The Wellington Practice

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	Requires improvement
Are services safe?	Requires improvement
Are services effective?	Requires improvement
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Requires improvement

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Wellington Practice on 29 August 2017. Overall the practice is rated as requires improvement.

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

- The practice had undergone a complete restructuring process resulting in a change to practice management and new registration with the CQC on 26 June 2016. Staff spoke of feeling more supported under this new structure.
- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Reviews and investigations were completed and patients received an apology.
- Risks to patients were usually assessed and managed, some improvements were needed, for example ensuring that chaperones were appropriately checked.
- Although some audits had been carried out, we saw limited evidence that audits were driving improvements to patient outcomes.
- All the patients spoken to said they were treated with compassion, dignity and respect. However, not all felt cared for, supported and listened to.
- Information about services was available but not everybody would be able to understand or access it. 30% of the practice population was from Nepal or similar. Translation services were available but the practice acknowledged a need to do more for this patient group.
- Not all staff had received training in infection control, Mental Capacity Act (2005), equality and diversity or health and safety.
- The practice had a number of policies and procedures to govern activity, which had recently been created. Some of these were in need of a further review and there was no information governance policy.
- Staff felt supported by the management team.

The areas where the provider must make improvements are:

Summary of findings

- Ensure care and treatment is provided to patients in a safe way.
- Establish effective systems and processes to ensure good governance in accordance with fundamental standards of care.
- Ensure sufficient numbers of suitably qualitied, competent, skilled and experienced persons are deployed to meet the fundamental standards of care and treatment.
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.

In addition the provider should:

- Continue to review the needs of patients whose first language is not English.
- Continue to review the results of the GP patient survey and decide appropriate actions.

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?

Requires improvement

The practice is rated as requires improvement for providing safe services.

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. We saw evidence that when things went wrong reviews and investigations were conducted and lessons learned shared with the team. Patients received a verbal and written apology.
- Although risks to patients were assessed, some of the systems to address these risks were not implemented well enough to ensure patients were kept safe. For example, disposable curtains had not been fitted as the result of an infection control audit carried out by the practice, which recommended this.
- Some non-clinical staff were involved in chaperoning duties but did not have a valid Disclosure and Baring check or risk assessment in place.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.

Are services effective?

Requires improvement

The practice is rated as requires improvement for providing effective services, as there are areas where improvements should be made.

- Unpublished data presented by the practice showed that patient outcomes were close to the maximum points available. In the Quality and Outcomes Framework (QOF) 2016-2017 achievement report the practice achieved 535.8 points out of a maximum 559 points.
- Staff were aware of current evidence based guidance.
- Staff had the skills and some knowledge to deliver effective care and treatment. However, they had not received training in infection control, equality and diversity, health and safety or the Mental Capacity Act (2005).
- Locum nurses were employed.
- There had been a new induction programme created but not tested as there had been no new employees since the programmes creation.
- There was limited evidence to demonstrate that audit was driving improvement in patient outcomes.

Summary of findings

- Multi-disciplinary working was taking place but was generally informal and record keeping was limited.

Are services caring?

Good

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 national averages for many aspects of care.
- All patients spoken to on the day and who submitted comment cards said they were happy with the care they received.
- 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.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- The practice acknowledged a need to improve their responsiveness to Nepalese speaking patients. 30% of the practices patient population was Nepalese. The practice offered translation services but also had a reliance on family members translating.
- 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 told us of difficulties in getting an appointment with a named GP. Urgent appointments were available on the same day and the next pre-bookable appointment with the lead GP was in a weeks' time.
- 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 two examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Are services well-led?

Requires improvement

The practice is rated as requires improvement for being well-led.

Summary of findings

- The practice had undergone a complete restructuring process resulting in a change to practice management and new registration with the CQC. Staff spoke of feeling more supported under this new structure. The interim practice manager was taken on by the practice as full employee in February 2017.
- There was a documented leadership structure and all staff felt supported by management. Staff stated they would approach the practice manager with issues. At the time of inspection however there lacked leadership in the nursing team. This was due to current staffing vacancies which were being recruited for.
- The practice had recently created new policies and procedures for the practice. Some further review of these policies was required and a date for completion had been set. However there was no information governance policy.
- Staff regularly attended meetings and events.

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

Requires improvement

The practice is rated as requires improvement for the care of older people as the areas rated as requires improvement related to all population groups including this one. There was however examples of good practice.

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- The practice held weekly ward rounds at the nursing homes it has input into.
- Where older patients had complex needs, the practice shared summary care records with local care services. Care plans tended to be completed by the nursing homes.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible.

People with long term conditions

Requires improvement

The practice is rated as requires improvement for the care of people with long-term conditions as the areas rated as requires improvement related to all population groups including this one.

- At the time of inspection nursing input at the practice was at a minimum. There was a high reliance on locum nurses.
- Reviews were offered by GPs for patients with long term conditions at the practice.
- Longer appointments and home visits were available when needed. However, not all these patients had a named GP, a personalised care plan or structured annual review to check that their health and care needs were being met.

Families, children and young people

Requires improvement

The practice is rated as requires improvement for the care of families, children and young people as the areas rated as requires improvement related to all population groups including this one. There was however examples of good practice.

Summary of findings

- 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.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.

Working age people (including those recently retired and students)

Requires improvement

The practice is rated as requires improvement for the care of working age people (including those recently retired and students) as the areas rated as requires improvement related to all population groups including this one. There was however examples of good practice.

- 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, extended opening hours and Saturday appointments.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice worked closely with Aldershot Social Services in regards to child protection issues.

People whose circumstances may make them vulnerable

Requires improvement

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable as the areas rated as requires improvement related to all population groups including this one. There was however examples of good practice.

- 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.
- Approximately 30% of the practices patient population has Nepalese as their first language.

Summary of findings

- 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.

People experiencing poor mental health (including people with dementia)

Requires improvement 

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia) as requires improvement related to all population groups including this one. There was however examples of good practice.

- The practice specifically considered the physical health needs of patients with poor mental health and dementia.
- The practice had access to the local Save Haven Café in Aldershot where patients could also self-refer.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- 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.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2017. The results showed the practice was performing in line with local and national averages. 307 survey forms were distributed and 113 were returned. This represented 3% of the practice's patient list.

- 77% of patients described the overall experience of this GP practice as good compared with the CCG average of 87% and the national average of 85%.
- 73% of patients described their experience of making an appointment as good compared with the CCG average of 75% and the national average of 73%.
- 68% 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 81% 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 30 comment cards which were all positive about the standard of care received. Comments included how friendly the patients thought the reception staff were and that they felt they had always received a good standard of care.

We spoke with four patients during the inspection. All four patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Results from the most recent friends and family test showed that 100% of the patients responding were happy.

The Wellington Practice

Detailed findings

Our inspection team

Our inspection team was led by:

The inspection team was led by a CQC Lead Inspector**.** The team included a GP specialist adviser.

Background to The Wellington Practice

The Wellington Practice is located in the centre of the town Aldershot which is known as the "home of the British Army". Aldershot is in the county of Hampshire but the town also shares borders with the neighbouring county of Surrey. The practice has approximately 3,390 registered patients with an even spread across all age groups. There is a slightly higher than average number of working age individuals and slightly lower than average number of older adults. Aldershot is part of the Rushmore Borough. Aldershot is an urban town and has a range of deprivation but the most deprived areas of the town fall in the top 30% most deprived areas of the country.

The Wellington Practice is located within a large multi-purpose building called the Aldershot Centre for Health. The building hosts a variety of health services including three GP practices, outpatients departments and the headquarters for the NHS North Hampshire and Farnham Clinical Commissioning Group (CCG) of which The Wellington Practice belongs to. Aldershot Centre for Health has a car park attached to it with disabled spaces and the Wellington Practice is fully adapted to accommodate for people with disabilities.

The practice is run as a single handed GP practice with one lead GP. There was two vacant posts for salaried GPs at the time of our inspection. There was a long term locum providing GP input. The nursing team consists of a health care assistant. The practice nurse post was vacant at the time of our inspection. The clinical staff are supported by an administrative team led by the practice manager.

The practice is open between 8am and 6.30pm Monday to Friday. Extended hours appointments with the GP are available on a pre-bookable basis on Tuesday evenings between 6.30pm and 7.30pm and from 10am to 12.30pm one Saturday per month.

The practice does not offer out of hours treatment for their patients instead referring patients to the NHS 111 service.

The practice is registered to provide services out of one location: The Wellington Practice, Aldershot Centre for Health, Aldershot, Hampshire, GU11 1AY.

The Wellington Practice has been registered under this legal entity since June 2016. Prior to this the practice was registered as a partnership of which the current provider was part of. The staffing group and patient population remain the same as the previous legal entity.

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 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.

Detailed findings

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 the local clinical commissioning group to share what they knew. We carried out an announced visit on 29 August 2017.

During our visit we:

- Spoke with a range of staff including GPs, practice manager and administration staff and spoke with patients who used the service. We were unable to speak to nursing staff as no nurses were working on the day of the inspection.
- Observed how patients were being cared for in the reception area and talked with carers and/or family members
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Visited the practice location.
- 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 (QOF) data, this relates to the most recent information available to the CQC at that time. The practice provided us with unpublished data to demonstrate current performance on QOF.

Requires improvement

Are services safe?

Our findings

Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents. 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).
- From the sample of two documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, following an incident around vaccination of babies the practice identified the need to ensure that there was a member of the administration team present during clinic to ease the administrative burden on the nurses particularly when translation services were required.
- The practice also monitored trends in significant events and evaluated any action taken.

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 for safeguarding 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. There was a lead member of staff for safeguarding.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three.
- A notice in the waiting room advised patients that chaperones were available if required. Non-clinical staff sometimes acted as chaperones. All staff who acted as chaperones had received training. Non-clinical staff did not have 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 manager could not be certain that risk assessments had been completed by the previous practice manager for those undertaking chaperoning duties who did not have a DBS. Following a discussion with the practice manager around this, the practice manager decided that they were going to ensure all staff had a DBS check regardless of whether they were clinical or non-clinical staff.

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy.
- Cleaning of the practice was conducted by external cleaning contractors for the whole building. The practice had limited input into the oversight of this. The practice looked visibly clean.
- The practice had appointed an interim infection prevention control (IPC) clinical lead to cover the period when the practice did not have a practice nurse in place. As a result there was minimal interaction with local infection prevention teams to keep up to date with best practice.
- The practice had fabric curtains in each of the treatment rooms. The practice did not have records documenting when the curtains had last been washed or when they were due for replacement. The infection control policy did not refer to washable curtains or the frequency they were required to be changed. Instead it mentioned disposable curtains.We raised this with the practice

manager during the inspection who stated that they had an intention to replace the fabric curtains with disposable curtains, however, no plans were in place to do this.

- The practice had completed infection control audits annually and produced action plans. This information was sent to us after the day of inspection. However, not all actions had been completed due to lack of staff, for example reviewing and implementing cleaning schedules to include deep cleaning on a monthly basis. the practice had therefore extended the timescales.
- The practice when asked was unable to provide a clinical waste audit however we were informed the practice manager had made several requests to the contractors for this.
- The practice storage space was limited. Treatment rooms appeared clean but congested. The practice manager showed us an action plan with details of the intention to purchase storage space to ease this congestion.
- The practice told us they did not have a sharps injury policy in place.
- 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 practice 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. Blank prescription forms and pads were securely stored and there were systems to monitor their use.
- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. However, these were currently not in use as the practice had no practice nurse working at the practice. Childhood immunisations and other vaccinations were being conducted by the GPs or staff in the neighbouring practice if required (under that practices PGDs). The health care assistant at the time of inspection was being trained to administer vaccines.

There had only been one member of staff employed since this current CQC registration. We saw evidence that the practice manager had completed recruitment checks prior to that staff member undertaking employment. These included things such as photo ID, references, a signed contract and copy of curriculum vitae or application form. The practice manager had implemented a new recruitment policy not yet tested.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

The building that The Wellington Practice is situated in hosts several other health care facilities and is managed by NHS property services. As a result many of the health and safety risk assessments were managed by external contractors and organised by NHS property services.

- The overarching health and safety policy was managed by building services and related to every service being run from the building.
- Fire risk assessments were organised by NHS property services. We saw evidence of the most up to date risk assessment.
- Due to the arrangements of the shared building The Wellington Practice participated in the weekly building fire alarm test and evacuation drills. The practice had trained two of their staff to be fire marshals for the practice and had fire evacuation details on display.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and in good working order. Calibration checks were undertaken in February 2017. The plugs on portable appliances we looked at looked in good working order with no exposed wires.
- 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).

Requires improvement

Are services safe?

- 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 was operating at a minimal staffing level. The practice had identified this as an issue and had begun recruiting for vacancies. The practice had made an informal buddy arrangement with the neighbouring practice in the interim to cover shortfalls in nursing staff as well as using locum GP and practice nurses.

Arrangements to deal with emergencies and major incidents

The practice had adequate 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 or building damage. The plan included emergency contact numbers for staff including the pool of GP locums they regularly used.

Requires improvement

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.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice 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 registered with the CQC as a single handed provider in June 2016. There is not any published QOF data for this provider since registration. Data presented throughout this section refers to unpublished data from 2016-2017 that the practice has collected for QOF.

The practice unpublished data demonstrated just under 100% of maximum points available to them for indicators around asthma, Chronic Obstructive Pulmonary Disease (COPD) which is a chronic lung condition and diabetes. The practice manager told us that she had taken ownership of reviewing the QOF data since appointment. The practice manager had identified that cytology was not where it should be and had asked the practice nurse to review this however, this had not been done before the practice nurse left. The practice manager had an action plan in place to undertake further work and investigation around this which included conducting a thorough review of the backlog of patients who had been missed or had a did not attend record for their cervical smear test.

There were no dedicated clinics or specifically trained nursing staff at the practice however there was a recruitment plan in place.

There was evidence of quality improvement including clinical audit:

- We reviewed three examples of audits that had been undertaken in the past 12 months. As the provider was only registered with CQC under this registration in June 2016 we were unable to see examples of completed two cycle audits. The practice participated in audits required by the local clinical commissioning group such as around prescribing audits.
- There was limited evidence to demonstrate that improvements had been made as a result of audits. There was no plan to demonstrate the planned audits for the next 12 months.

Effective staffing

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

- The practice manager had created an induction programme. This covered topics such as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. No new members of staff had been employed since this programme had been implemented.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. For example, supporting the health care assistant to go on further training for the administration of injections.
- 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 ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- The practice manager was aware of the shortfalls in training. All staff had received safeguarding, information governance and basic life support training but did not have training for infection control, equality and diversity, health and safety or Mental Capacity Act (2005). The interim infection control lead had received infection control training. The practice manager had identified the need for training to be completed and was in the

Requires improvement

Are services effective?

(for example, treatment is effective)

process of identifying suitable people to come in and provide training as part of a 'lunch and learn' session. The practice manager had plans to make these monthly. The practice manager had overhauled monitoring of training and created a system which would send an alert when someone was due for refresher training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health care professionals on a regular 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 2005 (MCA). The only GP available to speak to on the day demonstrated understanding of the MCA but had not received formal training on this through the practice. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support 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.
- Smoking cessation advice was available from a local support group.
- Patients with long term conditions were able to have a regular review with a clinician.

The practice presented us with unpublished data to show that for the 2016-2017 QOF achievement figures the practice achieved 17.6 out of a possible 20 points for cervical screening.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were not yet available.

The practice was working on improving how they encouraged uptake of the screening programme and undertaking a review of those who did not attend their appointment. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. There were failsafe 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.

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.

Good

Are services caring?

Our findings

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 31 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. One comment card highlighted a need for additional translation support to help aid communication with patients whose first language is not English. Two comment cards were positive about the care received but highlighted long delays to their appointment times.

We spoke with four patients. 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. Patient's comments on the day mirrored responses from the comment cards in that appointments often ran late.

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

- 79% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 92% and the national average of 89%.
- 75% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 86%.
- 91% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%
- 77% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 89% and the national average of 86%.
- 91% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 92% and the national average of 91%.
- 89% of patients said the nurse gave them enough time compared with the CCG average of 93% and the national average of 92%.
- 95% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 98% and the national average of 97%.
- 91% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and the national average of 92%.
- 85% of patients said they found the receptionists at the practice helpful compared with the CCG average of 88% and the national average of 87%.

Despite the lower than average scores on the GP patient survey for GPs being good at listening to them and having enough time, three patients (spoken to on the day or from comment cards) noted that they were happy with the GP and expressed a preference for this GP over others in the locality.

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.

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 in line with local and national averages. For example:

Good

Are services caring?

- 80% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 88% and the national average of 86%.
- 76% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 82%.
- 93% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 90% and the national average of 90%.
- 82% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 84% 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. There were no notices in reception to inform that this service was available. One of the administration staff told us they had only recently learned about the translation services available. The practice had limited support available for patients who spoke Nepalese despite approximately 30% of the practices list size having a Nepalese background. The practice was aware of this being an issue and had it as a priority on their action list.

The practice had an arrangement with three care homes in the local area. Care planning was completed by the nursing homes rather than the practice. There was no evidence of formal practice instigated care plans.

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. The practice had identified 34 patients as carers (1% of the practice list). The practice manager told us that historically patients who were also carers had not been recorded or monitored. The practice manager had created a carers policy and guidance for identifying carers. The reception staff had worked with the practice manager to identify and put alerts on the system for patients they know to be carers and have also added a carers questionnaire to all new patient registration forms. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy card. 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.

Good

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 Tuesday evening until 7.30pm and one Saturday per month from 10am to 12.30pm for working patients who could not attend during normal opening hours.
- 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.
- Weekly ward rounds took place at each of the three nursing homes that the practice have private arrangements with.
- 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 children and those patients with medical problems that require same day consultation.
- The practice sent text message reminders of appointments and test results.
- 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 available.
- 30% of its patient population were Nepalese or similar. The practice relied on language line or friends and family to provide translation support. The practice were aware of this issue and had a desire to find a way to address this situation. There was no action plan in place to address this.
- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services.
- Approximately 19% of the practices population is aged over 65 and of these approximately 25% belong to the nursing homes that the practice hold weekly ward rounds at.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments varied daily but on average were from 8.30am to 11am every morning and 3pm to 6.30pm daily. Extended hours appointments were offered from 6.30pm to 7.30pm on Tuesday evenings and from 10am to 12.30pm one Saturday per month. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for patients that needed them. Telephone appointments could be arranged for some of the GPs. On the day of the inspection the next available appointment for a GP was approximately in one weeks' time.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was mixed with some being comparable to local and national averages and some being below averages. The practice did not have an action plan in place as a result of the survey.

- 79% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 77% and the national average of 76%.
- 69% of patients said they could get through easily to the practice by phone compared to the CCG average of 71% and the national average of 71%.
- 76% of patients said that they were able to get an appointment to see or speak to someone the last time they tried compared with the CCG average of 86% and national average of 84%
- 80% of patients said their last appointment was convenient compared with the CCG average of 82% and the national average of 81%.
- 73% of patients described their experience of making an appointment as good compared with the CCG average of 75% and the national average of 73%.
- 37% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 58% and the national average of 58%.

Patients told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system to assess:

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

Good

Are services responsive to people's needs?

(for example, to feedback?)

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.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system.

We looked at two complaints received in the last 12 months and found that these were satisfactorily handled, dealt with in a timely way, openness and transparency with dealing with the complaint. Lessons were learned from individual concerns and complaints and also from analysis of trends. Action was taken to as a result to improve the quality of care. For example, following a communication error the practice had allocated additional responsibilities to a member of the reception team to ensure booking of post-natal appointments were tightened up and to have the responsibility of oversight of this process.

Are services well-led?

Requires improvement

(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 vision and a strategy in place. Not all staff were aware of the wording of this but spoke of being involved in team meetings. There was a documented leadership structure and all staff felt supported by management. Staff stated they would approach the practice manager with issues. At the time of inspection there lacked leadership in the nursing team. This was due to current staffing vacancies which were being recruited for.

- The practice had a mission statement.
- The practice had a strategy and supporting business plans these were not always monitored.

Governance arrangements

The practice had gone through a significant period of change since June 2016 which had included changes to leadership both in practice management and in partnership which resulted in in changes to CQC registration. There had also been staff turnover. The practice was part of the vulnerable practice scheme and received support from the local clinical commissioning group and appointed an interim practice manager. The interim practice manager was employed by the practice as the permanent practice manager in February 2017.

We saw evidence that the new practice manager had worked hard over the past 12 months to make changes and strengthen the overarching governance framework which supported the delivery of the strategy and good quality care. Whilst many improvements had been made there were still some areas in need of further actions. For example:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. Staff had lead roles in key areas such as infection control and safeguarding leads.
- Since the new registration and employment of the new practice manager the process for creating all the policies and procedures for the practice has been implemented. Many of which were created in February 2017. The practice manager had reviewed all these policies and highlighted areas that would need to be made more specific to the current practice arrangements (for example updating the infection control policy to include the name interim infection control lead) and to check local arrangements. The practice manager had planned to review each policy in more detail and sign off as version 2 over the next few months.
- Policies were available for staff on the shared drive.
- However there were shortfalls as the practice did not have an information governance policy or sharps injury policy in place. The practice manager was aware of this and had a plan to create one by October 2017 and the practice did not have a completed infection control audit.
- There was some evidence to demonstrate that clinical and internal audits were used to monitor quality but not all of these had been repeated to demonstrate improvements to practice.
- Practice meetings were held every few months which provided an opportunity for staff to learn about the performance of the practice. Members of the administration/reception staff were invited to these meetings.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

Leadership and culture

On the day of the inspection the lead GP told us the aim was to prioritise safe, high quality and compassionate care. Staff told us the GP and practice manager were approachable and always took the time to listen to all members of staff. Staff reported that they felt the lead GP was happier now that the practice manager was in place and there was someone who could conduct an overhaul of systems and processes.

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).This included support training for all staff on communicating with patients about

Are services well-led?

Requires improvement

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

notifiable safety incidents. The lead GP encouraged a culture of openness and honesty. 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.
- Staff said they felt respected, valued and supported in the practice. All staff were involved in discussions about how to run and develop the practice, and the lead GP encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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 surveys and complaints received. The practice was developing a new patient participation group which was being driven by some existing patients. The practice also sought feedback from the NHS Friends and Family test, complaints and compliments received.
- staff through team meetings and discussions. Staff described being happier under this new management structure and feeling listened to and involved in the discussions about the practice. 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

Due to the numerous changes to the practice and the overhaul of systems and processes there was limited evidence to demonstrate engagement in pilot programmes and other initiatives.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** Assessments of the risks to the health and safety of service users of receiving care or treatment were not being carried out. In particular: • No staff had received infection control training. • There was no evidence to document when the fabric curtains in clinical areas had last been washed. • The practice did not have a sharps injury policy in place. This was in breach of regulation 12(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met:** The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to evaluate and improve their practice in respect of processing of the information obtained thought the governance process. In particular: • The practice had a lack of system for review of health promotion such as cervical screening. • Lack of oversight of governance arrangements around clinical audits and waste management.

This section is primarily information for the provider

Requirement notices

This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing **How the regulation was not being met:** The registered person had failed to ensure that sufficient numbers of suitably qualified, competent, skilled and experienced persons were deployed in order to meet the requirements of fundamental standards in the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. In particular: • Not all staff had received training required for their role. This included but was not exclusive to infection control, Mental Capacity Act (2005) and Equality and Diversity. This was in breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed **How the regulation was not being met:** The registered person's recruitment procedures did not ensure that potential employees had the necessary qualifications, competence, skills and experience before starting work. In particular:

This section is primarily information for the provider

Requirement notices

The practice had not undertaken a Disclosure and Barring Service check for non-clinical staff undertaking chaperoning duties. There was no risk assessment in place to mediate this.

This was in breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.