

New Westborough Surgery

Quality Report

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

Ratings

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

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	10
Areas for improvement	10

Detailed findings from this inspection

Our inspection team	11
Background to New Westborough Surgery	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at New Westborough Surgery on 25 November 2015. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed. Learning from when things went wrong was shared with clinical staff but not widely shared within the practice. People affected by safety incidents were offered an explanation and an apology.
- Risks to patients were assessed and well managed. There were systems for assessing risks including risks associated with medicines, premises, equipment and infection control.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Clinical audits and reviews were carried out to make improvements to patient care and treatment.
- Staff told us that they had received training appropriate to their roles. Staff files did not always include details of training undertaken. There was a system for staff appraisal. However files we looked at did not include records of staff appraisal.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Complaints were investigated and responded to appropriately and apologies given to patients when things went wrong or their experienced poor care or services.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

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.

However there were areas of practice where the provider needs to make improvements.

Importantly the provider should:

- Ensure that learning from significant events and other safety incidents are widely shared across the practice.

- Maintain records in respect of checks undertaken including checks on medicines and emergency equipment.
- Ensure that staff personnel files are reviewed and include documents that reflect training and appraisals undertaken.

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. Staff understood and fulfilled their responsibilities to keep patients safe and to raise concerns, and to report incidents and near misses. When things went wrong these were investigated thoroughly and changes made to minimise recurrences. Lessons were learned and communicated with clinical staff but not always shared widely with other staff to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed.

There were policies, procedures and risks assessments to identify risks to patients and staff. These included safeguarding adults and children, infection prevention and control and health and safety. Staff were recruited with all of the appropriate checks carried out including proof of identify, employment references and Disclosure and Barring Services (DBS) checks. Staff were trained and had access to appropriate policies and guidance for their roles. Some staff records did not include details of staff training.

Medicines were managed safely. The practice had appropriate premises and equipment and these were well maintained to help keep patients and staff safe.

Good



Are services effective?

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality for the management of the majority of long term conditions and disease management such as heart disease, dementia and diabetes. Where areas for improvements were identified the practice acted promptly to address these. Staff referred to guidance from the National Institute for Health and Care Excellence local and national initiatives and used it routinely.

Patients' needs were assessed and care was planned and delivered in line with current legislation and guidance. Staff regularly reviewed current guidance to ensure that patients were receiving treatments in line with any changes for improvement. Staff told us that they had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. Staff records we reviewed did not evidence training undertaken. The practice had a system for staff appraisals and staff we spoke with told us they received support from GPs. Staff appraisal documents we viewed were not dated and some records were missing from staff files.

Good



Summary of findings

Are services caring?

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for several aspects of care. Patient satisfaction with how they were treated by GPs and other staff and their involvement in decision making was higher than both the local CCG and national GP practices averages. Patients who completed comment cards and those we spoke with during the inspection also confirmed that staff at the practice were respectful and caring. Patients said they were treated kindly with dignity and respect. Patients' privacy was maintained during consultations and treatment and information in respect of patients was treated confidentially.

Patients told us that they received information about their treatment in a way which they could understand and they were involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible. The practice recognised the needs of patients who were carers and provided support and information about the range of agencies and organisations available.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It 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.

Each of the five patients we spoke with and the 40 patients who completed comment cards said they found it easy to make an appointment with a named GP. They told us that they could get urgent appointments on the same day and routine appointments within a few days. The National GP Patient Survey results that were published on 2 July 2015 showed that patient satisfaction with the practice opening times, access to and ease of making appointments was higher than both the local CCG and national GP practice averages. Patients also commented that they could easily contact the practice by telephone and that appointments were convenient to them.

The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. The practice offered apologies to patients when things went wrong or the service they received failed to meet their expectations. Learning from complaints was shared with staff and other stakeholders.

Good



Summary of findings

Are services well-led?

Good



The practice is rated as good for being well-led. It had a clear vision and strategy to provide a responsive service for all its patients. Patients had access to GPs throughout the day via face to face appointments or for advice and telephone consultations. The strategy included planning for the future. A GP partnership had recently been established with one GP who had worked at the practice for a number of years, as part of the process leading to Dr Gul's retirement. Staff were clear about the vision and their responsibilities in relation to this. Information about the practice was available to staff and patients.

There was a clear leadership structure within the practice and staff felt supported by management. The practice had a number of policies and procedures to govern activity and these were being reviewed and updated at the time of our inspection so that they reflected current legislation and guidance. There were systems in place to monitor and improve quality and identify risk.

The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active and they met every six weeks with practice staff to discuss any issues and how these could be improved upon. The patient group was working proactively to attract members particularly from different ethnic groups so that it was reflective of the patient population. Staff told us that they felt supported and that they could raise comments and suggestions, which were acted upon.

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. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people, and offered home visits and rapid access appointments for those with enhanced needs.

Weekly GP visits were carried out to a local care home to review patients and monitor changes to their healthcare needs.

GPs worked with local multidisciplinary teams to reduce the number of unplanned hospital admissions for at risk patients including those with dementia and those receiving end of life palliative care.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. GPs and nursing staff had lead roles in chronic disease management and provided a range of clinics including asthma, diabetes and chronic obstructive pulmonary disease (COPD). The practice performance for the management of these long term conditions was similar to or higher than other GP practices nationally.

Patients at risk of unplanned hospital admission were identified as a priority. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medication needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people. The practice offered same day appointments for children. Appointments were available outside of school hours. Post-natal and baby checks were available to monitor the development of babies and the health of new mothers.

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.

Good



Summary of findings

Immunisation rates were similar to other GP practices 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.

Information and a range of sexual health and family planning clinics were available.

Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students). The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The offered evening appointments up to 8pm on Mondays for working aged people who may find it difficult to access the practice during normal working hours.

The practice was proactive in offering online services including on-line appointment booking and electronic prescribing (where patients can arrange for their repeat prescriptions to be collected at a pharmacy of their choice).

The practice offered a full range of health promotion and screening that reflected the needs for this age group including well man and well woman checks.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable. Staff undertook safeguarding training and the practice had a dedicated safeguarding lead.

The practice held a register of patients living in vulnerable circumstances including patients with a terminal illness and those with a learning disability. The practice proactively promoted annual health checks for patients with learning disabilities and carried out home visits for these reviews as needed.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. This helped to ensure that patients whose circumstances made them vulnerable were supported holistically and that patients who were at a higher risk of unplanned hospital admissions were supported to and treated in their home.

Good



Summary of findings

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

People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). The practice reviewed and monitored patients with dementia and carried out face-to-face reviews.

Patients with mental health conditions were reviewed and had an annual assessment of their physical health needs. Longer appointments and home visits were provided as required. The practice supported patients who lived at a local hostel and provided same day appointments when required.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health.

Good



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 in line with local and national averages. There were 107 responses from 326 surveys sent out which represented 32.8% of the patients who were selected to participate in the survey.

The survey showed that patient satisfaction was better than the local and national GP practices for the convenience of the appointment system, waiting times and ease of accessing the surgery by telephone.

- 96% found the receptionists at this surgery helpful compared with a CCG average of 84% and a national average of 87%.
- 99% found it easy to get through to this surgery by phone compared with a CCG average and a national average of 73%.
- 95% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average and a national average of 85%.
- 98% said the last appointment they got was convenient compared with a CCG average of 90% and a national average of 92%.
- 96% described their experience of making an appointment as good compared with a CCG average of 71% and national average of 73%.

- 90% usually waited 15 minutes or less after their appointment time to be seen compared with a CCG average of 64% and a national average of 65%.
- 93% felt they did not normally have to wait too long to be seen compared with a CCG average of 61% and a national average of 58%.
- 93% of patients would recommend the practice to someone new compared with a CCG average of 72% and a national average of 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 40 comment cards which were all positive about the standard of care received, access to appointments and staff helpfulness and attitude. We also spoke with five patients on the day of the inspection. Patients commented positively about the practice saying that they received an excellent service. Patients said that they could get appointments that suited them, usually on the same day and that they were happy with the care and treatments that they received. Patients also spoke very positively about the GPs and nurses. They told us that staff were caring and spent time listening to them and answered questions about their care and treatments.

Areas for improvement

Action the service **SHOULD** take to improve

- Ensure that learning from significant events and other safety incidents are widely shared across the practice.
- Maintain records in respect of checks undertaken including checks on medicines and emergency equipment.
- Ensure that staff personnel files are reviewed and include documents that reflect training and appraisals undertaken.

New Westborough 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 a practice manager specialist advisor.

Background to New Westborough Surgery

New Westborough Surgery is located in a predominantly residential area in Westcliff on Sea, Essex. The practice provides services for 3300 patients and covers a catchment from the edge of Milton Ward to north of the London Road and part of Prittlewell.

The practice holds a General Medical Services (GMS) contract and provides GP services commissioned by NHS England and Southend Clinical Commissioning Group. A GMS contract is one between GPs and NHS England and the practice where elements of the contract such as opening times are standardised.

The practice operates from purpose built premises, which they shared with two other GP practices.

The practice population is similar to the national average for younger people and children under four years, and for those of working age and those recently retired, and for older people aged over 75 years. Economic deprivation levels affecting children, older people are slightly higher than the practice average across England. Life expectancy for men and women are similar to the national averages. The practice patient list compares similarly to the national average for long standing health conditions and disability

allowance claimants. The practice patient population compares to the national averages for working aged people in employment or full time education and those of working age that are unemployed.

The practice is registered to an individual GP who holds financial and managerial responsibility. However at the time of our inspection the GP had entered into a partnership with a second GP who has worked at the practice for a number of years in a salaried position. In addition to the two male GPs the practice also employs two female locum GPs who work on a part time basis and two practice nurses. The practice did not have a practice manager at the time of our inspection. The day to day management arrangements were overseen by a member of the administrative team who was supported by a team of two administrative staff and three receptionists.

The practice is open between 8am and 6pm on weekdays. GP and nurse appointments are available between 8.50am and 11.10 am, and 3.50pm to 6pm with extended opening times and appointments available up to 8pm each Monday evening.

The practice has opted out of providing GP out of hour's services. Unscheduled out-of-hours care is provided by the NHS 111 service and patients who contact the surgery outside of opening hours are provided with information on how to contact the service.

Why we carried out this inspection

We inspected New Westborough Surgery as part of our 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. This inspection was planned to check

Detailed findings

whether the provider was 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.

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.

How we carried out this inspection

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

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

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

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

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 25 November 2015. During our visit we spoke with a range of staff including the GPs, nurses, and reception / administrative staff. We also spoke with five patients who used the service. We observed how people were being cared for and talked with carers and family members. We reviewed comment cards where patients and members of the public shared their views and experiences of the service. We reviewed a number of documents including patient records and policies and procedures in relation to the management of the practice.

Are services safe?

Our findings

Safe track record and learning

Safety within the practice was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. There were systems in place for the receipt and sharing of safety alerts received from the Medicines and Healthcare Products Regulatory Agency (MHRA). These alerts have safety and risk information regarding medication and equipment often resulting in the review of patients prescribed medicines and/or the withdrawal of medication from use in certain patients where potential side effects or risks are indicated. We saw that alerts were received by the provider who reviewed and shared these with the staff team and acted upon appropriately. We saw that patients' medicines were reviewed and changed where indicated. Alerts were kept and accessible to staff to refer to as needed.

Staff we spoke with told us the practice had an open and transparent approach to dealing with instances when things went wrong. There was a system in place for reporting and recording significant events and other safety related incidents. The practice had procedures in place for reporting safety incidents and all staff we spoke with were aware of these procedures and the reporting forms. Through discussion with GPs we found that safety incidents were investigated and that learning from these was shared with other GPs. However we found that learning outcomes were not routinely shared with other staff so as to help improve safety.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe, which included:

- Arrangements were in place to safeguard adults and children from abuse. The practice had an identified GP lead to oversee safeguarding and they attended local safeguarding meetings whenever this was possible. Staff had undertaken role specific training and had access to appropriate policies and procedures which reflected relevant legislation and referred to the local safeguarding team reporting systems. Staff we spoke with were able to demonstrate that they understood their roles and responsibilities for keeping patients safe.

Reception staff told us that knew the patients well and that they would report anything unusual to the GPs, nurse or practice manager. GPs always provided reports where necessary for other agencies.

- The practice had procedures in place for providing chaperones during examinations. However there were no notices displayed to advise patients that chaperones were available, if required. Chaperone duties were carried out by nursing staff who had received a disclosure and barring check (DBS). (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). Staff had not undertaken chaperone training, however they were aware of their roles and responsibilities. There were plans to provide training for nurses and reception staff so that more staff will be available to carry out these duties.
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available, which was kept under regular review and available to all staff. All electrical equipment was checked to ensure that it was safe to use. Clinical and diagnostic equipment was checked and calibrated to ensure it was working properly. The practice had a risk assessment in place in relation to the control of substances hazardous to health (COSHH) such as cleaning materials. An external assessment had been conducted to identify risks in relation to legionella. The risk of fire had been assessed and there was appropriate fire safety equipment including extinguishers located throughout the practice. Fire exits were clearly signposted and a fire evacuation procedure was displayed in various areas. Dedicated staff were appointed as fire marshals and they had undertaken appropriate training in this area.
- The practice had suitable policies and procedures in place for infection prevention and control. We observed the premises to be visibly clean and tidy. One practice nurse was the infection control clinical lead and they took responsibility for overseeing infection control procedures within the practice. There were cleaning schedules in place regular infection control audits had been carried out. Staff received infection control training. Clinical staff had access to personal protective equipment such as gloves and aprons and undergone screening for Hepatitis B vaccination and immunity.

Are services safe?

People who are likely to come into contact with blood products, or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of blood borne infections.

- The practice had arrangements for the safe management of medicines, including emergency drugs and vaccinations. Medicines were stored securely and only accessible to relevant staff. Prescription pads were securely stored and there were systems in place to monitor their use. Medicines we saw were in date and staff told us that they checked these regularly. Records in respect of these checks were not recorded and staff assured us that these would be maintained going forward. Medicines which required cold storage including vaccines were handled and stored in line with current guidelines. Fridge temperatures were monitored and recorded to ensure that they remained within the acceptable ranges for medicines storage.
- The practice had policies and procedures for employing clinical and non-clinical staff. We reviewed nine staff files including those for the four most recently employed staff. We found that the recruitment procedures were followed. Evidence that the appropriate recruitment checks including proof of identification, references, qualifications, registration with the appropriate professional body and checks through the Disclosure and Barring Service had been undertaken prior to employment was available in the majority staff files.
- New staff undertook a period of induction which was tailored to their roles and responsibilities. This included training and an opportunity for new staff to familiarise themselves with the practice policies and procedures.
- Arrangements were in place for planning and monitoring the number and skill mix of staff needed to meet patients' needs. There was a rota system in place

for all the different staffing groups to ensure that enough staff were on duty. Staff we spoke with told us that there were always enough staff cover available for the safe running of the practice and to meet the needs of patients.

Arrangements to deal with emergencies and major incidents

There were policies in place for dealing with medical emergencies and major incidents. All staff received annual basic life support training and those we spoke with including the receptionists were able to describe how they would act in the event of a medical emergency. The practice had procedures in place to assist staff to deal with a range of medical emergencies such as cardiac arrest, epileptic seizures or anaphylaxis (severe allergic reaction) and emergency medicines available and accessible to staff. All the medicines we checked were in date and fit for use as was oxygen with adult and children's masks. There was also a first aid kit and accident book available. The practice shared a defibrillator with the two practices within the premises. The arrangements and responsibilities for checking this equipment had not been implemented and there were no records to demonstrate that this had been checked. Upon examination we found that the defibrillator pads were out of date. Staff immediately ordered new pads and completed a risk assessment, which was shared with staff and the neighbouring practices.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage which could affect the day to day running of the practice. The plan included staff roles and responsibilities in the event of such incidents and emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Data from 2013/14 showed;

Performance for the treatment and management of diabetes was as follows:

- The percentage of patients with diabetes whose blood sugar levels were managed within acceptable limits was 68% compared to the national average of 77%.
- The percentage of patients with diabetes whose blood pressure readings were within acceptable limits was 73% compared to the national average of 78%
- The percentage of patients with diabetes whose blood cholesterol level was within acceptable limits was 74% compared to the national average of 81%

These checks help to ensure that patients' diabetes is well managed and that conditions associated with diabetes such as heart disease are identified and minimised where possible.

The practice performed well for the treatment of patients with hypertension (high blood pressure). We saw that the percentage of patients whose blood pressure was managed within acceptable limits was 82% compared to the national average of 83%.

The practice had also performed well in treating patients with heart conditions who were at risk of strokes with appropriate medicines. The percentage of patients treated was 100% compared to the national average of 98%.

The practice performance for assessing and monitoring the physical health needs for patients with a mental health condition were similar to GP practices nationally. For example:

- 90% of patients with a mental health disorder had a record of their alcohol consumption compared to the national average of 88%.

The practice exception reporting was in line with GP practices nationally and locally. Exception reporting is a process whereby practices can exempt patients from QOF in instances such as where despite recalls patients fail to attend reviews or where treatments may be unsuitable for some patients.

The practice used clinical audits to monitor and make changes to patient care and treatment as part of its quality monitoring and improvement. All relevant staff were involved to improve care and treatment and people's outcomes. We looked at a sample of completed audits which had been completed within the previous 12 months. One audit had been carried out to review the practice performance around antibiotic prescribing. The practice had a higher than the local CCG rate for antibiotic prescribing. The practice introduced and monitored a campaign to educate patients who would ordinarily be prescribed a course of antibiotics for respiratory infections (common colds and coughs). A total of 25 patients were consulted with during September 2015 and advice was given on the rationale for delaying the prescribing of antibiotics. Patients were advised to return should their symptoms worsen or continue. Of the 25 patients included in the audit seven returned with worsening or prolonged symptoms. The audit demonstrated how antibiotic prescribing could be reduced and employed effectively. Learning from the audit was shared with staff and a re-audit was planned for later in the year.

A second audit reviewed patient admissions to hospital A&E department during the practice opening times and looked at how these could be reduced. The audit showed that in February 2015, 30 patients had attended A&E during practice opening times. Of the 30 the review showed that 10 (33%) were inappropriate. The practice reviewed how

Are services effective?

(for example, treatment is effective)

appointments were offered to patients and changes were implemented to offer more appointments and telephone advice where appropriate. The audit was carried out again in May 2015. This showed that 22 A&E attendances occurred during practice opening times. Of the 22 attendances 5 were deemed to be inappropriate (22%). The practice had shared learning and changes in practice with staff and were continuing to monitor improvements.

Medicine reviews were carried out every six months or more frequently where required. A community pharmacist assisted with these reviews for patients with complex medical needs and those who were prescribed combinations of medicines. The practice performed lower than GP practices nationally for prescribing hypnotic medicines such as sleeping tablets and antidepressants. The GPs told us that this was reflective of the high number of and needs patients with mental health conditions such as depression.

Effective staffing

Staff were trained and supported so that they had the skills, knowledge and experience to deliver effective care and treatment. Some staff we spoke with said that they would like training in areas such as conflict management and chaperone duties, and the GPs told us that this was being sought for relevant staff.

- The practice had an induction programme for newly appointed members of staff. This covered such topics as safeguarding, fire safety, health and safety and confidentiality and helped new staff to familiarise themselves with the practice policies and procedures. We saw that all new non-clinical members of staff undertook a four week period of 'shadowing' experienced staff so as to help familiarise themselves with the practice policies and procedures.
- Staff we spoke with told us that they had access to appropriate training to meet the needs of the practice and their individual roles and responsibilities. This included ongoing support, one-to-one meetings, appraisals, coaching and mentoring. Staff training included safeguarding, fire safety, information governance and confidentiality. Nursing staff were trained to carry out assessments and deliver patient screening and treatment programmes including immunisations, vaccinations and cervical screening. We looked at the records for seven members of staff. We

saw that training certificates were not on file for all staff and while appraisal documents were present these were not all dated to indicate when appraisals had been carried out.

- Nursing and GP staff had ongoing clinical supervision. Nurses working at the practice had effective current Nursing and Midwifery Council (NMC) registration. All GPs had or were preparing for their revalidation. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England). We saw that the GPs and nurses undertook refresher training courses to keep their continuous professional development up to date and to ensure that their practice was in line with best practice and current guidance.

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 test results. Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We looked at records for 10 routine referrals and four urgent (two week wait) referrals and saw that found that these had been made appropriately and in line with current guidelines.

We saw evidence that multi-disciplinary team meetings took place on a monthly basis. The care and treatment of patients who were receiving palliative care, those who were identified as being at risk of unplanned hospital admission and other vulnerable patients was discussed and reviewed.

Are services effective?

(for example, treatment is effective)

We saw that patient records and care plans were routinely reviewed and updated so as to ensure that appropriate and relevant information was available to all the agencies involved in patients care and treatment.

Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance including the Mental Capacity Act 2005. The practice had policies and procedures around obtaining patients consent to treatment. Staff we spoke with could demonstrate that they understood and followed these procedures. GPs and nurses we spoke with told us when providing care and treatment for children, young people or where a patient's mental capacity to consent to care or treatment was unclear, assessments of capacity to consent were also carried out in line with relevant guidance. We saw that written consent was obtained before GPs carried out treatments such joint injections. Written consent forms were scanned and stored in the patients' electronic records. We saw that patients were provided with detailed information about the procedures including intended benefits and potential side effects. We saw that where verbal consent was obtained for treatments and procedures that this was recorded correctly within the patients' medical record.

Health promotion and prevention

GPs we spoke with told us that the practice was proactive in promoting patients' health and disease prevention. The practice had systems in place for identifying patients who may be in need of extra support. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme

for 2013/14 was 76%, compared to the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given and flu vaccines for at risk groups 65 years were comparable to national averages in 2013/14. For example,

- The percentage of infant Meningitis C immunisation vaccinations and boosters given to under two year olds was 95% compared to the CCG percentage of 97%.
- The percentage of childhood Mumps Measles and Rubella vaccination (MMR) given to under two year olds was 95% compared to the CCG percentage of 94%.
- The percentage of childhood Meningitis C vaccinations given to under five year olds was 98% compared to the CCG percentage of 96%.

The practice performance for flu vaccination rates for patients over 65 years less positive for the same period:

- Flu vaccination rates for the over 65s were 63%, compared to national average of 73%.

We spoke with GPs at the practice about these results and while they could not account for the lower than local average results, they showed us their data from 2014/15 which showed improvement with 85% of patients over 65 years having received their flu vaccine during this period. This was in line with the local CCG average.

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

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were polite and helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. Staff knew patients by name and addressed them in a courteous and polite manner. Reception staff were mindful when speaking on the telephone not to repeat personal information. They also told us if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

All of the 40 patient CQC comment cards we received were positive about the service they received. Patients said they felt the practice offered an excellent, caring and personalised service. Patients we spoke with and those who completed comment cards told us that the GPs were particularly helpful and caring that they always gave them plenty of time during consultations to ask questions and that their treatment was always explained to them in a way that they would understand.

Results from the national GP patient survey, which was published on 2 July 2015 showed patients were happy with how they were treated and that this was with compassion, dignity and respect. The practice performed higher than other GP practices both locally and nationally for its satisfaction scores on consultations with doctors and nurses. For example:

- 96% said the GP was good at listening to them compared to the CCG average of 84% and national average of 89%.
- 97% said the GP gave them enough time compared to the CCG average of 84% and national average of 87%.
- 100% said they had confidence and trust in the last GP they saw compared to the CCG of 94% and national average of 95%

- 96% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 81% and national average of 85%.
- 97% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of and national average of 90%.
- 96% patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us GPs and nurses explained their health conditions and treatments clearly and that they answered any questions in relation to these. They told us that they were 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 40 comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey, which was published on 2 July 2015, showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were higher than the local and national averages. For example:

- 91% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81% and national average of 86%.
- 93% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 78% and national average of 81%

GPs working at the practice spoke a number of languages including Urdu, Bengali, French and German. Staff told us that translation services were available for patients who did not have English as a first language.

Patient and carer support to cope emotionally with care and treatment

The practice had procedures in place for supporting patients and carers to cope emotionally with care and treatment. There were notices in the patient waiting room

Are services caring?

advising how they could access a number of support groups and organisations including counselling, advice on alcohol and substance dependency, cancer support and bereavement services.

The practice identified patients who were also a carer at the point of their registration and during consultations. There was a practice register of all people who were carers. This information was used on the practice's computer

system to alert GPs when the patient attended appointments. Written information was available for carers to ensure they understood the various avenues of support available to them.

Staff told us the practice had a protocol for supporting families who had suffered bereavement. The GP told us that they would contact bereaved families and arrange an appointment or a home visit as needed.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to plan services and to improve outcomes for patients in the area. The practice supported patients with alcohol and substance abuse issues and worked proactively with a local hostel to provide health promotion and treatments for patients. We contacted staff at the hostel and they told us that GPs at New Westborough Surgery provided a service that was flexible and met the needs of patients, often providing same day appointments at very short notice to treat and advise patients.

Services were planned and delivered to take into account the needs of different patient groups and the increase in demand for services to help provide ensure flexibility, choice and continuity of care. For example;

- The practice aimed to meet the diverse needs of its patient population and offered flexibility in appointments often same day where possible.
- There were longer appointments available for patients including for initial childhood immunisations and patients with a learning disability or those who needed extra support.
- Home visits were available for older patients / patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- Accessible facilities were available.

Access to the service

The practice was open between 8am and 6.30pm on weekdays with extended opening until 8pm on Monday evenings. Appointments were from 8.50am to 11.10am every morning and 3.50pm to 6pm daily with extended appointments until 8pm on Monday evenings. Pre-bookable and same day appointments were available and patients we spoke with told us that their experiences of making appointments were good. A number of patients told us that they usually were able to get a routine appointment to see the GP or nurse within 24 hours. Home visits were available where patients were unable to access the surgery. Dedicated weekly GP visits on Wednesday or Thursday were made to a local care home and daily visits were available upon request.

Results from the national GP patient survey, which was published on 2 July 2015 showed that patients' satisfaction with how they could access care and treatment was higher than the local and national averages and people we spoke with on the day were able to get appointments when they needed them. For example:

- 96% of patients described their experience of making an appointment as good compared to the CCG average of 70% and national average of 73%.
- 90% of patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 68% and national average of 65%.
- 86% of patients were satisfied with the practice's opening hours compared to the CCG average of 71% and national average of 75%.
- 99% patients said they could get through easily to the surgery by phone compared to the CCG average of 72% and national average of 76%.

We looked at the availability of appointments on the day of the inspection and emergency appointments were available. The next routine appointment available was for the afternoon of 26 November 2015. Reception staff told us that should children; elderly or vulnerable patients require an appointment that emergency appointments would be made available. GPs confirmed this and told us it was the ethos within the practice to offer a flexible service that met the needs of their patients.

Listening and learning from concerns and complaints

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

We saw that information was available to help patients understand the complaints system. This information was included in the patient leaflet. Information clearly described how patients could make complaints and raise concerns, what the practice would do and how patients could escalate their concerns should they remain dissatisfied. Each of the five patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at a summary of complaints received within the previous twelve months and saw that these had been acknowledged, investigated and responded to within the

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

complaints procedure timeline. We saw that a suitable apology was given to patients when things went wrong or

their experience fell short of what they expected. Staff who we spoke with said that learning from complaints was shared and any improvements arising from these were actioned and embedded into practice.

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 and ethos, which was described in their Statement of Purpose. The ethos within the practice was to provide a responsive service for all its patients. Patients had access to GPs throughout the day via face to face appointments or for advice and telephone consultations. The strategy included planning for the future. Staff were clear about the vision and their responsibilities in relation to this. Information about the practice was available to staff and patients.

Governance arrangements

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

- There was a clear staffing structure and accountability. Staff were supported and trained to fulfil their roles and responsibilities within the practice team.
- The GP and nurses had lead roles and special interests in a number of long term conditions and health promotion including mental health, alcohol and substance misuse to improve treatments and outcomes for patients.
- Practice specific policies and procedures were available to all staff. At the time of our inspection these policies were being reviewed and amended to ensure that they reflected any changes in legislation and guidance.
- The quality of services provided was monitored and improved where required through a system of clinical audits, reviews and benchmarking against local CCG performance criteria.
- Risks to patients and staff were identified and managed through systems of monitoring and learning from when things went wrong.

Leadership, openness and transparency

GPs and staff we spoke with demonstrated that the practice encouraged a culture of openness and honesty. There were clear lines of responsibility and accountability and staff were aware of these. Staff said that they were well supported and they felt able to speak openly and raise issues as needed. They told us that GPs were approachable and caring.

Practice meetings were held on a monthly basis during which staff could raise issues and discuss ways in which the service could be improved. Complaints and any other issues arising were discussed and actions planned to address these during the practice meetings.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through surveys and informal comments and received. There was an active Patient Participation Group which met on a regular basis.

The practice actively encouraged patients to participate in the NHS Friends and Family Test and monitored these results. We saw that all patients who completed this survey were either extremely likely or likely to recommend the practice to their friends and family.

We saw that the practice had an open culture where patients could make comments and suggestions and that these were acted upon to improve their experiences of using the service.

The practice had also gathered feedback from staff through staff meetings and discussions. Staff told us they were encouraged to give feedback and discuss any concerns or issues with colleagues and management. They also told us they felt involved and engaged to improve how the practice was run.