

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Willowbrook Medical Practice on 18 August 2016 .

Overall the practice is rated as requires improvement.

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

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events however not all incidents were reported or shared with all staff.
- Some risks to patients were assessed and well managed however several identified actions had not been completed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it difficult to make an appointment with a named GP however they could get an appointment on the day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a leadership structure and staff felt supported by management.
- The practice was sponsoring a local scheme that provided meals at a subsidised cost using supermarket surplus. The practice had agreed to pay for 100 meals per month that would be given to the very underprivileged and homeless.
- The practice proactively sought feedback from staff and patients, which it acted on. However the results of the July 2016 national patient survey had not been fed back to the PPG or the GPs.

Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour.
- The practice did not have a process in place for identification and support for carers.
- At the time of the inspection the provider was not registered for maternity and midwifery services. The provider said that they would rectify this.
- The practice had a number of policies and procedures to govern activity however not all the policies were being adhered to.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care.
- The practice proactively sought feedback from staff and patients, which it acted on

The areas where the provider must make improvement are:

- Embed a formalised process for staff meetings including governance issues.
- Ensure actions and outcomes from legionella testing are followed up and rectified.
- Ensure patient safety alerts, including estates and facilities alerts received in practice are disseminated and acted on where applicable.

- Ensure robust processes for reporting and recording significant events, incidents and near misses. Ensure all staff are aware of this and that all analysis is shared with relevant staff.
- Ensure registration includes the regulated activity of maternity and midwifery services.

The areas where the provider should make improvement are:

- Ensure policies in practice such as complaints policy and prescription security are followed and understood by all staff.
- Ensure the registration is updated and applies for the registered activity for maternity and midwifery services.
- Investigate errors with fridge temperatures and ensure that drugs and vaccines are safe and fit for use.
- Review feedback from the national patient survey with all staff and identify any areas for improvement.
- Review process and methods for identification of carers and the system for recording this. To enable support and advice to be offered to those that require it.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

- There was a system in place for reporting and recording significant events however not all incidents had been reported.
- Lessons were shared to make sure action was taken to improve safety in the practice however lessons had not always been shared with all staff.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had some clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Some risks to patients were assessed and well managed however several identified actions had not been completed. For example actions and recommendations following the legionella risk assessment. However since the inspection we were sent evidence that this work had been arranged to be completed by 28 September 2016.
- There was no process in relation to safety alerts received into practice and we did not see evidence that all these had been actioned or discussed.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were consistently above average compared to the CCG and national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care however there were areas that were lower than CCG and national averages.
- 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 easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice was sponsoring a local scheme that provided meals at a subsidised cost using supermarket surplus. The practice had agreed to pay for 100 meals per month that would be given to the very underprivileged and homeless.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it difficult to make an appointment with a named GP however they could get an appointment on the day.
- Surveys conducted showed that patients were not able to get through easily on the telephone. The practice had invested in a new telephone system and made adjustments to the online booking to try and improve.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. The acknowledgment of complaints was not always completed within three days as stated in the practice policy.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.

Requires improvement



Summary of findings

- There was a clear leadership structure and staff felt supported by management.
- The practice had a number of policies and procedures to govern activity however not all the policies were being adhered to.
- Governance was discussed however sometimes informally at GP lunchtime meetings and items discussed such as significant events or patient safety was not minuted.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty.
- The practice proactively sought feedback from staff and patients, which it acted on.
- The patient participation group was active.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The provider was rated as requires improvement for safe and well-led and good for effective, responsive and caring. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Each patient was assigned a named GP to enable continuity of care.
- The practice worked collaboratively with specialist nurses including community matrons and falls and bones nurse

Requires improvement



People with long term conditions

The provider was rated as requires improvement for safe and well-led and good for effective, responsive and caring. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was 100% which was better compared to the CCG average of 82% and the national average 89%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Requires improvement



Summary of findings

Families, children and young people

The provider was rated as requires improvement for safe and well-led and good for effective, responsive and caring. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 92%, which was higher compared to the CCG average of 85% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Requires improvement



Working age people (including those recently retired and students)

The provider was rated as requires improvement for safe and well-led and good for effective, responsive and caring. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The 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 had developed a smart-phone app which patients could use for example, to make appointments, contact the practice or check symptoms as it was linked to the NHS symptom checker.
- The practice had extended hours to 8.30pm Monday evenings.

Requires improvement



Summary of findings

People whose circumstances may make them vulnerable

The provider was rated as requires improvement for safe and well-led and good for effective, responsive and caring. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered all learning disability patients on the register an annual health check. Any that declined were followed up by a learning disability nurse to provide support.
- The practice offered longer appointments for patients with a learning disability.
- The practice had a good relationship with learning disability nurses and who would attend for joint appointments with the patients.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Requires improvement



People experiencing poor mental health (including people with dementia)

The provider was rated as requires improvement for safe and well-led and good for effective, responsive and caring. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 94% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is above the national average of 84%.
- Performance for mental health related indicators was higher when compared to the CCG and national average. The practice achieved 100% of targets compared to a CCG (91%) and national average (93%).
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.

Requires improvement



Summary of findings

- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations such as MIND.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

Three national GP patient survey results were published on 7 July 2016. The results showed the practice was performing below local and national averages in some areas. 267 survey forms were distributed and 113 were returned. This represented 0.7% of the practice's patient list.

- 38% of patients found it easy to get through to this practice by phone compared to the CCG average of 68% and the national average of 73%.
- 79% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 84% and the national average of 85%.
- 77% of patients described the overall experience of this GP practice as good compared to the CCG and the national average of 85%.

- 62% 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 75% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 17 comment cards which were all positive about the standard of care received. Comment cards reflected that overall patients were satisfied with the service provided and they stated they could get an appointment when needed, however two comment cards whilst positive also mentioned that it was difficult to make an advance appointment and get through on the telephone in a morning. Overall the comments said that staff were friendly, patient and caring.

Areas for improvement

Action the service **MUST** take to improve

- Embed a formalised process for staff meetings including governance issues.
- Ensure actions and outcomes from legionella testing are followed up and rectified.
- Ensure patient safety alerts, including estates and facilities alerts received in practice are disseminated and acted on where applicable.
- Ensure robust processes for reporting and recording significant events, incidents and near misses. Ensure all staff are aware of this and that all analysis is shared with relevant staff.
- Ensure registration includes the regulated activity of maternity and midwifery services.

Action the service **SHOULD** take to improve

- Ensure policies in practice such as complaints policy and prescription security are followed and understood by all staff.
- Investigate errors with fridge temperatures and ensure that drugs and vaccines are safe and fit for use.
- Review feedback from the national patient survey with all staff and identify any areas for improvement.
- Review process and methods for identification of carers and the system for recording this. To enable support and advice to be offered to those that require it.

Willowbrook Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Willowbrook Medical Practice

Willowbrook Medical Practice is a six partner practice which provides primary care services to approximately 15100 under a General Medical Services (GMS) contract.

- The practice is situated in Sutton-in-Ashfield in a purpose built building that is accessible to patients with wheelchairs and those with limited mobility.
- There is a large car park at the practice and the practice is fully accessible to patients with mobility problems or those using wheelchairs.
- Services are provided from Willowbrook Medical Practice, Brook Street, Sutton In Ashfield, Nottinghamshire, NG17 1ES
- The practice consists of six partners (five male and one female).
- The all female nursing team consists of three advanced nurse practitioners, five practice nurses and three health care assistants (HCA) two of whom are phlebotomists.
- The practice has a practice manager and assistant manager who are supported by 22 clerical and administrative staff to support the day to day running of the practice.

- This practice provides training for doctors who wish to become GPs and at the time of the inspection had one doctor undertaking training at the practice. (Teaching practices take medical students and training practices have GP trainees and F2 doctors).
- When the practice is closed patients are able to use the NHS 111 out of hours service.
- The practice has a lower than average number of patients aged 29 to 39 years of age and higher than average number of patients over 65 years of age.
- The practice has high deprivation and sits in the third more deprived centile.
- The practice is registered to provide the following regulated activities; surgical procedures; family planning, diagnostic and screening procedures and treatment of disease, disorder or injury.
- The practice lies within the NHS Mansfield and Ashfield Clinical Commissioning Group (CCG). A CCG is an organisation that brings together local GPs and experienced health professionals to take on commissioning responsibilities for local health services.
- The practice is open between 8.30am and 6.30pm Monday to Friday with extended hours to 8.30pm on Mondays. Appointments are from 8.40am to 11.30am and 2.40pm to 5.20pm other than Mondays when extended hours appointments are offered until 8pm.

At the time of the inspection the provider was not registered for maternity and midwifery services. The provider said that they would rectify this.

Detailed findings

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.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 18 August 2016.

During our visit we:

- Spoke with a range of staff (GPs, practice management team, administrative staff and nursing staff and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised 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.'

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 with dementia).

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

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the management of any incidents and there was a recording form available on the practice's computer system.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out analysis of the significant events.
- We saw that safety alerts including estates and facilities alerts were not actioned and we saw no evidence to show that they had been this year. Drug alerts were dealt with by the pharmacist employed by the practice however we did not see any recording to say what had been done, for example, audits, patients contacted or a note of them not been applicable. We saw in the waiting area that unused plug sockets had caps inserted despite a safety alert been received by the registered manager via email. The registered manager could not tell us what happened in relation to the safety alerts and the GPs were not aware of any received. There was a spreadsheet held in the practice for the monitoring of alerts however this had only one alert recorded.

We reviewed minutes of meetings with staff, nurses and GPs and did not see evidence of these being discussed. The GPs had a meeting every day at noon where patients, significant events and incidents were discussed, however these meetings were more informal and not always minuted as such. The clinical meeting and staff meetings did not have standard agenda items including incident reports and patient safety alerts. Therefore we did not see evidence that lessons were shared. Staff we spoke with that had reported incidents said that they had not been informed of what had happened following the reporting.

We did see from the significant report forms that action was taken to improve safety in the practice. For example, changes to processes and more vigilance needed for human errors.

Overview of safety systems and processes

The practice did not have clearly defined and embedded systems, processes and practices in place to keep patients safe. However, the practice did have effective systems in place to keep patients safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child protection or child safeguarding level 3. Leads for safeguarding we were told had been trained to level 4 however there were no training certificates to evidence this.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS)
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- Not all arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing,

Are services safe?

recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, and the practice had two pharmacists that worked with the practice, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored, however the secure stationary policy was not being followed by staff. The policy stated that a certain number of prescriptions were allocated to GPs each morning and serial numbers recorded, then at the end of the day the unused prescriptions should be returned. Any used prescriptions should have serial numbers and patient details matched and recorded. The staff were not aware of this process and therefore it did not happen. In addition, prescriptions that were collected including controlled drug prescriptions were not being recorded when collected. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

- During our inspection we observed that all vaccinations and immunisations which required storage within controlled temperatures were stored appropriately. We saw that there was a process in place to check and record vaccination fridge temperatures on a daily basis. We saw that one of the three fridges had problems with the temperature and that on three occasions the temperature had been outside of the required range. This had not been reported to practice management as a significant event, however the staff had checked the temperature by downloading information from a data stick which showed that the temperature had been maintained correctly. However the issue of the temperature inaccuracies had not been investigated or rectified. One of the other fridges had been subject to a power failure, we saw that this had been investigated by the staff however it had not been reported as a significant event and we were not assured that the processes that should have been followed in relation to the vaccines contained had been adhered to. Another fridge was used as a store cupboard for medication. Medication such as lignocaine (used as a local anaesthetic) and nebuliser solution (used for treatment of respiratory disease or disorder) was in the fridge. This

medication did not require to be stored at a set temperature which was being stored at between three and eight degrees celcius, this meant that potentially a patient could be given medication for example the nebuliser solution which was inhaled at three degrees celcius which may not be appropriate. We saw evidence of a cold chain policy in place (cold chain is the maintenance of refrigerated temperatures for vaccines) however this had not been embedded into everyday practice.

- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. Interview records could not be provided on the day of inspection.

Monitoring risks to patients

Some risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the staff room which identified local health and safety representatives. The practice did have a fire risk assessment completed in 2015 and all electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place 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). The legionella risk assessment highlighted that the practice should be recording temperatures of the taps and we were shown that this was being done and recorded, however we saw that on nine occasions the temperature had not reached the desired temperature and that this had not been reported as an incident nor had any action being taken in relation to rectifying this. Since the inspection the practice forwarded evidence that the work had been instructed to be completed on 28 September 2016.

Are services safe?

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place 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 on treatment room.

- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- 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 in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. The plan also included ways of informing patients and gave contact numbers of the local newspaper and radio stations, as well as the use of social media.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to 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 most recent published results were 100% of the total number of points available. Exception reporting for the practice was 9.7% which was in line with the CCG average of 9.5% and the national average of 9.2%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was 100% which was better compared to the CCG average of 82% and the national average 89%.
- Performance for mental health related indicators was higher when compared to the CCG and national average. The practice achieved 100% of targets compared to a CCG (91%) and national average (93%).

We were shown that the practice had achieved 100% of the total number of points for the past three years. The practice had a board in the staff room with each indicator and was updated monthly so that all staff could see the areas that

needed work to be completed. This was used by all staff and the staff we spoke with including nursing and administrative staff said that it was useful and motivated them.

There was evidence of quality improvement including clinical audit.

- There had been numerous clinical audits completed in the last two years, three of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included new QOF induction for registrars.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, what to do in the event of a fire, health and safety and confidentiality.
- The practice could not demonstrate how they ensured role-specific training and updating for relevant staff. We saw a system which included all staff and the training that they had completed with dates of completion. Staff that required more specific training for example, for those reviewing patients with long-term conditions, it was difficult to track what course they needed to complete and if they had completed it within the timescale required for example annually.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the

Are services effective?

(for example, treatment is effective)

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.

- Staff received training that included: safeguarding, infection control and basic life support. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

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. Meetings took place with other health care professionals on a bi-monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

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.
- 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. 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. Patients were signposted to the relevant service and referred when required.

The practice's uptake for the cervical screening programme was 92%, which was higher compared to the CCG average of 85% and the national average of 82%. There was a policy to offer reminders for patients who did not attend for their cervical screening test. Letters were sent to patients and at the third reminder the details would be passed to one of the nursing team who would telephone the patient. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place 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.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 96% to 97% which was comparable to the CCG average of 93% to 97% and five year olds from 89% to 96% which was comparable to the CCG average of 91% to 98%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed 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.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 17 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, patient and caring and treated them with dignity and respect.

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

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

- 87% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 87% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%

- 81% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average and the national average of 85%.
- 86% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 76% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

The practice was sponsoring a local scheme that provided meals at a subsidised cost using supermarket surplus. The practice had agreed to pay for 100 meals per month that would be given to the very underprivileged and homeless.

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. Patient feedback from the comment cards we received said patients felt listened to and supported by staff, they said that they were given explanations and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. We also saw that care plans were personalised.

Results from the national GP patient survey showed patients responded mostly positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with or slightly below local and national averages. For example:

- 79% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 74% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and the national average of 82%.
- 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 87% and the national average of 85%.

Are services caring?

The GP's were not aware of the data that had been released in July 2016 that related to how patients had responded to questions about their care and treatment and were unable to respond to why some patients not been satisfied with this area.

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

- 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 this service was available.
- Staff told us that translation services were either over the telephone however they could also arrange for an interpreter to attend the appointment in person.
- The practice had a portable hearing loop.

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.

We were told that the practice's computer system alerted GPs if a patient was also a carer. We asked the GPs if there was a register of carers for which we were told that there was not however the practice management said that there were over 200 patients identified as carers (less than 2% of the practice list). The GP's were not aware of this and there were no annual reviews completed in relation to carers. There was information given should a patient be identified as a carer in the appointment. Written information was available to direct carers to the various avenues of support available to them which was also displayed in the waiting area.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

There was an emergency telephone line that was given to patients and families that were identified as end of life so that they could contact the practice easier. The practice also gave direct dial numbers to GP's to those that needed it.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered extended hours on a Monday so that patients could book an appointment up to 8pm.
- There were longer appointments available for patients with a learning disability.
- Patient appointments were managed on a STAR system which meant that the appointment time was increased dependant on the co-morbidities of the patient.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice had an emergency line that would be answered separately to the other phone lines and would then be sent to a GP to contact the patient.
- Telephone consultations were available with a nurse or a GP.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- The practice was a yellow fever clinic.
- There were disabled facilities, a hearing loop and translation services available.
- The practice had in the foyer bike locks fixed to the wall. Keys were accessed from reception which enabled patients to secure their pushchairs or bicycles so they did not have to bring them into the practice waiting area.
- The practice had its own Willowbrook app which could be downloaded to patients telephone, this would enable patients to manage their appointments, contact the practice and also link to NHS healthchecker to check symptoms.

Access to the service

The practice was open between 8.30am and 6.30pm Monday to Friday with extended hours to 8.30pm on Mondays. Appointments were from 8.40am to 11.30am and 2.40pm to 5.20pm other than Mondays when extended hours appointments are offered until 8.30pm.

A number of pre-bookable appointments could be booked up to six weeks in advance, however the practice had moved to more book on the day appointments in relation to feedback from patients and discussions with the PPG. Online appointments were available from 7am each day so that patients could book their appointments directly without having to telephone the practice. Urgent appointments were also available for people that needed them.

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

- 66% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and the national average of 76%.
- 38% of patients said they could get through easily to the practice by phone compared to CCG average of 68% and the national average of 73%.

The practice had looked at access over the past year and had employed new advanced nurse practitioners to improve appointments. The practice had invested in a new phone system which enabled reports to be run to assess peak times and to look at how many calls were answered and how quickly. The management could see at a glance how many calls were waiting and how many had been missed.

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

The practice had a system in place to assess:

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

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.

Are services responsive to people's needs?

(for example, to feedback?)

Non-clinical staff had a process to work to that gave them guidance and instructions for triaging on the day appointments and guidance included speaking to clinical staff if unsure.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- The policy stated that complaints would be acknowledged within three working days however we
- We saw that information was available to help patients understand the complaints system and that there was a poster in the waiting area.

- Staff at reception had a complaints form with the process on one side to give to patients if they wished to complain.

We looked at five complaints received in the last 12 months and found that these were satisfactorily handled and mostly dealt with in a timely way. The practice complaints policy said that complaints would be acknowledged within three working days and we found that this was not always completed on time as the staff member overseeing complaints did not work full time or may have been on leave. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, one of the response letters of a clinical complaint included information on how practice had been changed to prevent reoccurrence to any other patient. Letters included an apology were appropriate.

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 clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- The practice had a number of policies and procedures to govern activity however not all the policies were being adhered to.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions however these were not always robust as staff had not reported all incidents and safety alerts had not been actioned.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners and management were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when

things go wrong with care and treatment). The partners encouraged a culture of openness and honesty. The practice had systems in place 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 leadership structure in place and staff felt supported by management.

- Staff told us the practice held regular team meetings however there were no meetings that included all staff, clinical and non-clinical.
- There was no fixed agenda for staff meetings to include governance issues such as complaints, significant events, and patient safety alerts. Some of these were discussed through the more informal daily clinical meeting that was not always minuted.
- 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, particularly by the partners and management in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners 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, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly and had carried out a patient survey in 2015 to look the low score on the national survey for patients getting through on the telephone and patient access.

Are services well-led?

Requires improvement 

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

- The practice also had an electronic patient participation group, this was a virtual group that consisted of approximately 40 members. Information about the practice was emailed to the members.
- The PPG had been involved with looking at ways to reduce the DNA's (did not attends) and ideas for improving the appointments system.
- The PPG had also been involved in events at the practice and in 2015 had joined with other agencies to raise patient awareness in the practice, such as age concern and dementia society.
- The national patient survey information that had been released in July 2016 had not been shared with the PPG or being discussed in the practice.
- The practice had gathered feedback from staff through anonymous surveys and discussed at staff meetings. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example staff had fed back that the

noise level at reception was too noisy and therefore the incoming phones were moved to an office at the back of the building. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of a federation with six other practices to work together on pilot schemes to improve outcomes for patients in the area.

Three of the partners in the practice had originally been registrars with this practice and other staff such as HCAs had started as phlebotomists. The practice were using their training and development to assist in future planning for the practice staff.

The practice had recently developed a smart phone app which had been downloaded 100 times. This enabled patients to for example, book appointments and check symptoms through links to the NHS symptom checker.

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 Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users.</p> <p>Actions and outcomes from legionella testing were not followed up and rectified.</p> <p>They had failed to ensure there was a robust process to review and action patient safety alerts .</p> <p>They had failed to ensure there was a robust processes for reporting and recording significant events, incidents and near misses. Reviews of these and analysis was not shared with relevant staff.</p> <p>This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Diagnostic and screening procedures Family planning services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered person did not do all that was reasonably practicable to assess, monitor and improve the quality and safety of the services provided.</p> <p>They had failed to ensure all policies and protocols were robust and followed.</p> <p>Registration was not accurate as did not include the regulated activity of maternity and midwifery services</p>

This section is primarily information for the provider

Requirement notices

Arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not always robust as staff had not reported all incidents and safety alerts had not been actioned.

The national patient survey information that had been released in July 2016 had not been shared with the PPG or being discussed in the practice.

This was in breach of regulation 17(1)(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.