcomes were shared in practice meetings.
- When things went wrong patients received information, reasonable support and a verbal or written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. This included infection control procedures, the management of medicines, staff recruitment procedures and appropriate training of staff in safeguarding.
- Risks to patients were assessed and well managed. This included health and safety, ensuring sufficient staff were available to meet patient needs and robust emergency procedures if a patient presented with an urgent medical condition.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average. The practice had achieved 99% of available QOF points in 2014/15. The practice's overall exception rate reporting was 12.2% which was 3.1% above CCG average and 3% above national average.
- Whilst exception rate reporting was low in some areas of practice, other areas were high. The practice had undertaken proactive measures to significantly reduce these reporting rates and evidence provided showed this was effective.
- Staff assessed needs and delivered care in line with current evidence based guidance such as National Institute Clinical Excellence (NICE).

# Summary of findings

- Clinical audits demonstrated quality improvement including improved patient outcomes. For example, following updated guidance, an audit was undertaken of patients prescribed on a particular medicine which had potential side effects. This was to ensure alternative medicines could be prescribed to these patients.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. Staff we spoke with told us they felt supported by management and were able to maintain their continuing professional development.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

## Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care. This included 93% of patients who said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 89% and the national average of 89%. Data also showed that 94% of patients considered receptionists at the practice helpful compared to the CCG average of 87% and national average of 87%.
- Patients said they were treated with compassion, dignity and respect and they felt involved in decisions about their care and treatment in GP led consultations. However, data showed that consultations with nurses could be improved as 75% said they felt involved in decisions about their care compared with the CCG average of 85% and national average of 85%. The practice had responded to this by increasing appointment times available with nurses to ensure patients received enough time depending on their reason for attendance.
- Information for patients about the services available was easy to understand and accessible.
- The practice had a nominated carers lead. The practice had identified 72 carers at the time of our inspection. This equated to 0.9% of the practice list. The practice told us that they were focused on identifying more carers so appropriate care, support and treatment could be offered to these patients.
- We saw a number of examples where staff treated patients with kindness and respect, and maintained patient and information confidentiality.

# Summary of findings

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. The practice had introduced a daily walk in clinic for those who required urgent appointments. Patient feedback showed this service was working well.
- National GP patient survey data showed that patients were generally positive about their experience in obtaining an appointment. For example:
- 81% patients said they could easily get through to the surgery by phone which was above CCG average of 71% and national average of 73%.
- 59% patients said they usually get to see or speak to the GP they prefer compared to the CCG average of 55% and national average of 59%.
- Patients we spoke with said they found it easy to make an appointment, although acknowledged they had to wait longer to see a preferred GP. There was continuity of care, with pre bookable appointments available on the same day and two to three weeks in advance.
- The practice had good facilities and had renovated their premises to accommodate those patients with physical disabilities. The practice reception area had been redesigned and new seating installed. The practice was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders. A robust process had been adopted by the practice.

## Are services well-led?

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

Good



- 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 a number of policies and procedures to govern activity and held regular governance meetings.

# Summary of findings

- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- 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 notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken. A robust system was in place where patient care was prioritised.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group met regularly and contributed their views on the development of the service. This included their participation with annual patient practice surveys.
- There was a strong focus on continuous learning and improvement at all levels. This was reflected in staff development, audits undertaken and the practice plans for the future.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population. All older patients had a named GP. Frequent visits were made by the practice clinicians to their patients in care homes in and outside of usual working hours. Feedback we received from care homes praised the practice for their responsiveness, the caring approach towards residents and proactive approach.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. The practice GPs told us they applied a low threshold when making decisions to undertake home visits to see older patients.
- The practice had established systems to enable the recording and sharing of patients' care preferences and key details about their care at the end of life. The practice had 38 patients on these care plans at the time of our inspection.
- National data showed the practice was performing above the local and national averages for its achievement within some areas of QOF such as osteoporosis indicators, taking exception rate reporting into account. 100% of patients aged 50 or over who had not attained the age of 75 had a diagnosis of osteoporosis confirmed and were being treated. This was the same as the CCG average and above national average of 92%. Exception rate reporting was however, 21.4% below CCG average and 10% below national average.

### People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed and the practice had a low threshold approach when making decisions to visit these patients. The practice nurse was assigned to visiting housebound patients routinely every week.
- National data showed that 94% of patients with chronic obstructive pulmonary disease (COPD) had received a review in the previous 12 months. This was above the CCG average of



# Summary of findings

90% and national average of 90%. However, exception rate reporting was 11.9% above CCG average and 13% above national average. The practice had identified historically high exception reporting and had committed to reducing this. Evidence provided showed a proactive approach had been adopted and more recent data showed a decrease in this.

- The practice had 1663 patients registered with long term conditions on its register. All of these patients had been offered a structured annual review to check their health and medicine needs were being met.
- Practice supplied data showed that 1394 had received an annual review. 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.

## Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were generally in line with local CCG averages for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the practice prioritised unwell children and babies.
- Information was displayed in the practice reception area which included teenage health clinics and clinics to assist new parents.
- We saw positive examples of joint working with midwives, health visitors and school nurses and documentation of meetings held supported a coordinated approach in place.
- The practice staff had received training in domestic violence and female genital mutilation (FGM).

Good



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

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted

Good



# Summary of findings

the services it offered to ensure these were accessible, flexible and offered continuity of care. Same day appointments were available for those patients who could not attend the walk in clinic as well as pre-bookable appointments. The practice also offered telephone consultations to those who required them.

- 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. The practice had opened a monthly Saturday morning nurse led clinic to those patients who wished to attend on weekend days.
- Data showed that 81% of women aged over 25 but under 65 had received a cervical screening test in the previous five years. The practice was performing below the CCG average of 86% and national average of 82%. Recent data supplied by the practice showed that the uptake of cervical screening had substantially increased since the monthly Saturday clinic was opened.

## People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. There were 24 patients on the learning disability register, and 23 of these had received an annual health check in the last twelve months. As a result of these reviews, at least 14 of these patients were identified as requiring further intervention because of serious physical, mental and social health care needs.
- We reviewed evidence that demonstrated the practice had adopted a proactive and passionate approach to engaging with patients with learning disabilities. Reviews and appointments took place at a flexible time and location to suit patients' needs.
- The practice offered longer appointments for patients with a learning disability and reception staff were aware of these patients when booking appointments.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients. We spoke to attached community based staff who told us the practice provided an exceptional service and nothing was too much trouble.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding

Good



# Summary of findings

information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours. We were informed about two patients who were identified as requiring safeguarding and appropriate measures had been put into place within the last twelve months.

## 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 held a register of 45 patients who had poor mental health. All of these patients had been offered an annual health check. Data provided by the practice showed that 42 of these checks had been undertaken.
- Data showed that 79% of patients with a mental health condition had a documented care plan in place in the previous 12 months. This was below the CCG average of 86% and below the national average of 88%. Exception reporting was however, 16.3% below the CCG average however, and 10.3% below the national average.
- 88% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was the same as the CCG average and higher than the national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. We saw that a co-ordinated and effective approach was in place.
- Staff had a good understanding of how to support patients with mental health needs and dementia. One GP told us they ensured that patients with dementia were visited in residential homes by the same GP. They told us they recognised that these patients responded more effectively with this continuity of care provided.
- Carers of patients with dementia were also supported by the same GP.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. We saw information displayed within the practice which signposted patients, for example, Lets Talk Wellbeing service.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing mainly above local and national averages. 271 survey forms were distributed and 103 were returned. This represented 38% response rate.

- 81% of patients found it easy to get through to this practice by phone compared to the CCG average of 71% and national average of 73%.
- 89% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 86% and national average of 85%.
- 87% of patients described the overall experience of this GP practice as good compared to the CCG average of 85% and national average of 85%.
- 72% 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 79% and national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received six comment cards which were all positive about the standard of care received. Comments included that all staff provided 100% excellent service and they were attentive, patient, polite, welcoming and friendly.

We spoke with eight patients during the inspection. These patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

We reviewed data the practice had collated from the NHS Friends and Family test in March and April 2016, 15 responses had been received. All of these patients stated that they would be extremely likely or likely to recommend the practice.

## Areas for improvement

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

- To continue to identify more carers and offer support to them.

# Westdale Lane Surgery

## 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 an Expert by Experience.

## Background to Westdale Lane Surgery

Westdale Lane Surgery is located in the village of Gedling which is in Nottinghamshire. It is approximately four miles northeast of Nottingham city centre. There is direct access to the practice by public transport and parking is also available on site.

The practice currently has a list size of approximately 7638 patients.

The practice holds a General Medical Services (GMS) contract which is a locally agreed contract between NHS England and a GP to deliver care to the public. The practice provides GP services commissioned by NHS Nottingham North and East CCG.

The practice is situated in an area with lower levels of deprivation. It has a higher than national average older age population and a higher than local average number of patients with long standing conditions.

The practice is managed by three GP partners (2 male, 1 female). Two GP partners work full time and one works on a part time basis. They are supported by one part time salaried GP (female). Other clinical staff include two full time advanced nurse practitioners, one part time practice

nurse and one full time healthcare assistant. The practice also employs a practice manager and a team of reception, clerical and administrative staff. Three cleaners are also employed by the practice.

The practice is a training practice since 2013 and supports trainee GP placements. A GP trainee is a qualified doctor who is training to become a GP through a period of working and training in a practice.

The practice is open on Mondays to Fridays from 8am to 6.30pm. Appointments are available Mondays to Fridays, 8.30am to 11am and 2pm to 6pm. A walk in clinic is open Mondays to Fridays from 8am to 10.30am for those patients requiring to be seen urgently.

The practice is closed during weekends except for one Saturday morning per month where a nurse led clinic is open for patients who cannot attend for appointments at other times. Any minor surgical operations are also undertaken during this time.

The practice has opted out of providing GP services to patients out of hours such as nights and weekends. During these times GP services are currently provided by Nottingham Emergency Medical Services. (NEMS) When the practice is closed, calls are automatically redirected.

The provider's Certificate of Registration issued by the Care Quality Commission does not include maternity and midwifery services as a regulated activity provided. We have advised the provider to apply for this regulated activity as this service is currently being provided.

## 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

# Detailed findings

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 to share what they knew. We carried out an announced visit on 12 May 2016. During our visit we:

- Spoke with a range of staff (GPs, nurses, practice manager, clerical and administrative) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident reporting 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).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, a written apology where appropriate and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events. Our review of detailed records held supported a robust process in place.

We reviewed safety records, incident reports, patient safety alerts (Medicines and Healthcare products Regulatory Agency, MHRA) and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a practice error was made regarding patient identification which subsequently led to a prescription being issued in the name of a different patient. The error was realised prior to medicines being issued. The patient received an apology and a new procedure was implemented for practice reception staff to ensure that such incidents would not be repeated.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements 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. The practice also

referred any concerns to a multi agency safeguarding hub and we saw evidence of this. One of the GP partners was the lead member of staff for safeguarding and was assisted by one of the nurse practitioners in her absence. The GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their roles.

- Notices were displayed which advised patients that chaperones were available if required. At the time of our inspection, only clinical staff undertook the role of a chaperone and they were trained 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. One of the advanced nurse practitioners was the infection control clinical lead and had liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place, reviewed in February 2016 and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. For example, the most recent audit undertaken in April 2016 identified a waste bin in a clinical room needed to be relocated. We noted that all actions identified had been addressed.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local medicines management 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 in place to monitor their use. Two of the nurses had qualified as advanced nurse practitioners and could therefore prescribe medicines



## Are services safe?

for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow the practice nurse to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, qualifications (where relevant), registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. We were advised that locum GPs had been utilised within the practice through an agency. We reviewed documents held by the practice which confirmed appropriate vetting checks had also been undertaken.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available and staff had received training. The practice had up to date fire risk assessments and carried out fire drills. All electrical equipment was checked to ensure the equipment was safe to use and was last tested in March 2016. Clinical equipment was checked to ensure it was working properly and we saw that this was tested in October 2015. 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). We noted that a legionella risk assessment had been completed in February 2016.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for reception based staff and measures were in place to ensure there were enough clinical staff on duty. We were advised that staff provided cover for each other and locum GPs had been used on occasion.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All clinical staff received annual basic life support training and administrative staff three yearly training. There were emergency medicines available in the treatment room which were aligned with the services provided by the practice.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. Staff we spoke with were aware of procedures in place such as the use of another local practice and mobile telephones for use if landlines were not working.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from the National Institute for Clinical Excellence (NICE) and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, data received from the CCG, audits and sample checks of patient records.

### 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 99% of the total number of points available with 12.2% 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). Data from 2014/15 showed;

- Performance for diabetes related indicators was 98% which was above the CCG average of 87% and national average of 89%.
- 79% of patients with a mental health condition had a documented care plan in place in the previous 12 months. This was below the CCG average of 86% and the national average of 88%. Exception reporting was however, below CCG and national averages.
- 100% of patients aged 50 or over who had not attained the age of 75 had a diagnosis of osteoporosis confirmed and were being treated. This was the same as the CCG average and above national average of 92%. Exception rate reporting was 21.4% below CCG average and 10% below national average.

- 94% of patients with chronic obstructive pulmonary disease (COPD) had received a review in the previous 12 months. This was above the CCG average of 90% and national average of 90%. Exception rate reporting was however above CCG and national averages.
- 93% of patients with asthma had received a review in the previous 12 months. This was above the CCG average of 76% and national average of 75%. Exception reporting was however above CCG and national averages.

Whilst we noted low exception reporting within some areas of QOF performance such as mental health and osteoporosis, we found areas where the practice had a higher rate of exception reporting compared to the CCG and national averages. This included COPD and asthma exception reporting. We reviewed anonymised data during our inspection and discussed this with the practice management. From our review of a small sample of patients recorded on these registers, we found patients had been sent three invitations to attend the practice and had either not attended or had advised the practice that they did not want to attend.

The practice management told us that they had already identified the areas where they had historically high exception reporting and had been actively working to reduce this. We were provided with data from the practice which they told us they had shared with the CCG. This data was yet to be ratified. This showed exception reporting had significantly reduced from 2014/15 to 2015/16. For example, in 2014/15, the practice had excepted 40 patients in one of the COPD indicators. In 2015/16, this number had reduced to 21. We were also advised about additional measures put in place to encourage patients to attend for reviews such as telephoning patients when they had not responded to two invitations. The practice had also purchased a hand-held spirometer to enable the practice nurse to attend to housebound patients more easily. A spirometer is used to test how well a patient can breathe and can help in the diagnosis of different lung diseases such as COPD. The practice informed us that the practice nurse now routinely visited house bound patients one morning per week.

There was evidence of quality improvement including clinical audit.

# Are services effective?

## (for example, treatment is effective)

- There had been a number of clinical audits completed in the last two years and five audits were ongoing at the time of our inspection. One audit was undertaken following guidance issued on repeat prescribing of a medicine with potentially serious side effects. All patients identified were reviewed and alternative medicines prescribed where appropriate.
- We reviewed a completed audit which was undertaken as a result of a significant event recorded. The audit sought to identify if all patients who presented with a specific medical condition had been appropriately referred to a specialist for further investigation. Audit outcomes identified that all patients had been referred appropriately following information cascaded to the practice GPs on referral criteria.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. We were provided with evidence of a food supplement audit undertaken in response to a locally developed strategy aimed at ensuring high quality and cost effective use of medicines. The audit outcome showed compliance with guidelines set. The practice had also collaborated with other local practices to share good practice where it was identified. For example, we were provided with documentation to show the practice's walk-in clinic model adopted was successfully rolled out at a neighbouring practice.

### 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. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. The practice had also developed a separate information document for locum doctors.
- 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. One of the nurse practitioners was due to undertake spirometry training in July 2016. Nursing staff we spoke with told us that they regularly attended protected learning time events led by the CCG. 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. Two of the nurses had qualified as advanced nurse prescribers as a result of investment provided by the practice management. 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. The practice GPs told us that they met daily to review clinical appointments held with patients and referrals made. 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 and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- 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. One of the practice nurses was assigned to review patient discharge documentation to ensure a consistent and timely approach was adopted. 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 reviewed local

# Are services effective?

## (for example, treatment is effective)

data to identify patients who had attended hospital and analysed whether such admissions were appropriate and how they could be avoided. Data provided by the CCG showed that the practice had reduced its emergency admissions by 14% in 2015/16 compared to 2014/15. This data was yet to be ratified.

### 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. Staff we spoke with were able to provide examples to demonstrate their application of knowledge.
- 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.
- The process for seeking consent was monitored, for example in minor surgical procedures undertaken and subsequent audit of this activity.

### Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet and alcohol cessation. The practice promoted a talking therapies service for those who had anxiety, depression, stress or phobias. The practice website also contained information on healthy living and the benefits of exercise.
- Smoking cessation advice was available from a local support group. Data provided by the practice showed that 37 of their patients had successfully stopped smoking as a result of assistance from the practice's healthcare assistant.

The practice's uptake for the cervical screening programme was 81%, which was below the CCG average of 86% and the national average of 82%. The practice had started to offer cervical screening to its patients on a Saturday morning once a month to encourage uptake. Data provided by the practice showed an increase in the number of screenings taking place since this was introduced in January 2016. In December 2015, 12 screenings were undertaken in this month. In comparison to April 2016, 27 had been undertaken in this month. There was a policy to offer reminders for patients who did not attend for their cervical screening test and if patients chose to opt out of the screening programme they were asked to attend the practice to do so. The practice ensured a female sample taker was available.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Data showed that uptake for bowel cancer screening in the previous 30 months was 62% which was similar to the CCG average of 63%. Data from 2015 showed that uptake for breast cancer screening in the previous 36 months was 82% which was above the CCG average of 79%.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 89% to 96% within the practice. The CCG rates varied from 92% to 96%. Five year old vaccinations ranged from 75% to 97% within the practice. The CCG rates ranged from 88% to 98%.

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. The practice had exceeded the CCG target set by 124% for the undertaking of healthchecks for those patients aged 40–74. 346 patients in total had received the healthchecks. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. One of the nurses we spoke with provided examples where further care and treatment were provided to patients as a result of healthchecks undertaken.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private area to discuss their needs. We observed a member of reception staff maintaining confidentiality by not referring to a patient's name when they needed to discuss a query with another member of staff.

All of the six patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when patients needed help and provided support when required. Our observations supported this. We saw examples of staff assisting vulnerable patients in the waiting room.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs, and in line with averages in respect of consultations with nurses. For example:

- 93% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 91% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%.
- 97% 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%.

- 87% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and national average of 85%.
- 90% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and national average of 91%.
- 94% of patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and the national average of 87%.

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

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

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment in respect of consultations with GPs. Results were below average in respect of consultations with nurses. For example:

- 84% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and the national average of 86%.
- 83% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and national average of 82%.
- 75% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 85%.

The practice had taken action to address the patient survey responses and had introduced adjustments which included longer appointment times with nurses depending on the reason for attendance.

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

## Are services caring?

- Staff told us that translation services were available for patients who did not have English as a first language.
- Information contained on the practice website could be read in a variety of different languages for those whose first language was not English.
- A variety of information leaflets were available in easy read format in the patient waiting area in reception.
- One of the practice reception staff could use sign language so could assist those patients with hearing difficulties.
- The practice used an electronic and voice activated noticeboard in the reception area to notify patients when clinicians were ready to see them.

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

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 72 patients as carers which accounted for 0.9% of the practice list. The practice management informed us that they had recognised that they needed to identify more carers so appropriate care and support could be offered. They told us efforts were ongoing and four new carers had been identified within the week of our inspection taking place.

There was a carers information board displayed in the reception area. Written information was available to direct carers to the various avenues of support available to them. This included information on the practice's website.

The practice were planning to hold a carers day in June and were also planning a dementia support awareness event in July 2016. They had invited the Carers Federation to attend to provide a free first aid advice session for carers.

Staff told us that if families had suffered bereavement, their usual GP contacted them and staff sent them a sympathy card.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

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

- The practice offered a daily morning drop in clinic where those who required urgent appointments could sit and wait to be seen by one of the nurse practitioners and GP. Patients were not required to pre-book an appointment to attend this clinic. The practice had introduced the walk in clinic to respond to increasing patient demand for same day appointments.
- Routine pre-bookable appointments were also available on the day or in advance by telephone or online booking. Appointment times could be booked between ten to thirty minutes depending on individual patient requirements.
- Telephone appointments were also available for those working age patients who requested them.
- A monthly Saturday nurse led clinic had been introduced for those patients who preferred to attend on a weekend day.
- There were longer appointments available for patients with a learning disability and those identified as being vulnerable. Notes were placed on patient records so reception staff knew to allocate longer appointment times.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice had provided funding for transport to assist those patients with financial difficulties to attend the practice.
- One of the practice GPs undertook routine ward rounds at local care homes where patients were residing and undertook their regular medication reviews.
- Priority was given to appointments for babies and children and the duty doctor ensured time was kept free on a daily basis to see these patients.
- Specialist nurse clinics were available to those patients with long term conditions such as chronic obstructive pulmonary disease (COPD) and asthma.

- The practice clinicians referred patients to various services designed to respond to their needs such as the Community Musculoskeletal Assessment and Treatment Service (CMATS). This service assessed patients with disorders and injuries of the bones and muscles.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- The practice had extensively renovated its premises to ensure access for all patients with physical impairments. The practice reception area was also redesigned and seating increased.
- Translation services were available.

### Access to the service

The practice was open on Mondays to Fridays from 8am to 6.30pm. Appointments were available Mondays to Fridays, 8.30am to 11am and 2pm to 6pm. A walk in clinic was open Mondays to Fridays from 8am to 10.30am for those patients requiring to be seen urgently.

The practice was open on one Saturday morning per month where a nurse led clinic was open for patients who could not attend for appointments at other times. The practice analyses of appointments booked showed this service was working well, particularly for working age patients.

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

- 76% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 75%.
- 81% of patients said they could get through easily to the practice by phone compared to the CCG average of 71% and national average of 73%.
- 59% of patients usually saw or spoke with their preferred GP compared with the CCG average of 55% and national average of 59%.

People told us on the day of the inspection that they were able to get appointments when they needed them, although they had to wait longer to see their preferred GP. The majority of the patient feedback we received was extremely positive regarding access via the walk in clinic. One patient comment included that they did not like the service provided. We also reviewed comments left on NHS

# Are services responsive to people's needs?

(for example, to feedback?)

Choices website. Four comments were left within the last year were positive about the efficiency of the service and appointments available. Two negative comments referred to waiting times to see a named GP and the accessibility to see a clinician after the walk in clinic closed.

The practice had a system in place to assess:

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

The practice management told us they adopted a low threshold for deciding when to undertake home visits to see older patients and those who were considered as more vulnerable. The practice nurse also routinely undertook home visits on a weekly basis for those housebound patients with long term conditions.

## 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, the practice manager, who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. A complaints leaflet was given to patients which included information on how to report concerns to the practice as well as to external organisations. This information was also available on the practice's website.

We looked at six complaints received in the last 12 months and found they were satisfactorily handled, dealt with in a timely way with openness and transparency. Lessons were learnt from individual concerns and complaints and action was taken as a result to improve the quality of care. For example, a complaint was received regarding care and treatment provided by a GP registrar. A number of learning points were subsequently identified which included reflective learning for the trainee involved and updated training in the induction programme. We also saw detailed records of communications were maintained.

# 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 objectives included providing a high quality, safe and effective service with healthcare available to a whole population. Staff we spoke with knew and understood the practice values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored. The practice was seeking to respond to the needs of their local population. This included improving the timeliness of access based on patient demand and consideration of increasing its clinical consulting rooms to enable more healthcare workers to work at the practice. The practice also had plans to expand its training practice to become a multi professional learning organisation.

### 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 in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. Staff were supported through regular one to one sessions, meetings, training programmes and appraisals.
- Practice specific policies were implemented and were available to all staff. Policies were updated annually and staff informed of any relevant changes.
- A comprehensive understanding of the performance of the practice was maintained. This was supported by the practices review of patients at risk of hospital admission and continuous assessment of its performance against QOF and CCG statistical information. Through this assessment, the practice had proactively reduced its exception reporting within a number of clinical indicators.

- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. We were provided with audit data which focussed on patient safety and identified improved patient outcomes.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

On the day of inspection the partners in the practice 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 partners and practice manager were approachable and always took the time to listen to all members of staff.

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

- The practice gave affected people information, reasonable support and a verbal and written apology when appropriate.
- The practice kept written records of verbal interactions as well as written correspondence which was reviewed annually to ensure corrective measures implemented had been effective.

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

- Staff told us the practice held regular team meetings and documentation held supported this.
- 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. We noted team away days were held every six months.



# Are services well-led?

Good 

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

- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice. Staff at the practice were asked to contribute their opinions regarding the branding of the practice in July 2015.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys conducted annually and complaints received. The PPG met regularly and discussed items such as the undertaking of patient surveys and subsequent analyses. Information obtained through patient surveys was used in future planning arrangements such as access to the service.
- The practice had gathered feedback from staff through staff away days and generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.