

Westwood 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

Outstanding 

Are services safe?

Outstanding 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Outstanding 

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 Westwood Surgery on 21 September 2017. Overall the practice is rated as outstanding.

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

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events. All opportunities for learning from internal and external incidents were maximised.
- The provider used innovative and proactive methods to improve patient outcomes, working with other local providers to share best practice. For example, they were proactive in developing templates and protocols to assist in implementing best practice guidelines and they shared these with other practices.
- The practice had clearly defined and embedded systems to minimise risks to patient safety.
- The continuing development of staff skills, competence and knowledge was recognised as integral to ensuring high-quality care. Staff were proactively supported to acquire new skills and share best practice.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Some patients said they did not always find it easy to make an appointment with a named GP but urgent appointments were available the same day. Systems had been put in place to improve consistency for patients and these were consistently reviewed. The practice guaranteed same day access for patients.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The provider had a clear vision which had quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff. The

Summary of findings

provider had implemented their vision and strategy at the practice since they had taken over and all staff we spoke with said there had been significant improvements in all areas.

- The provider had strong and visible clinical and managerial leadership and governance arrangements. There was a clear leadership structure and staff felt supported by management.
- The provider proactively sought feedback from patients, which it acted on.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

We saw several areas of outstanding practice:

- The provider had excellent systems to ensure learning from significant events was shared with the whole practice team and staff were involved in the analysis of significant events. These systems had been implemented at the practice since the provider takeover and were embedded. For example, staff had been fully appraised of their responsibilities in reporting and records showed a wide range of reporting including near miss incidents and reporting of positive practice. Significant events were discussed at meetings across the practice and this included a multidisciplinary meeting. A six monthly significant event newsletter was provided to all staff with a detailed list of the significant events and the action taken. An annual significant event meeting involving all staff was held. This involved staff taking part in mixed staff team workshops to analyse a number of significant events and review the actions taken to assess if any improvements in the process were required. Staff told us they found these meetings an excellent environment for learning and they felt involved in the improvements to the service.
- To support learning and improvement the provider had a complaints committee which investigated and reviewed all complaints, a mortality committee to regularly review patient deaths that were referred to the coroner and specific lead clinical staff reviewed cancer diagnoses against national guidance.

- There were excellent systems in place for sharing information about safeguarding concerns and identifying children at risk and these had been implemented at the practice and were embedded. These systems included early intervention multidisciplinary safeguarding meetings called “Think Family”. The provider had led on the pilot for these meetings and the format and principles had been rolled out to other practices in the Bassetlaw CCG area and shared with the wider community. The provider had also developed templates for assessing patients requesting contraception. These templates assisted staff to identify child sexual exploitation and to assess the patient’s competency to make decisions.
- There were excellent systems to ensure health and safety in the practice. For example, although NHS property services had completed health and safety risk assessments and implemented maintenance plans on behalf of the landlord, the provider had monitored and reviewed these and completed their own risk assessments to assure themselves the building was safe. On take over of the practice patients told us the provider had not used the building until they could be assured it was safe and had chosen to transport patients to their other sites on the first day.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. The provider had a detailed programme of clinical audit which included auditing some areas annually to ensure continued improvement in areas such as prescribing practice and they had made significant savings in this area. They took account of and monitored good practice developments through their extensive audit systems, developing templates and protocols to support and improve practice. The practice shared this learning and their developments with local practices.
- Care was provided by integrating the primary, secondary and social care workforces. Larwood and Bawtry were one of the fifteen test sites across England to have been chosen to develop and test a new enhanced primary care approach. The provider, Larwood Health Partnership, was part of the

Summary of findings

multidisciplinary team leading this project. The provider had implemented this multidisciplinary approach, (Primary Care Home Model), across all their sites.

The provider should make the following improvements:

- Improve patient experience of making an appointment.

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 outstanding for providing safe services.

- Risk management was comprehensive, well embedded and recognised as the responsibility of all staff. For example, although NHS property services had completed health and safety risk assessments and implemented maintenance plans on behalf of the landlord, the provider had monitored and reviewed these and completed their own risk assessments to assure themselves the building was safe
- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. The practice used every opportunity to learn from internal and external incidents, to support improvement. The practice had excellent systems to ensure learning from significant events was shared with the whole practice team and staff were involved in the analysis of significant events. For example, a six monthly significant event newsletter was provided to all staff and an annual significant event meeting involving all staff was held
- There were excellent systems in place for sharing information about safeguarding concerns and identifying children at risk. These systems included early intervention multidisciplinary safeguarding meetings called “Think Family”.

Outstanding



Are services effective?

The practice is rated as good for providing effective services.

- Our findings at inspection showed that excellent systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- We also saw evidence to confirm that the practice used these guidelines to positively influence and improve practice and outcomes for patients. The practice had extensive auditing processes to monitor performance and was proactive in developing tools to promote consistent application of best practice.
- 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 practice manager closely monitored progress with the clinical team.

Good



Summary of findings

- The practice used innovative and proactive methods to improve patient outcomes and working with other local providers to share best practice.
- Staff were proactively supported to acquire new skills and training was encouraged and supported.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice in line with others for most aspects of care.
- Survey information we reviewed showed that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Positive comments were received from patients during the inspection about the care and treatment they received.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with said they did not always find it easy to make an appointment with a named GP but urgent appointments were available the same day. Systems had been put in place to improve consistency for patients and these were consistently reviewed.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from one example reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- The provider had a clear vision with quality and safety as its top priority. The strategy to deliver this vision had been produced

Outstanding



Summary of findings

with stakeholders and was regularly reviewed and discussed with staff. The provider had implemented their vision and strategy at the practice since they had taken over and all staff we spoke with said there had been significant improvements in all areas.

- High standards were promoted and owned by all practice staff and teams worked together across all roles.
- Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction.
- The practice gathered feedback from patients, and it had a very engaged patient participation group which influenced practice development.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings.
- The partners encouraged a culture of openness and honesty. The provider had excellent systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken. These systems had been implemented at the practice on takeover and were embedded.
- There was a focus on continuous learning and improvement at all levels. Staff training was a priority and was built into staff rotas.
- GPs who were skilled in specialist areas used their expertise to offer additional services to patients.

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 outstanding for the care of older people.

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice shared summary care records with local care services.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible. Patients were referred to social prescribing teams for additional assistance where necessary.
- The practice had excellent systems to ensure continuity and safe care for patients in care homes. The practice had named GPs and dedicated administration teams for each home to aid continuity. Regular visits to homes were completed by the named GP and this had reduced The work undertaken by the practice with one home had been influential in the home winning a quality award.
- The provider was in the process of implementing a new care model using paramedics to improve access to care for patients in the community.

Outstanding



People with long term conditions

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

- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.

Outstanding



Summary of findings

- Performance for diabetes related indicators was 100% which was 10% above the CCG average and 9% above the national average.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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

- From the sample of documented examples we reviewed we found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. The provider had implemented early intervention multidisciplinary safeguarding meetings called “Think Family” at Westwood Surgery on takeover. As part of this initiative, monthly multidisciplinary meetings were held to discuss concerns about children and wider family issues.
- Data relating to uptake rates for childhood vaccines and cervical screening were not available at the time of the inspection. Information provided by the practice showed they had improved uptake of child hood vaccinations from 70% in July 2016 to 90% in July 2017. Children who did not attend for their immunisations were discussed at the multidisciplinary “Think Family” meetings and reminders were sent.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.

Outstanding



Working age people (including those recently retired and students)

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

Outstanding



Summary of findings

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, the practice offered extended opening hours at the practice and urgent care walk in clinics at one of the providers other sites.
- All GPs had a named secretary for patients to contact if they required test results or wanted to leave a message for a GP, cards with the secretary's contact details were given to patients.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

People whose circumstances may make them vulnerable

The practice is rated as outstanding 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.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Outstanding



People experiencing poor mental health (including people with dementia)

The practice is rated as outstanding for the care of people experiencing poor mental health (including people living with dementia).

- The practice carried out advance care planning for patients living with dementia.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.

Outstanding



Summary of findings

- Performance for mental health related indicators was 87% which was the same as the CCG average and slightly below the national average of 93%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and those living with dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published July 2017. The results showed the practice was performing below local and national averages in some areas. 375 survey forms were distributed and 117 were returned. This represented 3% of the practice's patient list.

- 85% of patients found it easy to get through to this practice by phone compared to The CCG average of 75% and national average of 71%.
- 77% of patients described the overall experience of this GP practice as good compared with the CCG average of 92% and the national average of 85%.
- 59% of patients described their experience of making an appointment as good compared with the CCG average of 79% and the national average of 73%.
- 61% 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 87% and the national average of 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 42 comment cards which were all positive about the standard of care received. Patients told us GPs

listened to them and were caring and understanding. They also said reception staff were friendly and helpful. However, we did receive nine negative comments about getting appointments; patients felt access was worse since the service no longer provided an 8am to 8pm service with drop in appointments at Westwood. (The type of service contract was changed by the commissioners when the current provider took over the surgery) We also received two positive comments about the access to appointments with one person saying they had not experienced any problems arranging appointments for their children and another person stating they could always get appointments in an emergency.

We spoke with two patients during the inspection. The patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. They also commented on appointments stating there was a three to four week wait to see a GP of their choice but they could get same day urgent appointments.

We looked at the friends and family test results since April and found 79% of patients would be extremely likely or likely to recommend this practice to their friends or family.

Westwood Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC Lead Inspector. The team included a GP specialist adviser.

Background to Westwood Surgery

Westwood surgery provides a service for 3,666 patients under an APMS contract with NHS Bassetlaw CCG. The practice was taken over by the current provider, Larwood Health Partnership, in April 2016. Larwood health partnership has four other sites under a separate PMS contract which were rated outstanding in October 2016.

The practice patient population has a higher number of patients under 40 years of age and is situated in an area with higher than average deprivation.

Larwood Health Partnership employs 16 GP partners, three salaried GPs, three pharmacists, three nurse practitioners, eight practice nurses, two paramedic practitioners and five health care support workers. There is a large management team including a practice manager, business manager, clinical nurse manager, human resources and complaints manager and estates manager. There are also administration and reception teams supported by team leaders at each site. GPs and nurses work across all sites and as a minimum a GP and a nurse or health care support worker are provided daily at Westwood Surgery. To promote consistency for patients three GP partners and a salaried GP mainly provide the services at Westwood surgery.

The practice is open 8am to 6.30pm Monday to Friday except on Tuesday when the practice is open until 8pm. Variable appointment times are available and the patients can access the providers other sites such as Larwood Urgent Care service, which offers walk in clinics for those who have a medical problem which needs to be dealt with on that day. this service is open from 8.30am to 11.30am and 2.30pm to 5.30pm, Monday to Friday.

The provider is an advanced training practice training medical students, registrars, foundation doctors, non-medical prescribers and physicians' associates.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the registered provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations such as Bassetlaw CCG to share what they knew. We carried out an announced visit on 21 September 2017. During our visit we:

- Spoke with a range of staff (GPs, clinical nurse manager, estates manager, business manager, HR manager, reception staff and administration staff) and spoke with patients who used the service.

Detailed findings

- Observed how patients were being cared for in the reception area.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.

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

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

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

- older people
- people with long-term conditions
- families, children and young people
- working age people (including those recently retired and students)
- people whose circumstances may make them vulnerable
- people experiencing poor mental health (including people living with dementia).

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



Are services safe?

Our findings

Safe track record and learning

The provider had excellent systems in place for reporting, recording and managing significant events which had been implemented at Westwood Surgery on takeover of the practice.

- The provider had a GP who acted as clinical lead to oversee the management of significant events from across all sites. The lead had weekly protected time to review significant events. A member of the management team supported the lead GP in this role. They ensured records were maintained and they monitored the progress of investigations and actions taken.
- Staff told us the providers protocols had been shared with them and they said they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The staff told us they were encouraged to report positive and negative issues no matter how small and that there was a strong no blame culture in the practice. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The provider carried out a thorough analysis of the significant events. There were excellent systems to ensure learning from significant events was shared with the whole practice team and staff were involved in the analysis of significant events. For example, records showed significant events were discussed at team specific and multidisciplinary meetings across the practice. A six monthly newsletter was provided to all staff with a detailed list of the significant events recorded. The list was colour coded to show the progress of investigations and type of action taken. An annual significant event meeting involving all staff was held. This involved staff taking part in mixed staff team

workshops to analyse a number of significant events and review the actions taken to assess if any improvements in the process were required. The staff told us they found these meetings an excellent environment for learning and they felt involved in the improvements to the service.

- To support learning and improvement the provider had a complaints committee which investigated and reviewed all complaints, a mortality committee to regularly review patient deaths that were referred to the coroner and specific lead clinical staff reviewed cancer diagnoses against national guidance. The committees were made up of partners and members of staff from clinical and management teams.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. Protocols were in place to support good practice and ensure all staff were aware of their responsibilities in relation to the management of medical alerts. Logs were maintained of safety alerts received and actions taken in response to these. We saw evidence that lessons were shared and action was taken to improve safety in the practice.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and 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 provider had a clinical lead member of staff for safeguarding assisted by a named lead administrator at each surgery. The GPs attended safeguarding meetings when possible and always 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 role. The practice lead GP for safeguarding, who was also the named GP for safeguarding at the CCG, was trained to safeguarding level four. Other GPs were trained to child safeguarding level three and nurses to



Are services safe?

level two or three. In 2012 the provider had led a pilot initiative for early intervention multidisciplinary safeguarding meetings called “Think Family” and this initiative had continued to date and been implemented at Westwood Surgery on takeover. As part of this initiative, monthly multidisciplinary meetings were held to discuss concerns about children and wider family issues. Alerts were used on the patient’s record to highlight where families were being monitored through this system. The format and principles had been rolled out to other practices in the Bassetlaw CCG area. The model had also been presented to the Northern Safeguarding conference in 2016 as an example of good practice.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- The clinical nurse manager and practice nurse were the infection prevention and control (IPC) leads who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

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

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The provider employed three

part time pharmacists and carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Significant numbers of patients had had a medicines review to address safety concerns following the provider takeover of the practice. Data showed the practice had reduced prescribing across all areas including opiates, non-steroidal anti-inflammatory drugs (NSAID) and antibiotics. Blank prescription forms and pads were securely stored and there were systems to monitor their use. Three practice nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for clinical conditions within their expertise. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

We reviewed two personnel files and found recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS. One non-clinical member of staff had not had a DBS check completed. We were told this was because the member of staff was still in their probationary period and did not undertake chaperone duties and the risk to patients was minimal. We also saw a gap in employment history for this member of staff which may not have been explored as there were no records to evidence this although records showed other areas relating to the persons previous employment had been discussed. The manager told us they would review this with the member of staff.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety. Although NHS property services had completed health and safety risk assessments and implemented maintenance plans on behalf of the landlord, the provider had monitored and reviewed these and completed their own risk assessments to assure themselves the building was safe. Staff told us that since the provider had taken over the practice there



Are services safe?

had been significant improvement in management of the building and said when they reported issues such as an item requiring repair work was now carried out immediately.

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment and carried out regular fire drills. There were designated fire marshals within the practice. The provider had completed their own review of the fire risk assessment provided by NHS property services and had assured themselves all the work identified as required had been completed.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.
- The practice provided the service for a small number of potentially violent patients (PVP) for Bassettlaw CCG.

Many of the patients are vulnerable and had issues with mental health and substance misuse. The staff told us there had been improvements in the management of this service since the takeover in terms of security and safety of patients and staff.

Arrangements to deal with emergencies and major incidents

The practice had arrangements 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 staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book 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 for major incidents such as power failure, building damage and cyber-attack. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. For example, the clinical nurse manager and pharmacist had reviewed the NICE guidance for the care of patients with chronic obstructive airways disease (COPD). They had presented their findings in relation to inhaler treatments to clinical staff at a practice meeting and developed guidance to support prescribing in line with the guidance.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. For example, the practice identified an issue with reporting of serum cortisol levels, this involved under reporting of low levels of cortisol according to NICE guidance (March 2016) for the investigation of suspected adrenal insufficiency. They had reviewed patients who may be at risk and identified 60 patients who required referral for further investigation. The practice had informed the CCG of their findings and arranged a teaching session for other clinicians. They had also shared their findings with the local hospital who had reviewed their systems to take account of the guidance.

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 showed the practice had achieved 97% of the total number of points available compared with the clinical commissioning group (CCG) average of 89% and national average of 95%. We spoke with the practice about the exception reporting rate were 21% which was 9% above the CCG average and 11% above the national average. (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). We spoke to the practice about the exception reporting rate. They told us a dedicated administration team manage the patient recall system. Recall requests for patients to book a QOF review appointment is made using a selection of systems including a text messaging service, letters, email, telephone calls and messages on repeat prescriptions.

They provided evidence of protocols to support the process for patients who were excepted from the quality indicators. The protocols showed how patients were contacted for their reviews and identified that three letters were to be sent to patients before they were excepted. Codes were used on patients records to show when they had been sent a letter. In the Asthma protocol this process included specific steps for children under the age of 16 years. These steps included informing the GP the parent or guardian had not responded to the letters. The administration team only exception report a patient from QOF indicators if at least 3 attempts have failed to engage the patient to make an appointment or the patient responds and declines to engage with the review system. Other exception reporting is recorded by/or after consultation with, clinical staff based on valid clinical reasons.

The provider also gave examples of systems they had implemented to improve exception reporting including:

- Auditing patients who had been excepted. For example, they had audited patients on the Mental Health, Asthma and Chronic Obstructive Pulmonary Disease (COPD) registers 2016/17 and found patients had reasons recorded for exception reporting (mostly offered & declined/didn't respond to three appointment requests for review).
- Offering, where possible and clinically appropriate, non-face to face review consultations.
- Promoting the annual Flu campaign and holding flu fairs for patients.
- Employment of two paramedic practitioners and a Community Matron to provide QOF review consultations for housebound and care home patients.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2016/17 showed:

Are services effective?

(for example, treatment is effective)

- Performance for diabetes related indicators was 100% which was 10% above the CCG average and 9% above the national average.
- Performance for mental health related indicators was 87% which was the same as the CCG average and below the national average of 93%.

There was evidence of quality improvement including clinical audit:

- The provider had a wide ranging rolling clinical audit programme across the sites. There had been 25 clinical audits commenced and completed in the last year where the improvements made were implemented and monitored. The Westwood Surgery had been included in the audits since takeover.
- The provider completed some rolling audits, a number of these were repeated annually to ensure compliance with best practice. For example, the practice had been undertaking a rolling audit for the past 15 years on for patients who had undergone a splenectomy. This included checking all these patients were offered the recommended vaccinations.
- The practice also audited all new cancer diagnosis for any learning opportunities and, following a significant event, the provider had introduced real time auditing of two week wait referrals by a dedicated staff team to ensure patients received appointments in a timely way. We observed Cancer Research UK had given positive feedback about these elements of practice following a visit to the provider in September 2017.
- An audit of patients at risk of diabetes with HBA1C of 42 and above showed 99% (399/403) patients not already coded with Diabetes had been coded as 'At Risk of Diabetes'. The standard was 100%. The relevant tasks had been sent to GP's and summarisers to follow up any further actions that were required to achieve the standard and a second audit was planned for 2018.

Effective staffing

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

- The practice had a well-developed induction programme for all newly appointed staff. This covered

such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. We saw evidence new staff had reviews at one, three and six months to monitor progress.

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, those reviewing patients with long-term conditions had completed diplomas in diabetes, COPD and asthma. The management team had also completed or were in the process of completing a range of courses to assist them in their work. For example, level five diplomas in Primary Care and Health Management, IOSH Managing Safely and HND Business Management. Staff told us the practice was excellent at supporting and encouraging them in their training needs
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included on going support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months. The provider also had a dedicated staff member who monitored staff progress with the practice training programme and maintained an overview training matrix. The practice had also appointed a training manager.
- 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.

Are services effective?

(for example, treatment is effective)

- This included care and risk assessments, care plans, medical records and investigation and test results.
- 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 on-going care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Patients the practice had assessed as being in the top 2% of patients at high risk of hospital admission were contacted following a hospital admission and all patients with a hospital admission related to diabetes were also reviewed on discharge. Data showed there had been an 8% reduction in admissions to hospital and a 55% reduction in referrals to rapid response services.
- Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act (MCA) 2005. The provider had developed a template to assist clinicians in their assessments in relation to the MCA.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance. Templates were available to support practice when assessing competence in relation to requests for contraception.
- A written consent form was embedded in the minor operations template. This was printed off for patients to sign prior to minor operations.

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and recorded the outcome of the assessment.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. 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, smoking and alcohol cessation.
- In-house smoking and obesity services and GP and specialist worker shared care clinics to offer care and treatment for patients with alcohol and substance misuse were provided.
- Some GPs had specialist areas, such as dermatology, and offered care and treatments these areas for patients across all sites. Some of these services were offered at the providers other sites through internal referral.
The practice hosted onsite counselling services via the improving access to psychological therapies (IAPT) team.
- Patients who required additional support could be referred to the social prescribing team. The practice had a dedicated member of staff who managed these referrals.

Data relating to uptake rates for childhood vaccines and cervical screening were not available at the time of the inspection. Information provided by the practice showed they had improved uptake of childhood vaccinations from 70% in July 2016 to 90% in July 2017. Children who did not attend for their immunisations were discussed at the multidisciplinary "Think Family" meetings and reminders were sent. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and they ensured a female sample taker was available. The practice also encouraged patients to attend national screening programmes for bowel and breast cancer. There were systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Are services effective? (for example, treatment is effective)

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 42 patient Care Quality Commission comment cards we received were positive about the service experienced in relation to care and treatment. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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

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

- 86% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 81% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 86%.
- 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 98% 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 CCG average of 90% and the national average of 86%.
- 95% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 93% and the national average of 91%.
- 96% of patients said the nurse gave them enough time compared with the CCG average of 94% and the national average of 92%.
- 99% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 97% and the national average of 97%.
- 93% of patients said the last nurse they spoke to was good at treating them with care and concern compared with the CCG average of 92% the national average of 91%.
- 82% of patients said they found the receptionists at the practice helpful compared with the CCG average of 88% and the national average of 87%.

The views of external stakeholders were positive and in line with our findings. For example, the managers of the two local care homes where some of the practice's patients lived praised the care provided by the practice. One care home manager told us the practice had worked with them to improve the care provided to their residents. They said the practice had implemented fortnightly visits by a named GP. They said since the implementation of the visits they had seen a reduction in admissions to hospital by 67% and a reduction in calls to the GP practice by over 50%. They said the visits by a named GP had improved communication and continuity of care for residents. They said the residents who were living with dementia were more relaxed with the GP and family members felt more confident as they could speak to a GP who was caring for their relative as necessary. The work undertaken by the practice with the home had been influential in the home winning a quality award.

The other care home manager told us they had continuity with the GPs who visited and if there was to be a change of GP there was a handover period where the GP would introduce the new GP to the patients. They said the GPs listened to the patients and would spend time with relatives when required.

Are services caring?

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback 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. Results were slightly below local and national averages in some areas. For example:

- 77% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 89% and the national average of 86%.
- 81% of patients said the last GP they saw was good at involving them in decisions about their care compared with the CCG average of 87% and the national average of 82%.
- 92% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 92% and the national average of 90%.
- 90% of patients said the last nurse they saw was good at involving them in decisions about their care compared with the CCG average of 90% and the national average of 85%.

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

- Staff told us that interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them.
- Information leaflets were available in different languages.

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

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. A dedicated member of the administration team was lead for this area and monitored the carers register. The practice had identified 66 patients as carers (1.8% of the practice list). The template used to assess patients living with dementia included carers prompts to assist in identifying carers and their needs. Written information was available to direct carers to the various avenues of support available to them. Older carers were offered timely and appropriate support and carers were invited for annual health reviews and flu vaccination. The practice held "flu fairs" twice a year to ensure ease of access and to encourage patient's attendance. The Carers Federation and other voluntary organisations and support services were invited to attend these events to offer advice and guidance about local community services for patients and carers.

Staff told us that if families had experienced bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. A protocol had been developed to enable the practice to support bereaved relatives appropriately this included recording a bereavement on patient records.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice offered extended hours on a Monday and Wednesday evening until 8pm for working patients who could not attend during normal opening hours. Patients were also able to access the practices other sites which included an urgent care walk-in service.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for all patients.
- The practice sent text message reminders of appointments.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- There were accessible facilities which included a hearing loop and interpretation services.
- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services. The practice web site had a translate page function which translated all the practice information easily into different languages. The web site also had information leaflets in different languages explaining UK health services. The practice had a small Polish patient population. They had developed and displayed practice information in Polish and a member of staff was available to offer help and advice in Polish.

Access to the service

The practice was open 8am to 6.30pm Monday to Friday except on Tuesday when the practice was open until 8pm. Variable appointment times were available and the patients could access the providers other sites, such as

Larwood Urgent Care service. This service offered walk in clinics for those who have a medical problem which needs to be dealt with on that day and was open from 8.30am to 11.30am and 2.30pm to 5.30pm, Monday to Friday.

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

- 56% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 79% and the national average of 76%.
- 85% of patients said they could get through easily to the practice by phone compared with the CCG average of 75% and the national average of 71%.
- 62% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 84% and the national average of 84%.
- 55% of patients said their last appointment was convenient compared with the CCG average of 87% and the national average of 81%.
- 59% of patients described their experience of making an appointment as good compared with the CCG average of 79% and the national average of 73%.
- 68% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 66% and the national average of 58%.

Before the provider had taken over the practice the service was offered as an 8am to 8pm walk-in service. When the provider took over the service in April 2016 the contract was changed by NHS England and appointment times had to be changed to accommodate this. The previous GPs had also left the practice. The new provider had placed three GP partners and a salaried GP at the surgery to provide the service at Westwood to improve continuity of care for patients. The practice guaranteed same day access and offered a walk in service at one of their other sites. The GPs each had a named secretary for patients to contact to assist with patient continuity and patients were given a card with their contact details. If patients needed to get a message to a GP or ask for results of tests they could speak to the personal secretary.

The provider had monitored patient satisfaction with the new service at Westwood Surgery and provided evidence

Are services responsive to people's needs?

(for example, to feedback?)

they had completed a patient survey in November 2016. The survey included questions related to access. This showed, for example, 70% of patients who completed the survey rated the opening hours as good or excellent although 36% were unsatisfied with access for a non urgent problem. Records of minutes showed the survey results had been discussed in the practice and with the patient participation group. The practice decided to put a number of systems in place to try to improve patient experience including improving patient information in the practice and online about how to access appropriate services , promoting and improving online access for test results and to message the surgery for clinical advice, increased telephone calls slots, implementing a dedicated 'cancel your appointment' option on the phone line and a campaign to reduce missed appointments.

From the 42 comment cards we received on the day of the inspection there were nine negative comments about the wait for a named GP appointment. Patients told us on the day of the inspection that they were able to get appointments when they needed them. The PPG members we spoke with on the day told us they could get an appointment when they needed them but there was a wait for a named GP.

We reviewed the appointment system during the inspection and found the majority of appointments were available for book on the day and the next pre-bookable appointment with a named GP was within three working days.

The provider was also in the process of implementing a new telephone and online line system to improve this area called the GP access model. From 9 October 2017 patients will be able contact surgery through the online AskmyGP system or the telephone. They will be able to select a specific GP for ongoing problems or choose any GP for acute issues. Clinical queries received will be dealt with by GPs in one of the following ways, online message via AskmyGP, SystmOnline message, telephone consultation or face to face consultation. Since the inspection the practice has completed an initial survey of the new system and provided this to us. This showed the majority of patients were satisfied with this new service.

The practice had a system to assess:

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

The GPs telephoned the patients or carer in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Following consultation with other practices nationally about the model the provider had recently employed two paramedics to improve access to care for patients who required home visits. The paramedics were in the process of induction at the time of inspection. The provider had developed templates to assist the paramedics in assessment of care and treatment needs and the paramedics had a GP mentor to support them.

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 lead GP and designated responsible manager who handled all complaints in the practice. The practice also had a complaints committee which met fortnightly and reviewed all complaints. We saw that complaints, outcomes and learning points were discussed at meetings.
- Complaints were reviewed annually by all the partners to look at patterns and trends. We observed that complaints were also recorded as significant events and monitored and reviewed through this process.
- We saw that information was available to help patients understand the complaints system and information which could be translated into different languages was also available on the provider's web site. This included information for patients about advocacy and support services and information on how to escalate a complaint if they were not satisfied with the response from the practice.

We looked at the one complaint received in the last 12 months for Westwood Surgery and found this had been satisfactorily handled and a detailed response had been provided to the patient by the complaints committee.

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

Lessons were learnt from individual concerns and complaints and also from analysis of trends. A detailed log for all complaints the provider had received across the sites was maintained with the actions taken to improve care

where necessary. Action was taken to as a result to improve the quality of care, for example, additional staff training had been provided where this need was identified as part an investigation.

Are services well-led?

Outstanding



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

Our findings

Vision and strategy

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

- The practice had clear aims and objectives which were included in the practice leaflet. Staff knew and understood these and worked as a team to achieve these.
- The provider had installed a small team of experienced partners into the practice when they took it over to ensure that the ethos and processes of the partnership were embedded at the new site. This had also ensured continuity of care for patients.
- The practice had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The provider had an overarching governance framework which supported the delivery of the strategy and good quality care which had been implemented at this practice on takeover. The management team had monitored progress and supported and worked closely with the staff at the practice to ensure the new systems were embedded. The structures and procedures ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. As well as a practice manager we observed there were senior members of staff with specific roles such as business manager, human resources manager, complaints manager, estates manager and clinical nurse manager. These staff had achieved professional qualifications for these roles. Additionally, all staff were involved in supporting different areas of practice management and staff had specific roles within small teams which supported effective management of the practice. For example, one member of staff monitored the training staff had completed for all staff groups and maintained the training overview. There were clear lines of accountability for the staff member to report any concerns they may have with training. Another member of staff had responsibilities for maintaining significant event records, compiling significant event newsletters

and arranging meetings. Other staff were involved in providing specific administration support to lead GPs for safeguarding and care homes. All staff worked with a buddy to ensure there was always cover for leave.

- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly and were available to all staff on the practice intranet or in hard copy. There were systems in place to ensure staff were informed of changes and for the practice to be assured staff had read any new policies. Staff were encouraged to look for ways to improve the service and were involved in developing policies, procedures and protocols where areas for improvement had been identified. For example, staff had worked with a GP to develop a protocol for reception staff to appropriately manage patients who may contact the practice with signs and symptoms of sepsis.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. The practice had a detailed programme of clinical audit which included auditing some areas annually to ensure continued improvement in areas such as prescribing practice.
- A comprehensive understanding of the performance of the practice was maintained. The practice identified every possibility to review their practice performance and improve this. For example, the practice had identified where there were areas for improvement following the national GP survey and had developed and implemented an action plan. Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example, although NHS property services had completed health and safety risk assessments and implemented maintenance plans on behalf of the landlord, the provider had monitored and reviewed these and completed their own risk assessments to assure themselves the building was safe. Staff told us that since the provider had taken over the practice there had been significant improvement in management of the building and said when they reported tasks, such as an item requiring repair, these were now carried out immediately.

Are services well-led?

Outstanding



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

- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.
- A GP had the lead role of Caldicott Guardian. Issues relating to this area were reported and reviewed. A log of all areas of concern, such as potential breaches of confidentiality, was recorded on a Caldicott guardian log and recorded and actioned as a significant event.
- The provider had a GP as clinical lead to oversee the management of significant events from across all sites. The lead had weekly protected time to review significant events. A member of the management team supported the lead GP in this role. They ensured records were maintained and they monitored the progress of investigations and actions taken. An annual significant event meeting involving all staff was held.
- The provider had been awarded the Royal College of General Practitioners (RCGP) quality practice award in 2012. This award is given to practices in recognition of high quality patient care by all members of staff.

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 all members of the management team were approachable and always took the time to listen to all members of staff. The staff told us there had been significant improvements in the management of the practice since takeover by the provider.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The partners encouraged a culture of openness and honesty. From the sample of documented examples we reviewed we found that the practice had systems to ensure that when things went wrong with care and treatment:

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

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

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. The staff told us there was a strong no blame culture in the practice. Minutes were comprehensive and were available for practice staff to view.
- We received positive comments about the management team from all the staff we spoke with. They told us there had been significant improvements made in all areas since the new provider had been managing the practice. Staff said they felt respected, valued and supported by all the partners and managers in the practice. All staff were involved in discussions about how to run and develop the practice and the partners and managers encouraged all members of staff to identify opportunities to improve the service delivered by the practice. The also encouraged staff to be involved in the running of the practice and enabled them to develop and manage their own areas of interest.

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- Patients through the patient participation group (PPG) and through surveys and complaints received. Following consultation, the Westwood Surgery PPG members had decided to merge with the providers PPG which represented the other sites. The PPG met monthly and worked with the practice management team in improving the practice. For example, they had been consulted on the new telephone system and patients survey development. They told us the practice was open with them and kept them informed of any issues and changes.

Are services well-led?

Outstanding



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

- the NHS Friends and Family test, complaints and compliments received
- Staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The provider was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.

- The provider had been involved with piloting the “Think Family” multidisciplinary meetings and developed systems around this to ensure its effectiveness. They had shared the learning from this widely and this had been implemented across other practices in the CCG.
- To support learning and improvement the provider had a complaints committee which investigated and reviewed all complaints, a mortality committee to regularly review patient deaths that were referred to the coroner and specific lead clinical staff reviewed cancer diagnoses against national guidance.
- Fifteen GP test sites had been selected nationally to pilot a “primary care home” model that had been

developed by the National Association of Primary Care (NAPC) in line with the NHS and its multispecialty community provider (MCP) model. The scheme aimed to meet the health and social needs of a community of up to 50,000 patients, improving their health, wellbeing and care. Care was provided by integrating the primary, secondary and social care workforces. Larwood and Bawtry were one of the fifteen test sites across England to have been chosen to develop and test this new enhanced primary care approach. The provider, was part of the multidisciplinary team leading this project. The provider had implemented this multidisciplinary approach across all their sites.

- They took account of and monitored good practice developments through their extensive audit systems developing templates and protocols to support and improve practice. They had shared this learning with local practices and secondary care providers.
- The provider had held a “Future GP” event. This event was open for all GP registrars and Doctors interested in becoming GPs and was free of charge. The discussion topics included career options, being a GP partner, issues relating to business and future models of General Practice. The aim of the event was to provide positive support to encourage doctors to become GPs. The event was to be held on a regular basis and a further event was scheduled.