Westfield Surgery

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out a comprehensive inspection of Westfield Surgery on 21 October 2014. The inspection team was led by a CQC inspector and included a GP specialist advisor, and practice manager specialist advisor. We found that Westfield Surgery provided a good service to patients in all of the five key areas we look at. This applied to patients across all age ranges and to patients with varied needs due to their health or social circumstances.

Our key findings were as follows:

- The practice had systems for monitoring and maintaining the safety of the practice and the care and treatment they provided to their patients and were working on developing these.
- The practice was proactive in helping people with long term conditions to manage their health and had arrangements in place to make sure their health was monitored regularly.
- The practice was clean and hygienic and had arrangements for reducing the risks from healthcare associated infections.
- Patients felt that they were treated with dignity and respect. They felt that their GP listened to them and treated them as individuals.
- The practice had a well-established team with expertise and experience in a wide range of health conditions.
- The practice had identified areas where they needed to develop and improve and recognised the key role of the practice manager in achieving this.

There were areas where the practice needs to make improvements.

The practice should:

- Review policies and procedures relating to recruitment and ensure they are tailored specifically to the practice.
- Review policies and procedures for the induction, ongoing training, appraisal and supervision of non-clinical staff.
- Introduce a system for monitoring and auditing the allocation of paper prescription pads.

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- Introduce a system for checking GPs' bags regularly to make sure the contents including any medicines and equipment are complete and in date.
- Monitor the temperature of any room where medicines are stored.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

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?

Good

The practice is rated as good for providing safe services. Staff understood and fulfilled their responsibilities to raise concerns, and report incidents and near misses. The practice provided opportunities for the staff team to learn from significant events and was committed to providing a safe service. Information about safety was recorded, monitored, appropriately reviewed and addressed. The practice assessed risks to patients and managed these well. The practice had recognised that the practice manager needed additional time and support to ensure all of the necessary safety related management processes were in place.

Are services effective?

Good

The practice is rated as good for providing effective services. Patients' care and treatment took account of National Institute for Health and Care Excellence (NICE) guidelines. The practice assessed patients' needs and planned and delivered their care in line with current legislation. The practice was proactive in the care and treatment provided for patients with long term conditions such as asthma and diabetes and regularly audited areas of clinical practice. There was evidence that the practice worked in partnership with other health professionals. Staff received training appropriate to their roles and the practice supported and encouraged their continued learning and development.

Are services caring?

Good

The practice is rated as good for providing caring services. Data showed patients rated the practice in the mid-range nationally. Patients told us they were treated with compassion, dignity and respect and they were involved in care and treatment decisions. Information was provided to help patients understand the care available to them. We saw that staff treated patients with kindness and respect and were aware of the importance of confidentiality. The practice provided advice, support and information to patients, particularly carers, those with long term conditions, and to families following bereavement.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services. The practice was aware of the needs of their local population and engaged with the NHS Local Area Team (LAT) and Clinical Commissioning Group (CCG) to secure service improvements where these were identified. Whilst a small number of patients reported some difficulties with getting appointments we found that urgent

Summary of findings

appointments were available on the same day if this was necessary. The practice had made improvements to make it easier for patients to get through on the telephone. The practice had good facilities and was well equipped to treat patients and meet their needs. There was a clear complaints system with evidence demonstrating that the practice responded quickly to issues raised. The practice had a positive approach to using complaints and concerns to improve the quality of the service.

Are services well-led?

Good

The practice is rated as good for providing well-led services. The practice had an open and supportive leadership and a clear vision to continue to improve the service they provided. In spite of challenges caused by staff changes there was a clear leadership structure and staff felt supported by management. The practice had generally well organised management systems and met regularly with staff to review all aspects of the delivery of care and the management of the practice. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients and this was acted upon. The practice had a developing patient participation group (PPG). There was evidence that the practice had a culture of learning, development and improvement. The GP partners recognised the importance of supporting the practice manager to continue to develop important management processes.

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

Good

This practice is rated as good for providing care for older people. Patients over the age of 75 had a named GP and GPs visited patients at home if they were unable to travel to the practice for appointments. The practice was in the process of delivering its flu vaccination programme and visited patients at home if they were unable to attend the flu clinic it arranged. The practice had a positive relationship with local care homes and provided a responsive service to patients living in these. The practice had completed advanced care plans for all of its older patients who were vulnerable. The practice took into account the needs of older patients when compiling their 'preventing unplanned admissions' patient register.

People with long term conditions

Good

This practice is rated as good for providing care for people with long term conditions. The practice had effective arrangements for making sure that people with long term conditions received regular health checks and had plans in place in the event of their condition deteriorating. The practice took into account the needs of patients in those groups when compiling their 'preventing unplanned admissions' patient register.

The GPs or practice nurses visited people with long term health conditions at home if their health prevented them from being able to attend the surgery. Patients told us that they felt well supported by their GP and had regular checks to help them manage their condition.

Families, children and young people

Good

This practice is rated as good for providing care for families, children and young people. The practice held weekly childhood vaccination clinics for babies and children staffed by nurses, a GP and a health visitor. The clinic was run as a 'one stop shop' where families could also get advice about the care of their babies and parenting guidance. Child flu vaccinations were also provided. A midwife came to the practice every week to see pregnant women. The practice provided a family planning service. The GPs and practice nurses worked with other professionals where this was necessary, particularly in respect of children who may be at risk.

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Working age people (including those recently retired and students)

Good

This practice is rated as good for providing care for working age people, recently retired people and students. The practice recognised some patients experienced problems getting appointments and were actively working to improve this. Appointments were available in advance or on the same day for those who needed to see a GP promptly. The practice provided appointments until 6pm for people unable to visit the practice during the day and also had arrangements for people to have telephone consultations with a GP. They were also able to book evening and weekend appointments for patients with a local GP extended hours service. The practice was in the process of inviting patients between the ages of 40 and 74 for NHS Health checks. Students were being offered Meningitis C vaccinations before they started at college or university.

People whose circumstances may make them vulnerable

Good

This practice is rated as good for providing care for people living in vulnerable circumstances. The practice had a learning disability (LD) register and all patients with learning disabilities were invited to attend for an annual health check. Nurses at the practice had received training about the needs of people with learning disabilities from a learning disability lead nurse from the local social services learning disability team. Staff told us that the practice had some permanent traveller families registered and occasionally homeless people came to the practice needing to see a GP. Staff told us that they would be flexible about fitting patients in for appointments and that they arranged temporary registration if a patient did not have a permanent address. The practice worked with local agricultural employers to ensure that seasonal migrant workers understood the health provision available to them. Staff at the practice worked with other professionals to help ensure people living in difficult circumstances had opportunities to receive the care, support and treatment they needed. The staff team were aware of their responsibilities regarding information sharing and dealing with safeguarding concerns.

People experiencing poor mental health (including people with dementia)

Good

This practice is rated as good for providing care for people experiencing poor mental health (including people with dementia). The practice had a register of people at the practice with mental health support and care needs and invited them to attend for an

annual health check. Staff described close working relationships with the local mental health team which worked with the practice to identify patients' needs and to provide patients with counselling, support and information.

The practice was alert to the complex needs of people who were living with dementia. They were shortly to begin working with a designated dementia nurse from the local NHS mental health trust with whom they would be able to liaise about patients' care and treatment.

Summary of findings

What people who use the service say

We gathered the views of patients from the practice by looking at 40 CQC comment cards which patients had filled in and by speaking with a patient who is a member of the Westfield Surgery Patient Participation Group (PPG). Because the practice had run out of our comment cards another four people had used plain cards provided by the practice. Data available from the NHS England GP patient survey showed that the practice scored in the middle range nationally for satisfaction with the practice.

People were positive about their experience of being patients at Westfield Surgery. They told us that they were treated with respect and that members of the staff team at the practice were personable, sympathetic, and professional. Some people specifically commented on their GP listening to them and ensuring they received the treatment they needed by referring them to see specialists. Other people mentioned the consideration and support shown to them as carers. Some wrote that their GP was particularly good at explaining the options for their care and treatment and involving them in making the best decision for them.

Four patients commented on finding it difficult to get through on the telephone or to make an appointment, while most said that they were able to do so easily or did not comment on this. One person mentioned that the lack of car parking was a problem.

Areas for improvement

Action the service SHOULD take to improve

- Review policies and procedures relating to recruitment and ensure they are tailored specifically to the practice.
- Review policies and procedures for the induction, ongoing training, appraisal and supervision of non-clinical staff.
- Introduce a system for monitoring and auditing the allocation of paper prescription pads.
- Introduce a system for checking GPs' bags regularly to make sure the contents including any medicines and equipment are complete and in date.
- Monitor the temperature of any room where medicines are stored.

Westfield Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor and a practice manager specialist advisor.

Background to Westfield Surgery

Westfield Surgery is situated in a residential area in the Herefordshire market town of Leominster. It has around 9,250 patients. The practice is in a purpose built building within which is another GP practice.

Herefordshire has a mainly white British population with strong agricultural roots and some light industry. There is a substantial Eastern European population which dates back to the 1940s and has grown in recent years. The practice has a higher proportion of patients over 55 than the England average and a lower proportion of children, young people and working age adults.

The practice has five GP partners and at the time of this inspection was also employing a salaried GP. Two of the GPs are male and three are female. The practice has three practice nurses and two health care assistants. The clinical team are supported by a practice manager, deputy practice manager and a team of reception staff and medical secretaries. The practice is a training practice and at the time of the inspection one GP registrar was on placement there.

The practice has a General Medical Services contract with NHS England.

This was the first time CQC had inspected the practice. Based on information we gathered as part of our intelligent monitoring systems we had no concerns about the practice. Data we reviewed showed that the practice was achieving results that were in line with the England or Clinical Commissioning Group average in most areas.

The practice does not provide out of hours services to their own patients. Patients are provided with information about the local out of hours services based in Leominster on Saturday and Sunday mornings and in Hereford city. This service could be contacted by using the NHS 111 phone number.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This 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.

This provider had not been inspected before and that was why we included them.

Please note that references to the Quality and Outcomes Framework data in this report relate to the most recent information available to CQC at the time of the inspection.

Detailed findings

How we carried out this inspection

Before this inspection, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. These organisations included Herefordshire Clinical Commissioning Group (CCG), NHS England Local Area Team (LAC) and Herefordshire Healthwatch. We carried out an announced visit on 21 October 2014. Before the inspection we spoke with a patient who is a member of the practice's Patient Participation Group (PPG). We also sent CQC comment cards to the practice. We received 40 completed ones which gave us information about those patients' views of the practice. Four more patients wrote comments on blank cards provided by the practice when they had run out of the printed CQC ones. During the inspection we spoke with a range of staff (GPs, nurses, practice managers and reception staff).

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

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

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

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

Good

Are services safe?

Our findings

Safe Track Record

The practice had a system in place for reporting, recording and monitoring significant events and the staff we met understood the importance of this. The information was kept in a folder which all staff at the practice had access to, either to record a new event or to look back at the action taken in response to previous events. The information in the folder showed that it had been in use for eight years. This indicated a long term commitment to learning from things that happened at the practice. We saw that the entries covered a range of issues and showed that staff felt safe to report any concerns they might have. The practice manager acknowledged that this process would be enhanced by a more structured approach to monitoring the various types of incidents and events that happened.

Learning and improvement from safety incidents

Staff we spoke with knew about the significant events folder and that they were expected to record and report any issues of concern. One member of staff told us that significant events were always discussed. They said that the discussions covered prevention, learning and improvement. They gave us an example of a delivery of vaccines not being put away in the fridge promptly. This meant that they could not be used because they had not been maintained at the correct temperature. This could make the vaccine ineffective. They explained that this had resulted in the practice improving its system for receiving vaccine deliveries. This member of staff also told us that if an issue was about a patient then the event was also recorded in the patient's medical notes.

During 2014 there was a significant event relating to a staffing matter. This had resulted in the practice identifying that they needed to improve their human resources arrangements. The practice had also recognised that the practice manager needed protected time to deal with this and other management issues.

Staff in all roles confirmed that significant events and complaints were discussed at practice meetings to make sure information was shared. We saw evidence that members of the practice team discussed significant events during practice meetings.

National and local safety alerts arrived at the practice by email and were circulated to all the GPs and nurses by the practice manager.

Reliable safety systems and processes including safeguarding

The practice had a chaperoning policy describing the circumstances when it was appropriate for a chaperone to be present during consultations. Staff we spoke with confirmed that only the nurses carried out this role. Posters were displayed in the practice to inform patients of the availability of chaperones.

The practice had a detailed policy and procedures regarding safeguarding children and young people. This was based on national guidance and included details of the local multi agency safeguarding hub (MASH). Multi agency safeguarding hubs provide structures for all agencies with safeguarding responsibilities to communicate and work together effectively. Staff knew how to report any new safeguarding concerns to the Herefordshire MASH and contact information was readily available for GPs and other staff to refer to. We saw that there was a poster in the waiting room with information about child safeguarding arrangements. The practice had a lead GP for safeguarding and staff we spoke with knew who this was. Staff we spoke with had a good understanding of their roles and responsibilities regarding safeguarding including their duty to report abuse and neglect. A nurse gave us an example of noting a concern about a family and raising this with the duty GP who made a safeguarding referral.

The practice held meetings every two months to discuss child safeguarding cases with health visitors and communicated with them on a case by case basis at other times. A GP attended monthly neighbourhood meetings with other health professionals and one purpose of these was to discuss any safeguarding concerns.

The practice used the alert facility on the computer system to make sure that relevant staff were aware of any child or adult known to be living in vulnerable circumstances or at risk.

The GPs and nurses had completed computer based safeguarding training. The lead GP for safeguarding had done this training at level three. Other GPs had completed level two training and some had started level three. Reception staff and health care assistants had not yet

attended either child or adult safeguarding training. A nurse confirmed that they had done level two safeguarding training. The lead GP for safeguarding told us they had identified that they needed to make sure that all staff had done safeguarding training at the appropriate level and were looking at ways to address this.

The practice had a whistleblowing policy which included information about the rights and responsibilities of staff and patients. The document included a link to the General Medical Council's guidance about raising concerns about patient safety.

Medicines Management

We saw that medicines were stored in a locked cupboard in an area where access by patients would normally be supervised. However, the key to this cupboard was not securely stored and could potentially be accessed by patients and cleaning staff. The practice decided to move this key so that it would be more secure. We identified that the practice was not monitoring the temperature in the small room where the cupboard was located. We pointed out that this could potentially compromise medicines that did not need to be kept in a fridge but were nevertheless temperature sensitive.

Patients could order repeat prescriptions by calling at the practice, telephoning, sending a fax or online. There was a process for prompting patients who needed to have their medicines reviewed by a GP and this was done at suitable intervals depending on the specific requirements relating to individual medicines.

The practice had local guidance on the prescribing of specific antibiotics and this was stored in the computer system 'library' where all the clinicians could refer to it. A microbiologist had been to the practice to discuss antibiotic prescribing.

The GPs had individual prescription pads in their home visit bag to use when visiting patients at home. Other prescription pads were securely stored in a locked cupboard. Staff confirmed that the practice did not have a system for recording the allocation or use of prescription pads. They assured us that this would be put in place straight away in line with national guidance from NHS Protect.

We checked some of the GPs' home visit bags. The contents of these varied. For example, some contained medicines whilst others did not. One bag we checked contained water for injections that was out of date. The practice did not have a system for checking the content of these to ensure they contained appropriate medicines and equipment which were all in date. We pointed this out to the practice and they agreed to develop a system to minimise risk of this happening in the future.

The nurses were responsible for ordering vaccine stocks. This was done electronically and the practice had a system for recording the vaccines they had in stock and the batch numbers of these. The nurses had a system for rotating stock and checking expiry dates as they took stock from the fridges but did not keep a written record of this. The nurse we discussed this with said they would organise a recording system to make their checks more robust and able to be audited. We saw evidence that staff monitored and recorded the temperatures of the fridges where vaccines and other temperature sensitive medicines were stored.

Cleanliness & Infection Control

Many of the patients who filled in comment cards specifically commented on the high standard of hygiene and cleanliness at the practice. The practice was clean and tidy when we inspected. General cleaning of the premises was done by a cleaner employed by the practice. Clinical equipment was cleaned by the nurses and health care assistants and we saw that there were cleaning schedules describing the cleaning tasks that had to be carried out regularly.

Cleaning equipment and products were kept secure. Specific equipment and products were available to deal with any bodily fluids that might need to be cleaned. We saw that there was a good supply of personal protective equipment, such as disposable gloves and aprons, for staff to use.

The Clinical Commissioning Group (CCG) lead nurse for infection prevention and control (IPC) had carried out an IPC audit at the practice in January 2014. The practice score for this audit was 91%. They made some recommendations and the practice provided us with information about the action they had taken. One of the practice nurses had been delegated the role of infection

control lead. They demonstrated that they were familiar with infection prevention and control measures and were making steady progress towards meeting all of the recommendations from the January 2014 IPC report.

The practice had a legionella risk assessment and were carrying out relevant checks to help reduce the risk of legionella bacteria in the water systems.

The practice had a contract with a specialist company for the collection of clinical waste and had suitable locked storage for this and 'sharps' awaiting collection.

There was a 'sharps' injury procedure so staff had information about the action to take if they accidentally injured themselves with a needle or other sharp medical device. We saw that all the clinical staff at the practice had received Hepatitis B vaccinations to protect them against the risk of contracting this virus.

Equipment

In our discussions with staff we established that the practice had the equipment they needed for the care and treatment they provided. We saw evidence that equipment was maintained and re-calibrated as required. Portable electrical equipment was tested and we saw that the practice had a fire risk assessment and evidence of routine tests and checks including fire alarm tests and fire drills.

Staffing & Recruitment

Before the inspection we had learned from the Clinical Commissioning Group and NHS England that a problem had arisen at the practice due to checks not being made on the professional registrations of clinical staff. The practice also told us about this in the information they sent to us before the inspection. We looked into this further during the inspection and found that the practice had a written recruitment policy. This was a generic policy downloaded from the internet which had not been fully tailored to the specific needs of the practice. The policy did not include information about the practice's policy for carrying out criminal record checks through the Disclosure and Barring Service (DBS). DBS checks help to ensure a person's suitability to work with vulnerable patients. We looked at staff records and found that DBS checks had been done for most clinical staff and the practice had requested checks for the remaining five. We found that the practice had not requested references for one new member of staff although they had obtained a DBS check. References provide care employers with a way of checking the conduct of job candidates in previous care related jobs. The practice had recognised that recruitment and staff checks were areas where they could improve and were already looking at how to use their resources most effectively to address this.

The practice had identified that they were under pressure regarding the number of GPs working at the practice. This was due to staff leaving and sickness absence. They were doing what they could to deal with this by using long term locums well known to the practice to provide as much continuity as possible. They told us that they were working on recruiting a new partner to replace a partner who left during 2014. The practice was also looking into developing a minor illness clinic which would be run by a nurse practitioner.

Monitoring Safety & Responding to Risk

We saw evidence that when the practice became aware of risks or concerns of any sort the team discussed these with individual members of the team and at practice meetings. The practice had discussions to identify patients who may be at risk for whatever reason. There were practice registers in place for people in high risk groups such as those with long term conditions, mental health needs, dementia or learning disabilities. The practice had considered all of these groups when developing their 'preventing unplanned admissions' patient register, a list of patients known to be at high risk of hospital admission. The practice used the facility on the computer system to alert GPs and nurses to patients in these groups and to adults and children who may be at risk due to abuse or neglect.

The practice premises were generally well maintained. We saw evidence of insurance cover for the building as well as employer liability insurance.

Arrangements to deal with emergencies and major incidents

All staff at the practice had completed cardiopulmonary resuscitation (CPR) training. The clinicians' CPR training was up to date and other staff we spoke with told us that they all did this training every year. The practice computer system included an instant messaging alert system. Staff explained that they could use this in the event of a medical emergency in the building to send a message to GPs and nurses asking for urgent assistance.

Good

Are services safe?

The practice had oxygen, a defibrillator and emergency medicines available for use in a medical emergency at the practice. We saw evidence that staff checked these regularly to make sure they were available and ready for use when needed.

We saw that the practice had a business continuity plan to deal with a range of emergencies that might affect the daily operation of the practice. This included relevant contact information for staff and for other organisations and companies who would need to be contacted. The practice kept a copy of the business continuity plan off site so they could be sure they had access to it in an emergency.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Our discussions with the GPs and nurses showed that that they were aware of and worked to guidelines from local commissioners and the National Institute for Heath and Care Excellence (NICE) about best practice in care and treatment. The practice had a system to ensure these were circulated to all the GPs and nurses to make sure they were aware of up to date guidance and expectations. Data available to us showed that the practice had high achievement levels for the Quality and Outcomes Framework (QOF). QOF is a scheme which rewards practices for providing quality care and helps to fund further improvements.

The practice were aware of the needs of the local population and the extent to which the extent of social deprivation in the area contributed to the health of patients, including those with long term conditions. The practice team saw themselves as an important community resource and aimed to work with other professionals and with patients themselves to provide a service that met patients' needs. The GPs and nurses had defined areas of responsibility and the team worked closely together to share their combined knowledge and experience.

Management, monitoring and improving outcomes for people

The practice was active in making sure they reviewed patients with long term conditions regularly. They held mixed clinics twice a week for patients with long term health conditions so that they did not need to visit the practice on different dates for different conditions.. Patients could make individual appointments if this suited them better. This provided flexibility for patients with long term conditions such as diabetes, asthma, chronic heart disease and chronic obstructive pulmonary disease (COPD). Staff told us that patients with long term conditions had a named GP to provide them with continuity in their care and treatment.

All of the practice nurses had done extended training at certificate or diploma level in respect of these conditions. The practice also had appointments every four to six weeks for patients to be seen by a specialist diabetes nurse from the local NHS Trust. In addition staff told us that for patients with long term conditions they also used their medicines reviews for checks, for example for people with diabetes or high blood pressure. The practice nurses or GPs also visited some patients with long term conditions at home if their health prevented them from being able to attend the surgery. The practice manager monitored attendance at the clinics and followed up any patients who did not attend for their appointments to find out why this was and to encourage them to attend.

The practice was working on making sure that advanced care plans were in place for patients where the circumstances suggested this was needed; for example for frail older patients or patients receiving palliative care.

There was a healthcare assistant on duty every day who was trained to take blood. One of them told us that when a GP saw a patient and wanted blood tests urgently this could be done during the same visit to the practice which reduced the waiting time and anxiety for patients.

The practice held baby clinics every week. A nurse told us that they always had two nurses for this; one to deal with the parent and child and the other to review and update the babies' notes. They found that this made the clinic run more smoothly and made sure the parents and babies had the attention they needed. A GP and health visitor were also involved in the clinic. This was run as a 'one stop shop' to provide an integrated service to families.

Patients commented positively on the way the practice supported them with their health and treatment. For example, one person mentioned that the arrangements for blood tests were convenient and that they received their results quickly.

The practice worked hard to make sure that all their patients with learning disabilities and those who were known to have mental health needs received an annual check of their physical health.

The practice had a system in place for completing clinical audit cycles, a process by which practices can demonstrate ongoing quality improvement and effective care. We saw a completed audit cycle in respect of the levels of the practice's requests for specific types of blood tests (ferritin and serum iron) to be carried out. Another related to the numbers of cholesterol test requests made. We also saw evidence of a completed audit cycle for metabolic screening of patients on medicines used to treat certain

Good

Are services effective?

(for example, treatment is effective)

mental health conditions. Another audit cycle had been started regarding the practice's management of acute asthma and this had already led to more appropriate blood testing for patients.

Effective staffing

The GPs and nurses at the practice had a wide range of knowledge and skills. The clinicians' knowledge and skill was updated with ongoing accredited training and in-house training. We confirmed with the GPs we spoke with that they had taken part in annual appraisals and had either recently completed their five yearly revalidation or were due to do so in the coming year. Every GP is appraised annually and every five years undertakes a fuller assessment called revalidation. Only when revalidation has been confirmed by NHS England can the GP continue to practice and remain on the performers list with the General Medical Council.

All of the nurses at the practice had done extended training at certificate or diploma level in respect of long term conditions such as diabetes, asthma, chronic heart disease and chronic obstructive pulmonary disease. The health care assistant was trained to do blood pressure monitoring, take blood, remove sutures (stitches), carry out ear syringing and carry out basic health checks. Although they had done training for giving flu vaccines they had not done so for some time. They were confident that they would never be asked to carry out any procedure they were not trained to do or confident about. They told us that they recognised the importance of up to date experience and so had asked for refresher training if the practice needed them to do flu vaccines again.

New reception staff worked as an extra member of the team for four weeks and then were always on duty with an experienced colleague for a further two weeks. During this time they were supported by named staff and had weekly progress reviews with the deputy practice manager. The deputy practice manager told us this was flexible and if a new member of staff needed support for a longer period this would be provided. Each new employee had a folder with information about relevant practical topics and space to write their own notes. We looked at one staff member's folder. This showed that they were working their way through these topics and being supported by colleagues and the deputy practice manager. However, the practice did not have a defined list of all of the areas of knowledge that non-clinical staff needed to be trained in at the start of their employment or a structured means to record their competence. The initial information and training for new staff did not cover safeguarding.

Staff could ask questions or raise concerns openly at any time and said they were listened to. However, at the time of our inspection the practice did not have a structured system for non-clinical staff to have annual appraisals.

The practice recognised that training, ongoing supervision, and appraisal were areas where they could improve and were already looking at how to use their resources most effectively to address this.

Working with colleagues and other services

The practice told us they worked in partnership with other services such as Macmillan nurses, district nurses and the local community hospital where they provided clinical cover. The GPs did a 'ward round' at the community hospital every day and also provided some weekend cover there. Meetings with the district nurses and Macmillan nurses took place once every three months. A GP also attended monthly neighbourhood meetings with other health professionals.

The practice had a 'buddy' system for the GPs. This was to make sure that correspondence and test results for colleagues not at work were reviewed and actioned promptly.

The practice provided a number of clinics run by professionals employed by other NHS organisations such as the local NHS community and mental health trusts. These provided people with access to specialist mental health care and ante natal and post natal care. The practice told us that a similar service for patients with dementia related care needs would be starting shortly.

Patients referred to specialists were given a leaflet with the telephone number to use to check arrangements for their appointment at the hospital.

Information Sharing

The practice manager and one of the GPs were the information governance leads at the practice and they were responsible for making sure that the practice complied with relevant legislation and that information was shared with relevant staff. The practice recognised the importance of confidentiality and of complying with data protection

Good

Are services effective?

(for example, treatment is effective)

legislation. The practice website contained information about freedom of information, confidentiality and access to patient records. The website also explained the arrangements for the practice to be able to share a patient's medical records more widely within the NHS (for example, with the out of hours service or the hospital) so that other health professionals had access to essential details about their health when needed.

There was a system in place for making sure that test results and other important communications about patients from other health professionals were dealt with promptly. The practice used a digital dictation system to compose referral letters. The system enabled the GPs to indicate the urgency to be given to each letter so that the medical secretaries could type and send these in order of priority.

Consent to care and treatment

Health and care providers must work within the Code of Practice for the Mental Capacity Act 2005 (MCA) to ensure that in situations where people lack capacity to make some decisions through illness or disability, decisions about care and treatment are made in their best interests.

The clinical staff had not all received training about the Mental Capacity Act 2005. However, staff we spoke with were aware of their responsibilities in respect of consent and described the ways in which they would check whether people had capacity to make decisions. A healthcare assistant described how they would check whether they felt that a patient had capacity to consent at an appointment to have blood taken. They understood that a relative would not be able to insist that they did the test if the patient was saying no or did not understand. They told us they would always go and ask a GP for guidance if this situation arose. GPs we spoke with gave us examples of situations where they had needed to work with other agencies to make sure that decisions made about patients who lacked capacity were in their best interest.

GPs and nurses with duties involving children and young people under 16 were aware of the need to consider Gillick competence. The 'Gillick Test' helps clinicians to identify children aged under 16 who have the legal capacity to consent to medical examination and treatment.

GPs told us that they recorded patients' verbal consent for minor surgery in their notes but did not use consent forms. The GPs discussed this during the inspection and said they would start asking patients to sign a consent form. The practice updated their consent policy the day after the inspection and included a link to the General Medical Council guidance for doctors and their patients about consent.

Health Promotion & Prevention

The practice had an informative website providing a wide range of information about various health and care topics. Information was also available for patients in the waiting room and reception. The GPs and nurses were also able to print information for patients direct from the NHS computer system. This helped to ensure patients always received the most up to date information which could be printed in languages other than English if needed. The practice website had a facility for patients to select which language they needed information to be displayed in.

The practice had a rolling programme to invite patients between 40 and 74 years of age for NHS health screening checks. They also provided a cervical screening programme. Shingles vaccinations were available for people aged 70 or 79. Clinics for childhood immunisations were held and six week checks were carried out for babies.

The practice had recently held a 'Big flu day' on a Saturday at a local school where they provided 1700 patients with flu vaccinations. They had made sure that they contacted patients in at risk groups for whom it was particularly important to receive the flu vaccine.

The practice manager took a lead role in calling patients for other health checks and making sure GPs were proactive in monitoring patient's health. This included annual health checks for people with learning disabilities, mental health needs and monitoring of those receiving palliative care. This was a significant part of their role at the practice and they showed commitment to doing this thoroughly. This work was reflected in the practice achieving high Quality and Outcome Standards Framework (QOF) results.

Good

Are services caring?

Our findings

Respect, Dignity, Compassion & Empathy

We gathered the views of patients from the practice by looking at the 40 CQC comment cards (and four extra ones provided by the practice) that patients had filled in and spoke with a member of the patient participation group (PPG). These contained positive views from patients about their care and treatment. Information we had from the NHS England GP Patient Survey showed that the practice was in the mid-range for patient satisfaction. The results of the question "How helpful are reception staff" asked in a survey done by the patient participation group in 2013 showed that 193 out of 200 patients found the reception staff to be either excellent (124) or good (69) in this respect.

People were positive about their experience of being patients at Westfield Surgery. They told us that they were treated with respect and that members of the staff team at the practice were personable, sympathetic, and professional. Some people commented on their GP listening to them and ensuring they received the treatment they needed by referring them to see specialists. Other people mentioned the consideration and support shown to them as carers. Some wrote that their GP was particularly good at explaining the options for their care and treatment and involving them in making the best decision for them.

Four patients commented on finding it difficult to get through on the telephone or to make an appointment while most said that they were able to do so easily or did not comment on this. Many people made remarks about the kindness and helpfulness of the whole team.

Care planning and involvement in decisions about care and treatment

The patient survey information we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. For example, data from the national patient survey showed 78% of practice respondents said the GP was good or very good at involving them in care decisions. This was slightly below the national figure of 81%. The practice results for overall experience of the practice and of being treated with care and concern were 84% and 85%; both in line with scores nationally.

Patients' feedback on the comment cards we received was positive and several people wrote about their GP providing clear and helpful information and involving them fully in decisions about their care and treatment.

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients that this service was available. The practice website had a facility to provide the full content in a large number of different languages.

Information about various health conditions was provided on the practice website and leaflets were available in reception. The GPs and nurses printed up to date information from NHS sources to give to patients during their appointment.

Patient/carer support to cope emotionally with care and treatment

The information contained in the comment cards showed that patients felt supported by the practice. The practice worked hard to provide support to patients who were carers and one patient who completed a comment card specifically commented on their appreciation of this.

When patients died the practice contacted families to check their well-being and offer the opportunity to speak with a member of the team. Information was available about organisations specialising in providing bereavement support.

The practice had a carers' lead as recommended by Herefordshire Carer Support (HCS), an organisation that provides support and guidance to carers in Herefordshire. The carers' lead actively kept in contact with patients who were carers and the reception staff gave out HCS carer registration forms to make patients aware of the availability of local support. The practice had a carers' noticeboard and shelves in the waiting room which contained a wide range of information including details about Herefordshire Carer Support. We learned that the practice was 'Highly Commended' in Herefordshire Carer Support's 2013 awards for carer support by GP practices and encouraged patients to find out more about HCS and the support they provided. When the practice held a weekend flu vaccination clinic they arranged for a representative from HCS to be there to meet patients. As a result of this several people registered

Good

Are services caring?

with HCS on the day. The practice held a joint 'Carers' Week' with the other GP practice in the same building. This had included a lunchtime event for carers attended by HCS, staff from the local Hospice and from Age Concern.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice had a register of people with mental health support and care needs. Each person on the register was invited for an annual review of their overall health. Staff described good working relationships with the local mental health team. A mental health worker was at the practice one day a week to support the team to identify patients' needs and to provide patients with support and information.

The team were alert to the complex needs of people who were living with dementia and had a dementia register. They had made links with the local NHS mental health trust and were due to begin working with a designated dementia worker. This would provide them with direct access to dementia care services for referrals and partnership working in respect of care and treatment. We were told the dementia worker would be at the practice one day every month.

The practice provided general practice cover to older people and people with learning disabilities living in the care homes in Leominster and the immediate surrounding area. This reflected an arrangement between the Clinical Commissioning Group (CCG) and GP practices in Herefordshire to provide a more responsive service to people living in care homes in the county.

We spoke with the managers of five care homes in Leominster and the surrounding area. They were all very positive about the support and medical care provided by the practice. They confirmed that the practice was working with them to have up to date personal care plans in place for people living in the home they managed. They told us that a GP would always visit on the same day that they made a request and that the GPs were helpful and very responsive.

Tackling inequity and promoting equality

All of the consulting rooms were on the ground floor and there was ramped access with a handrail for patients coming into the building. The car parking at the practice was limited but did include some disabled spaces nearest to the entrance. The practice did not have an induction loop to assist patients who used hearing aids. However, the practice told us that they were aware of patients with hearing loss and flagged on the computer system so that staff were aware when someone may need additional support with communication.

Staff told us that the practice had some permanent traveller families registered and occasionally homeless people came to the practice needing to see a GP. Staff told us that they would be flexible about fitting patients in for appointments and that they arranged temporary registration if a patient did not have a permanent address. Herefordshire often has high numbers of seasonal eastern European agricultural workers. The practice explained how they had worked with local farmers to make sure workers knew how to access NHS services appropriately. Information in a wide range of languages, including several eastern European languages, was available on the practice website.

The practice used a telephone interpreting service for any patients who were unable to converse in English. Apart from a poster about 'flu' vaccines we noted that information leaflets in the practice were only available in English. However, GPs also had the facility to print up to date NHS patient information leaflets during consultations with patients and it was possible to select other languages for this. In addition the practice website had a facility for selecting a wide range of languages for the text to be displayed in.

Access to the service

Some of the GPs told us that the practice was aware that patients had found it difficult to make appointments at times in recent months. They said that this was mainly due to a partner leaving and because some of the GPs were part time.

The practice was open to patients from 8am until 6pm every weekday. Appointments were available from 9am until 12pm and from 3:30pm until 6pm every week day. Appointments were available from 2pm on some days. Appointments with the practice nurses and healthcare assistants were available from 8:10am in the mornings and from 2pm in the afternoons. This information was provided on the practice website together with information about how to make appointments, request a home visit or a telephone consultation.

Patients were able to request pre-bookable appointments and patients needing an appointment on the same day

Good

Are services responsive to people's needs?

(for example, to feedback?)

would be seen. In the patient participation group survey in 2013, 135 out of 200 people responded that they had been able to get a same day appointment, 21 said that they had not been able to and 44 did not know. Overall the results of the survey about access to appointments were mixed. Some people had found it easy to get through on the phone or to get an appointment but this was variable and the majority of patients had scored in the 'average' or 'fair' range with a significant minority choosing the 'poor' option. The practice was very aware of this issue which they explained was largely down to staff changes and staff illness. They were working hard to stabilise the team of GPs and were hoping to attract a new partner to the practice to help in this process. In addition the practice had improved the telephone system to make it easier for patients to get through.

The information from CQC comment cards indicated that the service was generally accessible. Most patients who commented on the subject said they were able to get an appointment on the same day they phoned if this was needed. Four patients commented that they had found it difficult either to get through on the telephone or to make an appointment.

Patients could make appointments in person, over the telephone or online. Patients were also able to ask for a telephone consultation to speak with a GP without always needing to have an appointment at the practice. There was a duty GP available every day whose time was used exclusively to provide on the day appointments either in person or over the telephone. All of the GPs did the visits to patients needing to be seen at home.

Patients who wanted appointments outside the practice's opening times were told about a local extended hours initiative by a group of 24 Herefordshire GP practices. This provided appointments between 6.30pm and 8pm on weekdays and between 8am and 8pm at weekends. Receptionists at all GP practices locally had access to the appointment booking system and could book appointments direct for patients.

The practice provided information about out of hours arrangements on their website and in a leaflet available in the practice. The telephone system automatically transferred patients to the NHS 111 service from 6pm to 8am.

Listening and learning from concerns & complaints

The practice had a system for handling complaints and concerns. Their complaints policy was in line with recognised guidance and contractual obligations for GPs in England.

The practice had received 10 formal complaints in the previous 12 months. We looked a selection of the records about how these had been dealt with. We saw evidence that the practice manager acknowledged all formal complaints within 48 hours and that patients concerns had been investigated and acted upon. The practice had a book in reception where staff were encouraged to record any compliments and informal complaints or concerns raised by patients. We saw evidence to show that the practice discussed complaints within the team and used these to help them to improve the service.

Are services well-led?

Good

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

Our findings

Vision and Strategy

The practice did not have a formal vision statement but during the inspection showed a shared commitment to providing patients with care and treatment that met their individual needs and the needs of the population. The team talked to us about having had a challenging year with a number of staff changes and staff illness. The practice was working hard to stabilise the team of GPs and were hoping to attract a new partner to the practice to help in this process. Most of the practice team took part in discussions with the inspection team at the start of the day and in the feedback session at the end. This reflected a theme during the day of the practice wanting to establish a shared vision for the future and work together to build the practice.

Governance Arrangements

The GP partners had lead roles and specific areas of interest and expertise. During the inspection we found that all members of the team understood their roles and responsibilities.

The practice used information from a range of sources including their Quality and Outcomes Framework (QOF) results and the Clinical Commissioning Group to help them assess and monitor their performance. QOF is a scheme which rewards practices for providing quality care and helps to fund further improvements. We saw examples of completed clinical audit cycles demonstrating that the practice was reviewing and evaluating the care and treatment patients received.

The practice could evidence that it was generally adhering to expected governance processes. For example, the practice manager had well organised processes for the management of services and NHS contracts. We saw evidence that these were leading to improved outcomes for patients alongside effective management of the practice's finances. The practice had recognised that they needed to improve other aspects of the management of the service including staff recruitment for example. The partners were aware that the practice manager needed protected time to enable them to fulfil all of the expectations of their role effectively.

Leadership, openness and transparency

We found that the practice was welcoming, friendly and helpful. The team showed that they were willing to look at the ways they did things and wanted to improve and develop. The practice had a longstanding team of partners who had worked together over a number of years. They were supported by a practice manager and deputy practice manager who had worked at the practice for a long time. The team had recognised that some staffing changes over the previous year had had an impact on the stability of the practice but were working together to rebuild the team. There was an acceptance within the team that the practice manager needed protected time and support to develop and improve the management systems within the practice.

Staff told us they felt supported and listened to and enjoyed working at the practice. A patient commented that they considered that the way the practice was managed provided all of the team with a voice in how things were done and that this was good for efficiency and staff morale. Staff described the practice manager as available and open to suggestions.

Practice seeks and acts on feedback from users, public and staff

The practice had established a Patient Participation Group (PPG). A PPG is usually made up of a group of patient volunteers and members of a GP practice team. The purpose of a PPG is to discuss the services offered and how improvements can be made to benefit the practice and its patients. This was run as a 'virtual' group with communication mainly by email. When the group was set up this was advertised within the practice and on the website. The practice website contained a link to survey information gathered by the group but there was no information on the website currently to explain to patients how they could become involved in this now.

The most recent PPG survey in 2013 focussed on telephone access and making appointments. The practice was aware of this concern and had made improvements with regard to patients' ability to get through. They created a separate direct dial number for repeat prescriptions and made other alterations to the way the telephone system was set up. The practice told us that this had resulted in fewer concerns being raised. The practice aimed to have three receptionists answering the phones from 8am for the first

Are services well-led?

Good

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

two hours which was their busiest time. While they had no immediate plans to change the system again the practice said they would continue to monitor patient and staff feedback.

Management lead through learning & improvement

The practice held one meeting a year for the whole team. Other meetings were held at various intervals. These included a weekly meeting for the practice nurses and one for the GPs and the practice manager. The administrative and reception staff had separate meetings approximately every six weeks. The practice manager acted as a link between all of these groups to pass on information. The team recognised the benefits of whole team meetings to share learning and build team work and we were told that one was planned for November 2014. In addition to team meetings staff told us that the practice closed for a half day every three months for a training session. The practice either used a locum GP to cover the practice during that time with a member of reception staff or the other practice in the same building provided cover for them. The training sessions were held in the practice so if necessary staff would be available if a patient required immediate attention.

The results of significant event analyses (SEAs) and clinical audit cycles were discussed but this was often only with the staff directly involved. The practice was therefore not making full use of SEAs to contribute to staff learning.

However, the clinical audit cycles we saw included assessments of the practice's performance against both national guidelines and the clinicians' own expectations for patient care and outcomes. These were shared with all GPs at the practice

We saw that each audit included suggested changes in practice and/or action plans for improvement. For example, one GP did an audit in relation to certain types of medicines where patients should have various regular checks done. While doing this audit the GP had added an alert to each patient's medical notes to help ensure these checks were done. Another audit showed that the practice was not following national guidance in all aspects of asthma care. The audit contained an objective overview of this together with proposals for improving performance.

The practice was a training practice providing one GP training place at any given time. Only approved training practices can employ GP registrars and the practice must have at least one approved GP trainer. A GP registrar is a qualified doctor who is training to become a GP through a period of working and training in a practice. At the time of this inspection there was one registrar working at the practice. We saw that the practice team involved them in briefing and feedback sessions with us at the start and end of the inspection. We saw positive feedback in the comment cards regarding their approach to patients and the care they provided.