

# New Larchwood 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.

# Summary of findings

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# Summary of findings

## Overall summary

New Larchwood Surgery is a purpose built GP surgery within the New Larchwood residential complex, in the heart of the Coldean area of Brighton and Hove. The Practice provides general medical services for approximately 900 registered patients within the Coldean area which includes the student halls of residence of Varley Hall. The practice is located at Waldron Avenue, Coldean, Brighton BN1 9EZ.

A range of services was provided for patients, which included the management of long term conditions and child health. New Larchwood Surgery patients were well supported by local community support groups with whom the practice had developed close and effective working relationships. The practice had an understanding of some of the different patient groups within the practice population and had taken some steps towards responding to their needs.

Patients experienced poor access to care. The practice provided a combination of GP appointments and nurse practitioner led appointments. Access to appointments was highly restricted by the limited opening hours. The practice was open from 8.30am-12pm each day and from 1.30-3.30pm on two afternoons per week. The practice was closed to patients outside of those hours and telephones were not answered. Some patients expressed concerns about access to urgent appointments within

daytime hours when the practice was closed. The practice had not assessed the potential risks presented to patients who were unable to access urgent appointments in a safe, effective and timely manner.

Patients were treated in a caring manner and with dignity and respect. They reported that they felt well supported and cared for. Staff demonstrated a compassionate and caring attitude and had built good relationships with their patients. There was some good evidence of multi-disciplinary working and collaborative care. The practice delivered care and treatment mostly in line with recognised best practice and guidelines.

Overall the service was not well led. Arrangements for assessing the quality of the service were not well defined. Systems for reporting and learning from incidents were not consistently applied. The practice management team provided only sessional input within the practice due to their commitments at their associated practice, Carden Surgery. As a result, leadership and the day to day management of the practice was not clearly defined.

We found that the practice was breaching regulations concerned with quality and safety in relation to assessing and monitoring the quality of service provision; requirements relating to workers; supporting workers and safety, availability and suitability of equipment. We have asked the provider to send us a report, setting out the action they will take to meet these safety standards. We will check to make sure that this action is taken.

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### **Are services safe?**

There was an inconsistent approach to safety within the practice. Patients we spoke with reported feeling safe and well cared for when attending the surgery. Policies and procedures were in place to protect children and vulnerable adults from the risk of abuse. The practice had effective infection control and medicines management policies and procedures which were mostly in line with national guidance. There was no robust process for reporting and recording incidents and investigations or to ensure that learning from incidents led to improvements in the safety of the service. Risks were not always adequately assessed and monitored. Inconsistent record keeping relating to some staff recruitment meant that required pre-employment checks were not always undertaken.

### **Are services effective?**

Some aspects of the service were effective. There was a multi-disciplinary approach to care and treatment. This included evidence of engagement with a number of other health and social care providers and joint working arrangements to effectively support individual patient needs. The practice was participating in an auditing programme relating to a prescribing incentive scheme. This was supported by the local clinical commissioning group (CCG) in order to drive improvements associated with the quality and costs of prescribing. However, no other clinical audits were used to assess performance or to promote continuous improvement of the quality of care and support received by patients.

### **Are services caring?**

Overall the service was caring. Feedback provided by patients was consistently positive with regard to the way staff interacted with them. Staff were kind and caring, with a compassionate attitude. We observed patients being treated with dignity and respect. Staff were able to demonstrate how they built positive relationships with patients who used the service in order to provide individual support.

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

Some aspects of the service were responsive to the needs of the different patient groups within the practice population. The restricted opening hours of the practice meant that patients experienced poor access to emergency appointments within daytime hours. Instructions for accessing urgent care when the practice was closed or a GP was not present, were ineffective. There was a complaints procedure in place but no complaints had been

# Summary of findings

recorded or responded to within the last two years. Staff told us that there had been no complaints within that time. Patients were encouraged to provide feedback about the service provided and staff were supported in implementing new ideas.

## **Are services well-led?**

Overall the service was not well led. Due to the nature of the service and limited opening hours, the practice did not have a dedicated leadership team. There was a lack of arrangements to identify and manage risk. Governance arrangements and processes had not been reviewed and were unclear. We found that where risks and issues had been identified these were not always recorded or dealt with in a timely fashion. Lessons were not always learned to improve future service provision. Staff reported feeling well supported and valued and were given the opportunity to put forward ideas to enhance the service.

# 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 was responsive in meeting the needs of the large proportion of older people within the local population. The practice worked closely with community support groups such as dementia care services to provide effective support for patients.

### **People with long-term conditions**

Patients with long term conditions were well supported to manage their health, care and treatment. Clinicians in the practice effectively signposted patients with long term conditions to local support groups. Care of patients with long term conditions was delivered in line with recognised best practice and guidelines.

### **Mothers, babies, children and young people**

The practice provided care for a large number of young people living in nearby university halls of residence. Child immunisation appointments were available with the practice nurse. Arrangements were in place to provide antenatal services at nearby Carden Surgery.

### **The working-age population and those recently retired**

Access to appointments for working age patients was limited due to the opening hours of the practice. Further consideration was being given to extension of the current opening hours which would provide patients of working age with improved access to appointments.

### **People in vulnerable circumstances who may have poor access to primary care**

The practice effectively assessed and monitored the practice population needs, including patients in vulnerable circumstances. Some patients from this group were supported by the practice and local community groups and services. The practice was particularly responsive in providing care and treatment in patients' homes for those who found it difficult to attend the practice.

### **People experiencing poor mental health**

The practice supported services for patients with mental health problems. They worked collaboratively with local mental health organisations to provide support for patients with mental health conditions.

# Summary of findings

## What people who use the service say

We spoke with five patients during the inspection and we received 11 comment cards from patients who had visited the practice in the previous two weeks. We also reviewed feedback information from 33 other patients registered with the practice. The majority were very complimentary about the service they had received. Many of the patients reported that staff were friendly and approachable and that access to routine appointments was good. Thirty nine percent of patients who had provided feedback information and one patient who had completed a comment card told us that they would like the practice to extend the opening hours and to provide access to appointments later in the day. Two patients we spoke with described their concerns about arrangements for accessing urgent appointments when the practice was closed during the day or when there was no GP or Nurse practitioner present in the practice.

One patient commented on how well the practice had worked in conjunction with local dementia support services to manage a relative's care in the community. Patients also commented on the effectiveness of the process for obtaining repeat prescriptions, with requests often processed within 24 hours and good communication between the practice and the local pharmacy. Other patients commented on the effectiveness of the referral process to other agencies and secondary care services.

Feedback left by most patients on the national NHS Choices website showed a high satisfaction rate with the practice.

## Areas for improvement

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

- Risk assessment and monitoring processes did not effectively identify, assess and manage risks relating to the health, safety and welfare of patients and staff.
- Risks associated with poor access to urgent appointments during daytime hours had not been identified, assessed or managed effectively.
- Clinical governance processes, significant event analysis and auditing arrangements were inadequate in ensuring continuous learning and improvement to the quality of service.
- The practice had not always carried out pre-employment checks of staff in order to minimise the risks to the health, safety and welfare of patients.
- There were inconsistent arrangements to provide support to staff by means of appropriate supervision, appraisal and monitoring of individual performance.

- There was a lack of fire fighting equipment within the practice to ensure the safety of patients and staff.

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

- Management and leadership arrangements for the practice were not well defined and did not ensure dedicated daily supervision of staff.
- Access to appointments for the working age population was limited due to the restricted opening hours of the practice.
- Medicines requiring refrigeration were transported to New Larchwood Surgery from Carden Surgery and this process did not ensure they were stored at the correct temperature during transportation.
- Patient confidentiality was compromised by the open plan waiting area and reception desk, where patients in the waiting area could hear reception staff speaking with patients on the telephone.

## Good practice

Our inspection team highlighted the following areas of good practice:

## Summary of findings

- Multi-disciplinary palliative care team meetings were held regularly within the practice to ensure effective and responsive care of patients on the palliative care register.



# New Larchwood Surgery

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

A CQC Lead Inspector and a GP. The team included two CQC inspectors and a GP advisor.

## Background to New Larchwood Surgery

New Larchwood Surgery is a purpose built GP surgery situated in the New Larchwood residential complex, in the heart of the Coldean area of Brighton and Hove. The Practice provides general medical services for approximately 900 registered patients within the Coldean area which includes the student halls of residence of Varley Hall and residents living in the New Larchwood complex. New Larchwood Surgery is located at Waldron Avenue, Coldean, Brighton BN1 9EZ. The practice provides good access for patients with a disability and those with pushchairs and young children. This was the first inspection since registration.

The practice describes itself as a nurse practitioner-led service with sessional input from GPs during the week. Patients are also supported by a practice nurse and reception/administration staff. The practice provides limited opening hours and restricted access to appointments. The management of the practice is provided by the GP partnership and the practice manager. They are based at an associated practice, Carden Surgery, for a large proportion of each week. Some members of staff, such as the practice nurse, work at both Carden Surgery and New Larchwood Surgery.

The prevalence of smokers and patients with mental health conditions was higher in the population of Brighton and

Hove than the England average. The information we held about New Larchwood Surgery identified that the practice was an outlier for under achievement within the clinical indicators for the management of long term conditions.

## Why we carried out this inspection

We inspected this service as part of our new inspection programme to test our approach going forward. This provider had not been inspected before and that was why we included them.

## How we carried out this inspection

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

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

The inspection team always looks at the following six population areas at each inspection:

- Vulnerable older people (over 75s)
- People with long term conditions
- Mothers, children and young people
- Working age population and those recently retired
- People in vulnerable circumstances who may have poor access to primary care
- People experiencing a mental health problem.

## Detailed findings

Prior to the inspection we reviewed a range of information we held about the service and asked other organisations to share what they knew about the service. We carried out an announced visit on 30 May 2014. The inspection team spent eight hours inspecting the GP practice. We spoke with five patients and six members of staff. We reviewed 11 comment cards from patients and members of the public who had visited the practice within the previous two weeks and who shared their views and experiences. We also reviewed feedback from 33 other patients who had provided their views on the practice.

As part of our inspection we observed how patients were being cared for and spoken to by staff and we looked at management records, policies and procedures. We spoke with a range of staff including the senior GP partner, nurse practitioner, practice manager, practice nurse, an administrator and a receptionist.

# Are services safe?

## Summary of findings

There was an inconsistent approach to safety within the practice. Patients we spoke with reported feeling safe and well cared for when attending the surgery. Policies and procedures were in place to protect children and vulnerable adults from the risk of abuse. The practice had effective infection control and medicines management policies and procedures which were mostly in line with national guidance. There was no robust process for reporting and recording incidents and investigations or to ensure that learning from incidents led to improvements in the safety of the service. Risks were not always adequately assessed and monitored. Inconsistent record keeping relating to some staff recruitment meant that required pre-employment checks were not always undertaken.

## Our findings

### Safe patient care

Care and treatment was delivered in line with recognised best practice standards and guidelines. The practice kept up to date with new guidance, legislation and regulations. Records were kept of external safety alerts received by the service by fax or email. Staff told us that they were required to sign the alert to indicate that they had seen and read it.

### Learning from incidents

The practice had an incident policy. However, we found that this was not fully embedded and was not always implemented when an incident occurred. We saw evidence that two incidents that had been recorded in November 2013 but resulting investigations and actions taken had not been recorded. A staff member described one significant incident which had occurred in the practice in February 2014. We saw no evidence that this event had been recorded, investigated or reviewed and no evidence that any learning from the incident had been identified and shared with staff.

We noted records of a very recent staff meeting when one incident had been discussed and shared with staff. However, it was too soon to assess the effectiveness of any actions implemented or the learning which had resulted. We were unable to see evidence of the recording of any other incidents or discussions surrounding incidents within other team meetings. The practice did not hold clinical governance meetings and there was no evidence that clinical incidents were identified or reviewed in order to analyse trends. The practice was unable to provide evidence of an incident audit cycle which reviewed the effectiveness of actions implemented after a defined period. This meant that patients were not always protected from harm because the practice had not ensured that incidents were effectively recorded and reviewed in order to implement change and ensure learning had been identified and shared.

### Safeguarding

We spoke with the GP safeguarding lead for the practice. They demonstrated that the practice had clear, updated policies and procedures for the safeguarding of children and vulnerable adults which included guidance for staff in reporting concerns.

# Are services safe?

Most staff had received an appropriate level of training for protecting vulnerable children and adults. One member of the nursing team had not been provided with updated safeguarding training but this had been identified and planned for. Staff we spoke with demonstrated a good understanding of the types and signs of abuse and were able to clearly describe the actions they would take in recording and reporting any concerns. All staff we spoke with said that they would report any concerns to the GP safeguarding lead or the practice manager. We saw that there were safeguarding notices on display around the practice which provided action points and contact details of external agencies. Staff were aware that these should be referred to in the event that they were required to respond to safeguarding concerns quickly. A practice nurse described the processes for monitoring the attendance of babies and young children at immunisation appointments. These included the escalation of concerns to external agencies relating to non-attendance of babies and children previously identified as being at risk of abuse. There was a practice whistleblowing policy in place. Staff were able to explain the process of whistleblowing and who they could take their concerns to. This meant that adults and children were protected from the risk of abuse because the practice had taken reasonable steps to identify signs of abuse and prevent abuse from happening.

The practice had a chaperone policy setting out the arrangements for those patients who wished to have a member of staff present during clinical examinations or treatment. Reception staff had undergone chaperone training.

## Monitoring safety and responding to risk

There was a lack of a robust process for the monitoring of risk within the practice. We saw evidence of a fire risk assessment which had been undertaken by the building management company responsible for the property the practice was situated within. The practice manager told us that as a result of the risk assessment, the area of the building designated to the practice did not require any fire fighting equipment. We were unable to identify the reason for this within the risk assessment and practice staff were unable to provide an explanation. The practice had not assessed the risk that this decision may have presented to their staff and patients. Following our inspection we received confirmation from the estate manager that fire fighting equipment should have been positioned within the

practice. This meant that the practice had not effectively identified the risks presented or ensured that suitable equipment was available to ensure the safety of patients and staff.

The practice held emergency medicines and an Automated External Defibrillator to support medical emergencies within the practice. Risk assessments and audits to monitor and promote safe care in relation to the use and maintenance of equipment; medicines management; records management and staff recruitment checks were not routinely undertaken. The practice was not operating an effective system to identify the risks to the health, safety and welfare of patients and staff.

## Medicines management

There were medicines management policies in place and staff we spoke with were familiar with them. Medicines were stored securely within a locked cupboard and a locked refrigerator. Expiry date checks were undertaken but these had not been recorded. However, we noted that all of the medicines stored in the refrigerator and locked cupboard were in date. The nurse told us that the fridge temperature checks were also undertaken on a daily basis to ensure medicines were stored at the correct temperatures. We saw the records of these checks. However, the nurse told us that supplies of refrigerated medicines were not supplied directly to the practice but were brought from their main practice by a staff member using a cold box container. The practice was unable to provide records which confirmed that the cold chain was maintained during this transportation, particularly if delays occurred. This meant the practice could not ensure that vaccines and other refrigerated medicines had been consistently stored within the minimum and maximum temperatures recommended by the manufacturer, and so potentially they would be not fit for use.

## Cleanliness and infection control

Systems were in place to effectively reduce the risk and spread of infection. The practice had an infection control lead nurse and appropriate policies and procedures were in place. We saw that an infection control audit had been completed in May 2014. The audit was comprehensive and based upon guidelines issued by the Infection Prevention Society. Actions had been identified within the audit and we saw evidence that actions had been completed, such as the replacement of a padlock to the clinical waste storage area. However, no action plans had been produced and

# Are services safe?

there was no formal process to monitor that the actions proposed by the audits were reviewed and completed. This meant that there was no formal basis with which the service could assure itself that the full audit cycle had been completed for each area under consideration.

Staff had completed appropriate infection control training. The infection control nurse provided update training and dissemination of good practice to the staff team within regular staff meetings. We saw records which confirmed that an update had been recently provided to staff.

Patients were cared for in a clean and hygienic environment. We noted that all areas of the practice were clean, tidy and well maintained. Cleaning schedules were in place and daily records kept to confirm that individual areas of the practice had been cleaned. Furniture and seating within the waiting room was well maintained and the chairs were made of a wipe clean material.

Hand washing guidance was available above all of the sinks in the treatment room and toilets. Soap, and hand towels were available at each sink. Good supplies of gloves, aprons, and other personal protective equipment were available to staff. Spillage kits were available and staff knew how to use them. Clinical waste segregation and disposal was well managed, with appropriate general waste and clinical waste bins and sharps boxes available in clinical areas. We saw that a safe and secure outside area had been designated to store clinical waste bags awaiting collection from the external waste management contractor. This meant that patients and staff were protected from the risk of the spread of infection and cross contamination.

## Staffing and recruitment

The practice had a recruitment policy in place. However, we found that the practice had not always carried out appropriate checks on staff before they began employment

or recorded this information appropriately. We examined four of the staff files. We found that the information and records required in accordance with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) were not always in place and information held in the files was inconsistent. For example, the photographic identity of employees and documentary evidence of qualifications were not always recorded in the staff files. We found some files did not include details of references taken, an occupational health check, an induction checklist and evidence of a Disclosure and Barring Service (DBS) check if appropriate. This meant that the practice was not operating an effective system to minimise the risks to the health, safety and welfare of patients.

## Dealing with Emergencies

We saw from the training matrix that the majority of staff had received cardiopulmonary resuscitation (CPR) training. The emergency equipment, emergency medicines and defibrillator were located in the only clinical room. We checked the emergency medicines and found them all to be within their use by dates.

The practice had an emergency and business continuity plan that included arrangements detailing how patients would continue to be supported during periods of unexpected and/or prolonged disruption to services. These included for example, failure of essential supplies, a flu pandemic, fire and loss of medical records.

## Equipment

Appropriate equipment and medicines were available for use in a medical emergency. The equipment was checked regularly to ensure it was in working condition. We saw evidence of these checks. Electrical appliance testing of all electrical equipment within the practice had been undertaken in January 2014.

# Are services effective?

(for example, treatment is effective)

## Summary of findings

Some aspects of the service were effective. There was a multi-disciplinary approach to care and treatment. This included evidence of engagement with a number of other health and social care providers and joint working arrangements to effectively support individual patient needs. The practice was participating in an auditing programme relating to a prescribing incentive scheme. This was supported by the local Clinical Commissioning Group (CCG) in order to drive improvements associated with the quality and costs of prescribing. However, no other clinical audits were used to assess performance or to promote continuous improvement of the quality of care and support received by patients.

## Our findings

### Promoting best practice

Care and treatment was delivered in line with recognised best practice standards and guidelines. The practice kept up to date with new guidance, legislation and regulations.

Monthly team meetings were held at the practice's associated practice, Carden Surgery, where the GP partnership and practice manager were based. Staff told us the team meetings provided them with the opportunity to discuss issues and to share information. We saw evidence of records of a recent meeting which included an infection control update by the Infection Control Lead and discussion relating to a recent incident. However, the nurses told us that they did not have the opportunity to attend clinical governance meetings and did not participate in any clinical supervision within the New Larchwood practice. This meant that clinical outcomes and individual staff performance were not always discussed and reviewed in order to evaluate and improve the quality of services provided to patients.

The nurse practitioner, who held a nurse prescriber role within the practice, told us they attended a non-medical prescribers forum every 2 months. This was led by a pharmacist and implemented via the local clinical commissioning group.

Records were kept of external safety alerts received by the service by fax or email. Staff told us that they were required to sign the alert to indicate that they had seen and read it.

The practice had a Mental Capacity Act 2005 (MCA) policy. This included the principles of the MCA and also how to conduct an appropriate assessment. Clinical staff we spoke with were able to describe the basic principles of the MCA and how this impacted upon their role and the care and treatment of patients.

### Management, monitoring and improving outcomes for people

The practice used the Quality and Outcomes Framework (QOF) to measure their performance. The QOF is a national group of indicators, against which practices scored points according to their level of achievement in the four domains of clinical, organisation, patient experience and additional services. The latest available QOF data showed the practice to be an outlier for under achievement in the management of some long term conditions and there was a lack of data



# Are services effective?

## (for example, treatment is effective)

published for the practice in relation to many outcomes. We spoke with the senior GP partner of the practice who confirmed the number of patients attending the practice with the long term conditions in question. This information conflicted with the data available and it was suggested that the patient numbers recorded were so low, due to the relatively low numbers of patients attending the practice, that this led to an inaccurate outcome. The senior GP partner confirmed that they would explore this with the local clinical commissioning group. A lack of accurate clinical data meant that the practice was unable to effectively monitor clinical performance and improve services and outcomes for patients.

We were told that monitoring of QOF data for diabetes and other long term conditions was managed by the practice nurse. The practice nurse was responsible for reviewing all patients with diabetes and the effectiveness of their treatment. The nurse worked closely with the community diabetic nurse to review medication dosages. This meant that diabetic patients were well supported in managing their medical condition.

The practice had been involved in the auditing of data in response to a prescribing incentive scheme led by the local clinical commissioning group, to encourage high quality cost effective prescribing. However, we saw no evidence of other clinical audits undertaken to identify and address poor performing clinical indicators. The provider was not always proactive in monitoring the quality of care provided and did not formally identify and record learning from significant event analysis. The senior GP partner acknowledged this. This meant that the practice was not effectively reviewing the quality of care provided to improve clinical outcomes for patients.

### Staffing

At the start of their employment staff reported that they had undergone an induction to introduce them to the practice's procedures. This was inconsistently recorded within the staff files we examined. Staff confirmed they had received training in fire safety, infection control, cardiopulmonary resuscitation (CPR) and safeguarding of vulnerable adults and children. We saw evidence of this. Nursing staff had been supported in accessing further training to develop their roles and maintain their continued professional development.

The practice's systems for ensuring staff received annual appraisals in order to review their performance and to

identify additional or on-going learning needs were inconsistent. One non-clinical member of the staff team had received her first appraisal two weeks prior to our inspection visit after being employed by the practice since 2012. However, a receptionist employed within the practice since early 2014 had participated in one supervision meeting to discuss progress and effectiveness in the role. The nurse practitioner had not received an appraisal and confirmed that this was overdue.

There was not a robust system of clinical governance and audit to evaluate the performance of individual members of staff in order to improve the quality and effectiveness of the service provided to patients. The nurses explained that they did not have regular supervision meetings but were able to speak with the senior GP partner and the other GP partners informally at any time. This meant that staff performance was not always reviewed in an effective and timely manner in order to promote continuous improvement to the care and support of patients.

### Working with other services

We saw evidence that the practice enabled multi-disciplinary working with other care providers and partner agencies, to promote integrated and co-ordinated care pathways for patients. For example, clinical staff referred patients directly to local alcohol misuse support services.

Multi-disciplinary palliative care team meetings were held regularly within the practice. The meetings were attended by clinicians from the practice, social services and community teams involved in the care and treatment of patients on the palliative care register. Patients living within the supported living complex, within which the practice was located, were also well supported by the practice team.

The practice nurse responsible for the recall system for diabetic patients demonstrated close and effective working with the community diabetic nurse to adjust patient medication dosages. This meant that the practice enhanced the care and support provided to patients by enabling multi-disciplinary working with other services.

### Health, promotion and prevention

The staff we spoke with told us that there were a range of services provided to promote health and well-being for patients, including routine health checks, follow-up checks for patients with long-term conditions, vaccinations and

# Are services effective?

(for example, treatment is effective)

screening programmes. These were managed by a re-call system to help ensure patients received on-going preventative care and support from the practice. Children who failed to attend their vaccination appointments were provided with an alternative appointment by the practice. The practice nurse alerted the GP and other services, such as the health visitor, in cases of repeated non-attendance or where there were existing concerns for the child.

The practice displayed health promotion leaflets in the waiting room. The New Larchwood Surgery website also contained links to other webpages which provided advice and support for health and well-being.



# Are services caring?

## Summary of findings

Overall the service was caring. Feedback provided by patients was consistently positive with regards to the way staff interacted with them. Staff were kind and caring, with a compassionate attitude. We observed patients being treated with dignity and respect. Staff were able to demonstrate how they built positive relationships with patients who used the service in order to provide individual support.

## Our findings

### **Respect, dignity, compassion and empathy**

We spoke with five patients on the day of inspection. The majority of patients told us they felt they had been listened to and that their treatment and care met their needs. We also received comments about the friendliness and helpfulness of staff and GPs.

We observed staff attending to patients in the reception and waiting area and on the telephone. Staff were friendly but respectful and appeared to have a good knowledge and understanding of individual patient needs. Chaperones were available to patients and reception staff had undergone training to support this service. Staff had a good understanding of patient confidentiality and had signed confidentiality agreements. We observed that they took reasonable steps to keep information secure and to protect patient privacy. However, the reception desk and waiting area were open plan and staff were required to answer the telephone at the reception desk. This meant that reception staff speaking with a patient at the reception desk or on the telephone, could be heard by those patients in the waiting area. Due to the nature of the facility, access to a private room for patients who required one, was limited. This meant that patients could not always be assured that confidentiality was maintained.

### **Involvement in decisions and consent**

All of the patients we spoke with on the day of our inspection told us that they had enough time during the consultation. One patient commented that the GP had listened to them and given them plenty of time during the consultation.

Staff demonstrated an awareness of the Mental Capacity Act. The GP we spoke with was aware of what action to take if they judged a patient lacked the capacity to give their informed consent. There was a clear written policy and process for obtaining and recording consent for certain treatments such as travel vaccinations.

Patients were invited to share feedback with the practice by filling in forms displayed in the reception area. All patients who had made suggestions for improvement commented on the need for extended opening hours due to the limited hours the practice currently operates within. No action had been taken to respond to this feedback although the practice were considering expansion of their services.

# Are services responsive to people's needs?

(for example, to feedback?)

## Summary of findings

Some aspects of the service were responsive to the needs of the different patient groups within the practice population. The restricted opening hours of the practice meant that patients experienced poor access to emergency appointments within daytime hours. Instructions for accessing urgent care when the practice was closed or a GP was not present, were ineffective. There was a complaints procedure in place but no complaints had been recorded or responded to within the last two years. Staff told us that there had been no complaints within that time. Patients were encouraged to provide feedback about the service provided and staff were supported in implementing new ideas.

## Our findings

### Responding to and meeting people's needs

The practice had made direct contact with the local university in order to attract students living in nearby halls of residence to the practice. This had led to approximately 250 new patient registrations and positive feedback from parents of the students that care was being provided by such a small, friendly practice. Access to appointments for this group of patients was limited due to the opening hours of the practice. Some of these students provided feedback that they would prefer longer opening hours which fitted in with their day. Further consideration was being given to the provision of extended hours which would provide patients of working age with access to appointments outside of the normal working day. The practice provided some sexual health support services for this group of patients and referred patients to a local sexual health clinic as appropriate.

New Larchwood Surgery was located within a supported living residential home and had developed close links with that service in order to effectively meet the needs of residents. Clinical and administrative staff from New Larchwood Surgery ensured regular contact was maintained with staff and residents to ensure appointment access, prescription services, test result delivery and on-going support systems met the needs of those residents. This included monthly meetings between practice staff and those within the residential home.

Patients who were living alone and were housebound were identified promptly as requiring additional support such as requiring home visits to deliver test results. One patient we spoke with told us how effective the practice had been in working closely with local dementia care services to support their elderly relative in the community. The practice offered annual flu vaccinations routinely to older people to help protect them against the virus and associated illness. This meant that the practice was responsive to the needs of individual elderly patients in the local community.

The practice did not have a Patient Participation Group (PPG). PPGs are groups of active volunteer patients that work in partnership with practice staff and GPs. This partnership between patients and their practices provides a mechanism through which improvements to patient services, experiences and care can be highlighted and

# Are services responsive to people's needs?

## (for example, to feedback?)

actions implemented. New Larchwood Surgery had recently taken steps to identify patients who may wish to participate in such a group and had received written expressions of interest from twenty existing patients. This meant that the practice had reviewed and taken steps to improve upon their responsiveness to patients.

### Access to the service

There were a limited range of appointments available to patients each day with either a GP or the nurse practitioner, who held a nurse prescriber position within the practice. The practice described itself as a nurse-led practitioner service on its website. However due to the recent resignation of one of the part-time nurse practitioners, this service was now only available on two mornings per week. Increased numbers of GP appointments had since been made available to compensate but the restricted opening hours of the practice meant that patients experienced poor access to emergency appointments within daytime hours.

Appointments were available every day from 8.30am-12pm and from 1.30-3.30pm on two afternoons per week only. The practice was closed to patients outside of those hours and telephones were not answered. Routine appointments with either the GP or nurse practitioner were usually accessible to patients within 24-48 hours. Patients we spoke with confirmed this. Appointments could be booked via the practice's website, in person or by telephoning the practice directly. There was good access to home visits for those patients who were housebound and unable to attend the practice. However, two patients we spoke with on the day of our inspection expressed their concerns about access to urgent appointments outside of these restricted opening hours.

One mother told us of her difficulty in accessing an urgent, same day appointment for her young child because the practice was closed in the afternoon. The mother was instructed to contact New Larchwood's associated practice, Carden Surgery, who could not offer an appointment and

signposted the mother and child to a walk-in centre. This meant that the mother and young child were not able to access the urgent care they required in a safe, effective and timely manner.

When the practice was closed the telephone answerphone message instructed patients to contact their associated practice, Carden Surgery or to contact NHS 111 services. Patients we spoke with who followed the instruction to contact Carden Surgery were not offered an appointment but were signposted to a local walk-in centre. When we asked the Practice manager about this we were told that the intention was to offer advice from Carden Surgery and not to provide an appointment. The practice does not display its opening hours or contact details for out of hours care on the outside of the premises. This meant that patients were provided with conflicting and inaccurate information and were not supported in accessing services in a safe, effective and timely manner. The practice had not assessed the potential risks presented to patients who were unable to access urgent appointments in a safe, effective and timely manner.

### Concerns and complaints

The practice had a written complaints policy and a patient leaflet explaining how to make a complaint. Information about making a complaint or making other comments and suggestions was also contained on the practice's website.

Although there was a complaints procedure in place, no complaints had been recorded or responded to within the last two years. The practice manager told us that minor suggestions or comments made to the reception staff would be immediately addressed. The receptionist who had been in post since 2012 told us that there had been no complaints during that time. Staff we spoke with were aware of the complaints process and said they would refer any complaints to the practice manager. This meant that the practice had systems in place to support patients in making a complaint, although the effectiveness of these systems had not been tested.

# Are services well-led?

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

## Summary of findings

Overall the service was not well led. Due to the nature of the service and limited opening hours, the practice did not have a dedicated leadership team. There was a lack of arrangements to identify and manage risk. Governance arrangements and processes had not been reviewed and were unclear. We found that where risks and issues had been identified these were not always recorded or dealt with in a timely fashion and lessons were not always learned to improve future service provision. Staff reported feeling well supported and valued and were given the opportunity to put forward ideas to enhance the service.

## Our findings

### Leadership and culture

The senior GP partner and the newly appointed practice manager both described a vision to reach larger numbers of the local population and expand the service provision. Staff were very focussed upon providing a caring and individual service to patients and showed a genuine commitment to the practice and its patients.

The practice was managed to a large extent 'remotely', with the practice manager and the senior GP partner employed at the associate practice, Carden Surgery, for a large proportion of each week. The practice manager told us that they aimed to visit New Larchwood Surgery at least once every two weeks and the senior GP partner provided one appointment session per week at the practice. The practice manager explained that they did not have desk space or access to required systems when at New Larchwood Surgery and time constraints presented an issue for this reason. This meant that the daily management of the practice was led by an administrator/receptionist and there was no clear leadership within the practice.

Reception and administrative staff were often unsupervised, although were in regular telephone contact with the management team at Carden Surgery. However, these staff reported feeling well supported by the management team and felt able to raise issues and concerns which were responded to promptly and effectively.

### Governance arrangements

We reviewed a number of policies and procedures on the day of inspection. A significant proportion of these had either been revised or generated within the previous six weeks, following the appointment of the new practice manager at that time. This meant that it was too early to assess the effectiveness of the new practice policies and procedures which included detailed staff training matrices, a revised system for monitoring recruitment and on-going registration documentation and timetabling of appraisals and supervision for staff.

Monthly team meetings provided the opportunity for all staff to discuss general practice arrangements and to disseminate information and provide training in areas such as safeguarding and infection control. We saw evidence of the minutes of a recent team meeting.

# Are services well-led?

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

The nurse practitioner and the practice nurse told us that they did not attend any clinical governance meetings and the practice manager confirmed that such meetings were not held. There were no systems in place to provide clinical supervision of staff and no programme of clinical auditing. This meant that the practice was unable to provide evidence of satisfactory arrangements for reviewing and recording discussions and subsequent actions in relation to the identification and management of clinical risks and incidents.

## **Systems to monitor and improve quality and improvement**

The practice was not proactive in monitoring the quality of care provided and did not formally identify and record learning from significant event analysis. The senior GP partner acknowledged this. There was a lack of monitoring of data to improve performance and clinical outcomes for patients. This meant that the practice was not effectively reviewing the quality of care provided to improve treatment outcomes for patients.

## **Patient experience and involvement**

Patients were invited to share feedback with the practice by filling in forms displayed in the reception area. All patients who had made suggestions for improvement commented on the need for extended opening hours due to the limited hours the practice currently operates within. No action had been taken to respond to this feedback although the practice were considering expansion of their services.

## **Staff engagement and involvement**

Staff reported feeling well supported and able to raise concerns with the senior GP partner or the practice manager. The nurse practitioner told us of an occasion when they had raised significant concerns with the senior GP Partner and had been listened to and responded to in an effective and timely manner.

We were told that the recent initiative to make direct contact with the local student population living in nearby halls of residence in order to attract students to the

practice, had been initiated and led by the practice administrator. This had led to approximately 250 new patient registrations and positive feedback from parents of the students that care was being provided by such a small, friendly practice. This meant that the practice had responded effectively to staff and had supported staff innovation in order to support future sustainability of the practice and ensure that staff felt valued in their roles.

## **Learning and improvement**

All staff had recently received mandatory training. A recent staff meeting had included update training in the safeguarding of vulnerable adults child protection and infection control. The newly appointed practice manager had developed a comprehensive training matrix to record all training and ensure more effective monitoring of outstanding training for each individual staff member across the practice.

Clinical staff had opportunities to attend professional development training. The nurse practitioner explained that there was no nurse practitioner forum available locally but they were trying to establish one themselves. The nurse practitioner had recently attended vascular, dermatology and cancer services update training and attended a non-medical prescribers forum arranged through the local commissioning group, every two months. The practice nurse had recently undergone updated training in diabetes management.

## **Identification and management of risk**

The practice had not taken steps to identify, assess or monitor the risks associated with the poor access to urgent appointments experienced by patients. Risk assessments and audits to monitor and promote safe care in relation to the use and maintenance of equipment; medicines management; records management and staff recruitment checks were not routinely undertaken. This meant that the practice was not operating an effective system to minimise the risks to the health, safety and welfare of patients, visitors and staff.

# Older people

All people in the practice population who are aged 75 and over. This includes those who have good health and those who may have one or more long-term conditions, both physical and mental.

## Summary of findings

The practice was responsive in meeting the needs of the large proportion of older people within the local population. The practice worked closely with community support groups such as dementia care services to provide effective support for patients.

## Our findings

### Safe

There were clear safeguarding policies and procedures in place for protecting vulnerable adults from abuse. The practice provided annual flu vaccination clinics for older people, to provide on-going protection from contracting the virus and associated complications.

### Caring

Patients identified as carers were offered additional support from practice and the local carers centre. Older patients living alone within the local population who were housebound, were well supported by the practice.

### Effective

The practice worked closely with community support groups to provide effective support for older people. One patient we spoke with told us how effective the practice had been in working closely with local dementia care services to support their elderly relative in the community.

### Responsive

The practice was responsive to the needs of individual elderly patients in the local community. New Larchwood Surgery is located within a supported living residential complex and had developed close links with that service in order to effectively meet the needs of residents. Clinical and administrative staff from New Larchwood Surgery ensured regular contact was maintained with staff and residents to ensure appointment access, prescription services, test result delivery and on-going support systems met the needs of those residents. This included monthly meetings between practice staff and those within the residential home.

Those who were living alone and were housebound were identified promptly as requiring additional support, such as providing home visits to deliver test results. Care and treatment received by patients at the end of their lives was multi-disciplinary. There was evidence of collaborative working with community support teams.

# Older people

## Well-led

Patients were invited to share feedback with the practice and the practice had taken some steps to establish a Patient Participation Group (PPG) in order to further involve patients in improvements to services.



# People with long term conditions

People with long term conditions are those with on-going health problems that cannot be cured. These problems can be managed with medication and other therapies. Examples of long term conditions are diabetes, dementia, CVD, musculoskeletal conditions and COPD (this list is not exhaustive).

## Summary of findings

Patients with long term conditions were well supported to manage their health, care and treatment. Clinicians in the practice effectively signposted patients with long term conditions to local support groups. Care of patients with long term conditions was delivered in line with recognised best practice and guidelines.

## Our findings

### Safe

Patient annual reviews had been undertaken in a timely way to ensure long term conditions were monitored and managed in line with best practice and national guidance. The practice provided annual flu vaccination clinics for vulnerable people, including those with long-term conditions, to provide on-going protection from contracting the virus.

### Caring

Patients with long term conditions were well supported to manage their health, care and treatment. Care planning was in place for patients with long term conditions, such as Diabetes and Asthma. Annual reviews had been undertaken in a timely way to ensure conditions were monitored and managed in line with the patients care plan.

### Effective

The practice nurse and nurse practitioner provided effective services for the large number of diabetic patients attending the practice. There were good systems in place for the recall of patients with diabetes and other long term conditions. The practice nurse worked closely with the community diabetic nurse to review patients' medication. The practice nurses had received updated training in a number of specialist areas to provide effective support to patients to manage their medical conditions.

### Responsive

The practice staff understood the needs of their patients with long term conditions. Such patients were well signposted to community groups and support services.

### Well-led

Multi-disciplinary palliative care team meetings were held regularly within the practice. The meetings were attended by clinicians from the practice, social services and community teams involved in the care and treatment of patients on the palliative care register.



# Mothers, babies, children and young people

This group includes mothers, babies, children and young people. For mothers, this will include pre-natal care and advice. For children and young people we will use the legal definition of a child, which includes young people up to the age of 19 years old.

## Summary of findings

The practice provided care for a large number of young people living in nearby university halls of residence. Child immunisation appointments were available with the practice nurse. Arrangements were in place to provide antenatal services at nearby Carden Surgery.

## Our findings

### Safe

The practice had clear, updated policies and procedures for the safeguarding of children which included guidance for staff in reporting concerns. Effective processes were in place for monitoring the attendance of babies and young children at immunisation appointments. These included the escalation of concerns to external agencies relating to non-attendance of babies and children previously identified as being at risk of abuse.

### Caring

Patients who required support during their consultations with a clinician could be supported by trained chaperones.

### Effective

Access to appointments with the GP and nurse practitioner was sometimes ineffective for mothers with babies and young children, due to the limited opening hours of the practice. One mother told us of her difficulty in accessing an urgent, same day appointment for her young child because the practice was closed from mid-afternoon. This meant that the mother and young child were not able to access the urgent care they required in a safe, effective and timely manner.

### Responsive

The practice had made direct contact with the local university in order to attract students living in nearby halls of residence to the practice. This had led to approximately 250 new patient registrations and positive feedback from parents of the students that care was being provided by such a small, friendly practice. This meant that the practice had been responsive to the needs of the local population and had engaged with a group of patients who may otherwise have not registered with a GP practice. However, access to appointments for this group of patients was limited due to the opening hours of the practice. Some of these students provided feedback that they would prefer

# Mothers, babies, children and young people

longer opening hours which fitted in with their day. The practice provided some sexual health support services for young patients and referred patients to a local sexual health clinic as appropriate.

## **Well-led**

Patients were invited to share feedback with the practice and the practice had taken some steps to establish a Patient Participation Group (PPG) in order to further involve patients in improvements to services.

# Working age people (and those recently retired)

This group includes people above the age of 19 and those up to the age of 74. We have included people aged between 16 and 19 in the children group, rather than in the working age category.

## Summary of findings

Access to appointments for working age patients was limited due to the opening hours of the practice. Further consideration was being given to extension of the current opening hours which would provide patients of working age with improved access to appointments.

## Our findings

### Safe

There were clear safeguarding policies and procedures in place for protecting vulnerable adults and children from abuse.

### Caring

The practice had a chaperone policy setting out the arrangements for those patients who wished to have a member of staff present during clinical examinations or treatment.

### Effective

There were a range of services provided to promote health and well-being for working age people, including routine health checks, vaccinations and screening programmes.

### Responsive

Access to appointments for working age patients attending the practice was very limited due to the restricted opening hours of the practice. Patients told us that they would prefer longer opening hours which fitted in with their day.

### Well-led

Patients were invited to share feedback with the practice and the practice had taken some steps to establish a Patient Participation Group (PPG) in order to further involve patients in improvements to services.

# People in vulnerable circumstances who may have poor access to primary care

There are a number of different groups of people included here. These are people who live in particular circumstances which make them vulnerable and may also make it harder for them to access primary care. This includes gypsies, travellers, homeless people, vulnerable migrants, sex workers, people with learning disabilities (this is not an exhaustive list).

## Summary of findings

The practice assessed and monitored the practice population needs, including patients in vulnerable circumstances. Some patients from this group were supported by the practice and local community groups and services. The practice was responsive in providing care and treatment in patients' homes for those who found it difficult to attend the practice.

## Our findings

### Safe

There were clear safeguarding policies and procedures in place for protecting vulnerable adults and children from abuse. There were effective systems for obtaining repeat prescriptions for vulnerable patients. The practice worked closely with the local pharmacy to ensure effective and timely processing of repeat prescriptions.

### Caring

Carers of patients from the practice were offered support packs. These included information about additional support they could access from the practice or within the community. Vulnerable housebound patients living alone received good levels of support from the practice.

### Effective

The practice had formal links with community nurses and other external care and support services. This facilitated continuity of care and on-going support for vulnerable patients with more complex health care needs.

### Responsive

Patients whose language was not English were supported by the practice. Patients and staff could arrange support from a local translation service.

### Well-led

Patients were invited to share feedback with the practice and the practice had taken some steps to establish a Patient Participation Group (PPG) in order to further involve patients in improvements to services.

# People experiencing poor mental health

This group includes those across the spectrum of people experiencing poor mental health. This may range from depression including post natal depression to severe mental illnesses such as schizophrenia.

## Summary of findings

The practice supported services for patients with mental health problems. They worked collaboratively with local mental health organisations to provide support for patients with mental health conditions.

## Our findings

### Safe

There were clear safeguarding policies and procedures in place for protecting vulnerable adults and children from abuse.

### Caring

The practice had a chaperone policy setting out the arrangements for those patients who wished to have a member of staff present during clinical examinations or treatment.

### Effective

The practice had a Mental Capacity Act (MCA) policy. This included the principles of the MCA and also how to conduct an appropriate assessment. Clinical staff we spoke with were able to describe the basic principles of the MCA and how this impacted upon their role and the care and treatment of patients.

### Responsive

Patients with mental health conditions were well supported by the practice and local community services. The nurse practitioner provided an example of a recent referral made directly to local mental health services.

### Well-led

Patients were invited to share feedback with the practice and the practice had taken some steps to establish a Patient Participation Group (PPG) in order to further involve patients in improvements to services.

## Compliance actions

### Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 Assessing and Monitoring the Quality of Service provision.</p> <p>How the regulation was not being met: The provider failed to protect service users and others who may be at risk of inappropriate, unsafe care and treatment, by means of regularly assessing and monitoring the quality of services provided. They also failed to ensure effective systems were in place to identify, assess and manage risks relating to the health, welfare and safety of service users and others. Regulation 10 (1) (a) and (b) (2).</p>
Regulated activity	Regulation
Diagnostic and screening procedures	<p>Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 Assessing and Monitoring the Quality of Service provision.</p> <p>How the regulation was not being met: The provider failed to protect service users and others who may be at risk of inappropriate, unsafe care and treatment, by means of regularly assessing and monitoring the quality of services provided. They also failed to ensure effective systems were in place to identify, assess and manage risks relating to the health, welfare and safety of service users and others. Regulation 10 (1) (a) and (b) (2).</p>
Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers.</p>

This section is primarily information for the provider

## Compliance actions

How the regulation was not being met: The provider failed to ensure that information specified in Schedule 3 was available in respect of a person employed for the purposes of carrying out the regulated activity, and such other information as appropriate. Regulation 21 (b).

### Regulated activity

Diagnostic and screening procedures

### Regulation

Regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers.

How the regulation was not being met: The provider failed to ensure that information specified in Schedule 3 was available in respect of a person employed for the purposes of carrying out the regulated activity, and such other information as appropriate. Regulation 21 (b).

### Regulated activity

Treatment of disease, disorder or injury

### Regulation

Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 Supporting Workers.

How the regulation was not being met: The provider failed to have suitable arrangements in place to ensure the persons employed for the purposes of carrying on regulated activity are appropriately supported by means of receiving appropriate professional development, supervision or appraisal.

The provider also failed to ensure appropriate clinical governance and audits were undertaken to monitor the individual performance of staff in order to evaluate and improve the quality of services provided. Regulation 23 (1) (a) and 3 (a).

### Regulated activity

Diagnostic and screening procedures

### Regulation

Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 Supporting Workers.

## Compliance actions

How the regulation was not being met: The provider failed to have suitable arrangements in place to ensure the persons employed for the purposes of carrying on regulated activity are appropriately supported by means of receiving appropriate professional development, supervision or appraisal.

The provider also failed to ensure appropriate clinical governance and audits were undertaken to monitor the individual performance of staff in order to evaluate and improve the quality of services provided. Regulation 23 (1) (a) and 3 (a).

### Regulated activity

Treatment of disease, disorder or injury

### Regulation

Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 Safety, availability and suitability of equipment.

How the regulation was not being met: The provider failed to protect service users and others who may be at risk from a lack of suitable equipment to ensure the safety of service users and meet their assessed needs. Regulation 16 (2).

### Regulated activity

Diagnostic and screening procedures

### Regulation

Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 Safety, availability and suitability of equipment.

How the regulation was not being met: The provider failed to protect service users and others who may be at risk from a lack of suitable equipment to ensure the safety of service users and meet their assessed needs. Regulation 16 (2).