Dr Wignell and Partners

Quality Report

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Date of inspection visit: 3 October 2016
Date of publication: 23/11/2016

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Wignell and Partners on 3 October 2016. Overall the practice is rated as requires improvement. Improvements were needed in providing safe, effective and well-led services. Our key findings were as follows:

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

- There was not a fully functional system in place for reporting and recording significant events and for learning to be circulated to staff and changes implemented where required. Reviews of complaints, incidents and other learning events were not thorough.
- Risks to patients were not always assessed and well managed.
- Staff assessed patients' ongoing needs and when they delivered care to patients it was in line with current evidence based guidance.
- The practice was performing well on most clinical outcomes in terms of national data. However, where care and treatment data suggested patients did not always access reviews they required for medicines or long term conditions, there was not always a response to identify the reason and drive improvements.
- Reviews of patients on repeat medicines were not always recorded properly to ensure this system was monitored properly and this had not been identified as an area for improvement or further monitoring.
- The practice planned its services based on the needs and demographic of its patient population.
- Patients reported continuity of care, particularly for patients with the most complex health needs.
- Staff were trained in order to provide them with the skills, knowledge and experience to deliver effective care and treatment. However, there were instances where staff required training updates but had not received these and gaps in training records were noted.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available.

Summary of findings

- Patient feedback in CQC comment cards suggested patients felt staff were caring, committed and considerate.
- The practice was equipped to treat patients and meet their needs.
- The provider was aware of and complied with the requirements of the duty of candour.
- There was not an adequate governance structure and roles were not always clearly defined to ensure appropriate management of the practice.

Areas the provide must make improvements are:

- Identify, assess and mitigate risks to patients where these occur through improved management of the practice and premises. Specifically undertake risk assessments related to fire and legionella, and ensure checks take place on gas appliances.
- Review governance structures to ensure improvements to services are made where required and in order to ensure patients receive effective care and treatment where data suggests that outcomes need improving. Specifically improve the recording and monitoring of medicine reviews and identify means of improving take up of health checks for patients with long term conditions.
- Improve the system for responding to significant events and complaints as part of the system of clinical governance to ensure any learning areas are identified and acted on.
- Improve training monitoring and deliver training where required. Specifically train chaperones, update immunisation training for relevant staff and provide basic life support and Gillick competency training to staff.

Areas the provide should make improvements are:

- Review staff hepatitis B immunisation records.
- Implement a whistleblowing policy and make this available to staff.
- Review the tools used in infection control and review which areas of the premises may need improvements.
- Review the maintenance and improvement work planned for the practice to prioritise any work which can be completed earlier than the practice current deadline of December 2019.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Requires improvement

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

- Lessons were not always identified and shared to make sure action was taken to improve safety in the practice as a result of significant events and complaints.
- Risks to patients were not assessed and well managed. For example, there was not an adequate fire risk assessment.
- Chaperones did not receive training and some reception staff who were occasionally asked to undertake the role did not have a disclosure and barring check (DBS).
- 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.
- Arrangements were in place to safeguard children and vulnerable adults from abuse.
- Equipment was checked and calibrated.
- Medicines were stored and handled safely.

Are services effective?

Requires improvement

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

- The most recent published results showed 99% of the total number of points available compared to the clinical commissioning group (CCG) average of 97% and national average of 95%.
- The practice has a rate of 11% exception reporting compared to the national average of 9% and regional average of 10%. However some exception reporting in mental health and diabetes indicators showed higher instances than local averages of patients who did not receive care in line with national data. There was no monitoring of this data to identify the reasons for high exception reporting and what could be improved.
- Only 64% of patients on less than four repeat medicines and 80% of patients on four or more medicines had up to date medicine reviews.

Summary of findings

- There was evidence of staff development and training. However, training was not monitored properly to ensure that staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for staff, but appraisals were overdue.
- Learning disability health check uptake was low. There were 26 patients on the register and four had completed health checks in 2015/16
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice similarly or higher than others for several aspects of care. Patient feedback from comment cards stated 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.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population to secure improvements to services where these were identified.
- Longer appointments were offered to patients with complex needs or those deemed vulnerable, such as patients with learning disabilities.
- Blood samples could be taken in patients' homes if they had difficulty attending the practice.
- The practice had the facilities equipment 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.

Are services well-led?

Requires improvement

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

- The practice had a vision. However, there was not a clear governance structure.

Summary of findings

- The monitoring of patient care and the management of the premises were not adequate.
- The leadership in the practice was not clearly defined, causing some aspects of the practice lacking required management and oversight.
- The practice had recognised the lack of coherent governance and leadership and had undertaken a strategic review with a resulting action plan to make improvements.
- There was an open culture and all staff groups were committed to the need of the patient population.
- Learning outcomes were not always identified from incidents and complaints.
- Staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active and involved by the partners and practice manager.

Summary of findings

The six population groups and what we found

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

Older people

Requires improvement

The practice is rated as requires improvement for the care of older people.

- The practice was rated as requires improvement in providing safe, effective and well led services. There were concerns identified with the monitoring of patient care and treatment and the lack of improvement in response to any data which identified improvements could be made, such as low recording of medicine reviews. There were risks related to the premises which were not assessed and acted on. There was poor monitoring of staff training. These issues related to all population groups.
- The practice offered proactive, personalised care to meet the needs of older patients in its population.
- GPs and emergency care practitioners visited patients in care and nursing homes.
- The premises were accessible for patients with limited mobility.
- A hearing loop was available for patients who used hearing aids.
- Patients over 75 had a named GP to maintain continuity of care.
- Care planning was provided for patients with dementia.
- There was support provided for carers.

People with long term conditions

Requires improvement

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

- The practice was rated as requires improvement in providing safe, effective and well led services. There were concerns identified with the monitoring of patient care and treatment and the lack of improvement in response to any data which identified improvements could be made, such as low recording of medicine reviews. There were risks related to the premises which were not assessed and acted on. There was poor monitoring of staff training. These issues related to all population groups.
- Only 64% of patients on less than four repeat medicines and 80% of patients on four or more medicines had up to date medicine reviews.
- Nursing staff had lead roles in chronic disease management and had appropriate training.

Summary of findings

- Patients at risk of hospital admission were identified as a priority.
- All these patients were offered structured annual review to check their health needs were being met.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Requires improvement

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

- The practice was rated as requires improvement in providing safe, effective and well led services. There were concerns identified with the monitoring of patient care and treatment and the lack of improvement in response to any data which identified improvements could be made, such as low recording of medicine reviews. There were risks related to the premises which were not assessed and acted on. There was poor monitoring of staff training. These issues related to all population groups.
- 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 patients who had a high number of A&E attendances.
- Immunisation rates were similar to average for all standard childhood immunisations.
- Gillick competency (obtaining consent from patients under 16 years old) training was not provided to staff. Some staff were not confident in their awareness.
- We saw positive examples of joint working with midwives and health visitors.
- Joint working with external organisations took place in the management of children at risk of abuse.
- The practice provided staff with training on female genital mutilation and how to report and respond to any instances or risks of this occurring.

Working age people (including those recently retired and students)

Requires improvement

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

- The practice was rated as requires improvement in providing safe, effective and well led services. There were concerns identified with the monitoring of patient care and treatment

and the lack of improvement in response to any data which identified improvements could be made, such as low recording of medicine reviews. There were risks related to the premises which were not assessed and acted on. There was poor monitoring of staff training. These issues related to all population groups.
- The needs of the working age population, those recently retired and students had been considered and the practice had adjusted the services it offered enable continuity of care.
- Patients' feedback from the national GP survey on the appointment was poor but feedback from 67 patient comment cards was overall positive.
- A GP call back assessment service supported this section of the population to speak with a GP or appropriate at short notice.
- There were extended hours appointments available.
- 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.
- Travel vaccinations were available, both privately and on the NHS.

People whose circumstances may make them vulnerable

Requires improvement

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable.

- The practice was rated as requires improvement in providing safe, effective and well led services. There were concerns identified with the monitoring of patient care and treatment and the lack of improvement in response to any data which identified improvements could be made, such as low recording of medicine reviews. There were risks related to the premises which were not assessed and acted on. There was poor monitoring of staff training. These issues related to all population groups.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for vulnerable patients.
- A temporary registration process was available to patients who may be in the area for a short period of time and who needed to see a GP.
- 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.

Summary of findings

- 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.
- Joint working with external organisations took place in the management of patients at risk of abuse or harm.

People experiencing poor mental health (including people with dementia)

Requires improvement

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

- The practice was rated as requires improvement in providing safe, effective and well led services. There were concerns identified with the monitoring of patient care and treatment and the lack of improvement in response to any data which identified improvements could be made, such as low recording of medicine reviews. There were risks related to the premises which were not assessed and acted on. There was poor monitoring of staff training. These issues related to all population groups.
- Performance for mental health related indicators was 89% compared to the national average 92% and regional average of 95%. The proportion of patients on mental health register with an up to date care plan was 85%.
- 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 advanced care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing poorly when compared to local and national averages. There were 240 survey forms were distributed and 122 were returned. This represented 1.6% of the practice's patient list. The results from the most recent survey did not reflect changes to the appointment system made in April 2016.

- 64% patients described their experience of making an appointment as good compared to the CCG average of 80% and national average of 73%.
- 82% of patients described the overall experience of this GP practice as good compared to the national average of 85% and CCG average of 90%.
- 67% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 78% and CCG average of 83%.

We received 67 patient Care Quality Commission comment cards. All of the cards contained positive feedback about the practice. There were five which also contained negative comments. Three related to the appointment system but there were same number of positive comments regarding appointments.

The practice undertook the friends and family test. Figures July and August 2016 showed 79% of patients were likely or very likely to recommend the practice. Of those who did not state they would recommend the practice, only one said they were unlikely to. The remaining respondents stated they did not know.

Dr Wignell and Partners

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Dr Wignell and Partners

We undertook an inspection of this practice on 3 October 2016.

Dr Wignell and Partners provide services from the following locations:

Windrush Surgery 21 West Bar, Banbury, Oxfordshire OX16 9SA and 12 Bradley Arcade, Bretch Hill, Banbury Oxfordshire, OX16 0LS. We visited the premises on West Bar as part of this inspection but not the Bretch Hill location.

The main premises of Dr Wignell and partners is a converted house. The treatment and consultation rooms are located on the ground floor and have been adapted to be accessible for patients. The practice serves 7,700 patients from the surrounding area. The practice demographics closely match the national average in terms of age but there are higher numbers of five to nine year olds and 65-70 year olds according to national data. There are slightly higher levels of deprivation compared to the local clinical commissioning group (CCG) area, but in terms of national data the practice has less than average deprivation amongst its population.

The practice has encountered resource problems in 2016 for which it has sought the help of the local CCG. The partners have been working towards improving resource monitoring of the practice whilst reviewing their governance structures.

- There are 2.7 whole time equivalent (WTE) GPs and 4.8 WTE nurses who are supported by healthcare assistants and phlebotomists.
- Dr Wignell and Partners is open between 8.00am and 6.30pm Monday to Friday. There are extended hours appointments available on Monday and Wednesday mornings from 7am.
- Out of hours GP services were available when the practice was closed by phoning 111 and this was advertised on the practice website.
- This practice provided placements for GPs in training although it was not officially a training practice.

Why we carried out this inspection

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

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 3 October 2016. During our visit we:

- Spoke with a range of staff, including three GPs, three members of the nursing team, and support staff based at the practice, including the practice manager.
- Observed how patients were being cared for.
- 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.

Requires improvement

Are services safe?

Our findings

Safe track record and learning

The practice had a system in place for reporting, recording and monitoring significant events. We reviewed safety records, incident reports, and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice:

- Staff told us that they would inform the practice manager of any significant events and complaints. We saw that there was a standard form for recording events.
- Complaints, incidents and concerns about care or treatment were recorded and reviewed. Some learning was noted on significant events and complaint analysis.
- However, we saw some significant events and complaints where no learning was noted and no change of practice was implemented. For example, one significant event resulted from a complaint regarded a patient with suspected cancer who could not make an appointment after being referred back to the practice from a local hospital. The patient was not offered an appointment by reception staff. No learning points for the practice or staff were noted. Another event related to a patient who had fraudulently drafted a letter and was informed they should not come back to the practice as result due to the potential criminal nature of their actions. This action was not followed through by deregistering the patient and they attended the practice for a nursing appointment again. No additional action was taken to report the matter to an external authority such as the police. No learning was noted on the significant event review.
- The practice did not undertake a full periodic review of all significant events to identify trends and ensure learning was embedded.
- Medicine and equipment alerts were received staff and disseminated to the relevant staff. Decisions were taken as to what action was required by the lead. These were recorded in a central location so that staff could access them.

Overview of safety systems and processes

- 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. There were contact details for further guidance if staff had concerns about a patient's welfare. The GPs provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults. GPs were trained to child protection or child safeguarding level three and received appropriate adult safeguarding training. Nurses received level two child safeguarding training. GPs attended multidisciplinary team meetings to discuss vulnerable patients and also provided information to case conferences where required. Staff had access to guidance on female genital mutilation and the need to report any instances identified in patients under 18 years old.
- A notice in the waiting room advised patients that chaperones were available if required. Nurses were usually used as chaperones. However, staff informed us there were instances where reception staff had been requested to undertake the role. No training had been provided to staff for this role but a training day had been booked in November 2016. Not all reception staff who provided chaperone training had Disclosure and Barring Service (DBS) checks. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed that the practice was clean and tidy. There was an audit tool used to identify improvements in infection control and we saw the last audit was undertaken in September 2016. The infection control lead had compiled the audit from various sources they acquired. Supplementary hand hygiene and sharps containers audits were also undertaken. The lead communicated any cleaning concerns to the cleaning staff via the practice manager. There were cleaning schedules and regular cleaning checks of the premises. We saw that flooring in one treatment room was not impervious (it was not sealed where it met the walls) meaning dirt could accumulate). This posed a risk in a room used for taking blood and injections. The infection control lead had implemented improvements where repairs were required, such as the cover on a clinical treatment chair. All staff received relevant infection control training, but the lead had not yet received advanced training. This was booked at the

next available course in 2017. There had not been course availability to attend in 2016. The lead sought support from the clinical commissioning group infection control lead where necessary. Receptionists had training on how to receive specimens handed in by patients at reception. There was an infection control protocol in place. This included a sharps injury protocol (needle stick injury). Clinical waste was stored and disposed of appropriately. Appropriate sharps containers were used and removed before becoming overfull. Disposable privacy curtains were used and had expiry dates to indicate when they needed changing. These were within date.

- Medicines were managed safely. We checked medicine fridges and found fridges were monitored to ensure temperatures were within recommended levels for storing vaccines and other medicines. Records showed fridges were within recommended levels. Blank prescription forms and pads were securely stored. We saw that medicines stored onsite were within expiry dates and stored properly. There were processes for disposing of out of date medicines. Nursing staff received training and had access to necessary information on administering vaccines. However, one healthcare assistant had not had an update on administering vaccines since 2007 according to training records.
- Patient Group Directions (PGD's) had been adopted by the practice to allow nurses to administer medicines in line with legislation. Where Patient Specific Directions (PSDs) were required these were properly recorded and authorised per patient.
- We reviewed four 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. This ensured that staff were fit to work with patients. Records of hepatitis B immunisation were not available for two members of staff. This may have posed a risk due to working in an environment where there was a potential risk of infection. The practice had not undertaken personal risk assessments for these two members of staff.

Monitoring risks to patients

There were not adequate procedures in place for monitoring and managing risks to patient and staff safety.

- There were health and safety related policies available and some risk assessments such as control of substances hazardous to health (COSHH). However, there was no overall fire risk assessment to identify whether all mitigating actions were in place to reduce the risk of fire, to slow the spread in the occurrence of a fire and ensure that patients and staff could evacuate the building quickly. There were fire wardens and training provided to staff. An alarm system was in place but no records showing regular testing or servicing were in place. No fire drills took place. The practice booked a risk assessment immediately after the inspection to take place in early November.
- There was no legionella risk assessment to assess whether the bacteria posed a risk to patients and staff in the building (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There was an electrical safety inspection certificate indicating testing had taken place within the last five years.
- The practice had not obtained a gas safety certificate to ensure their boiler was safe. This was undertaken the day after the inspection.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was calibrated to ensure it was working properly.
- The digital spirometer was calibrated weekly to ensure it was working correctly.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to respond to emergencies and major incidents. For example:

- The practice had an automated external defibrillator and clinical staff received training in how to use this. Oxygen was stored onsite and this was checked regularly to ensure it was working and well stocked.
- There were emergency medicines onsite and these were available to staff. These included all medicines which may be required in the event of a medical emergency.
- GPs and nursing staff had received basic life support training. However, we saw from training records that basic life support was not provided for eight members of reception staff.

Requires improvement

Are services safe?

- The practice had a business continuity plan in place for major incidents such as power failure or building damage.

Requires improvement

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 reviewing templates used to deliver patient reviews.
- Training was provided to nursing staff to enable them to assess and plan care for patients with long term conditions.
- A phone assessment service was provided for patients requiring a same say or urgent appointment. Patient would request a call back from GP and a short description of the concern was requested. The reception team had a system to identify if any patients had high risk symptoms such as chest pain so they could be referred straight to a GP. GPs informed us they would prioritise any urgent cases and called patients back the same day.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed 99% of the total number of points available compared to the clinical commissioning group (CCG) average of 97% and national average of 95%. The practice has a rate of 11% exception reporting compared to the national average of 9% and regional average of 10%. (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). However, there was higher than average exception reporting in some clinical areas. For example, Diabetes exception reporting was 15% compared to the CCG average of 13% and national average of 11%. Stroke exceptions were 16% compared to 9% locally. Mental health exception reporting was 14% compared to 11% locally and 11% nationally. When we highlighted these concerns with the practice. GPs provided evidence that diabetes exception reporting was appropriate in these cases. However, the process for exception reporting did not include a review where this was significantly above average to determine what could be done to include more patients in the long term condition review data and other clinical outcomes. The practice had reduced the opportunity to improve the outcomes for some patients and the practice's overall clinical performance.

Data from 2015 showed:

- Performance for diabetes related indicators was 100% compared to the national average of 89% and regional average of 93%.
- Performance for mental health related indicators was 89% compared to the national average 92% and regional average of 95%. The proportion of patients on mental health register with an up to date care plan and physical assessment was 85% in 2015/16.

There was evidence of clinical audit but there was no overall programme of clinical audit towards ongoing improvements in care and treatment:

- The practice provided us with two audits that were repeated or completed. These were in chronic obstructive pulmonary disease (COPD) and home visits by the emergency care practitioner (ECP). The COPD audit demonstrated improvement in the prescribing of a particular medicine which was associated with certain health risks. The ECP audit identified the types of home visit undertaken over 2014 and 2015 by the ECP. We saw other single clinical audits undertaken in 2014 which had not been repeated to determine if improvements had been made.

Findings were used by the practice to improve some aspects of care. For example, the practice had monitored the various types of appointments offered to patients. They determined whether GPs were seeing patients they needed or whether patients could see a different clinician such as a nurse or ECP. This supported the implementation of the telephone assessment system, as it was clear which types of patient concern could be referred onto a specific clinician within the practice after a discussion with a GP.

Requires improvement

Are services effective?

(for example, treatment is effective)

However, there was a lack of responsiveness to low numbers of recorded reviews for patients on long term medicines. The practice identified prior to the inspection from the patient record system that 64% of patients on less than four repeat medicines and 80% of patients on four or more medicines had up to date medicine reviews. GPs explained the system for reviewing patient medicines and that these reviews were taking place. However, they were not always being recorded properly to enable effective monitoring of the system.

Effective staffing

Staff we spoke with had the experience and skills to deliver effective care and treatment. However, the monitoring of training did not always ensure staff received training when required.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. However, the infection control lead had not been booked advanced training to ensure they kept up to date with current infection control practice. The lead had booked their own training but this was not available until early 2017.
- Staff told us they could access role-specific training and updates when required and that there was a programme of training. They received training that included: safeguarding, fire safety awareness, and information governance
- However, training that was required for specific roles was not always identified for staff if they did not request it. For example, one healthcare assistant who provided immunisations had not received training since 2007 and according to training records. Other staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes.
- There were gaps in basic life support training records for eight members of reception staff.
- Reception staff who may be asked to provide chaperone duties had received no training.
- There was a system of appraisals, but these were over a year ago and we were informed they were usually provided annually.
- 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 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 regular basis when care plans were routinely reviewed and updated for patients with complex needs. There was no set palliative care meeting as the partners informed us when these took place in the past, external professionals were often absent. Therefore daily huddles were used to discuss any palliative patients with external professionals such as any district nurses available. This did not enable planned reviews of the care for these patients.

There was a list of 143 patients deemed at risk of unplanned admissions with a care plan in place.

Consent to care and treatment

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

- GPs and nurses understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005 (MCA).
- When providing care and treatment for children and young patients, staff carried out assessments of capacity to consent in line with relevant guidance.
- There was no programme of training for Gillick competency (obtaining consent from patients under 16) but there was not supporting guidance in consent policies. Some nurses had obtained training in roles previous to working at this practice. GPs were aware of

Requires improvement

Are services effective?

(for example, treatment is effective)

their responsibilities. However, some clinicians were not confident in their knowledge and may not have had an appropriate understanding without training from the practice.
- There were processes for obtaining consent from patients either verbally or in writing where necessary.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- There was a register of 13 patients receiving end of life care and 11 had care plans.
- Additional support for carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation was available. Patients were signposted to the relevant service when necessary.

There were 575 smokers listed on the register. The information sent to us prior to the inspection stated that 51 patients had stopped smoking as a result of stop smoking advice.

The practice's uptake for the cervical screening programme was 86%, which was similar to the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test.

Eligible patients were offered dementia screening. Of those 16 had undertaken early diagnosis screening. There were three patients diagnosed..

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Of those eligible 55% had undertaken bowel cancer screening compared to the national average of 59%. Of those eligible 79% of had attended breast cancer screening within six months of being invited, compared to the national average of 73%.

The practice offering annual health checks to patients with a learning disability. There were 26 patients on the register and four had completed health checks in 2015/16. In response to these low numbers the practice improved their recall system for providing these checks. So far in 2016/17 eight had been completed.

NHS Health checks were offered to patients and 306 patients had received one in 2015/16.

The practice offered chlamydia screening to its patients and 17% of those eligible had been offered a test. There were 55 test kits issued.

Childhood immunisation rates for the vaccinations were comparable to the CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 93% to 98% (CCG 93%) and five year olds from 89% to 99% (CCG 95%).

Good

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.

We received 67 patient Care Quality Commission comment cards. All of the cards contained positive feedback about the practice. Comment cards noted how well supported patients felt and specifically by GPs and nurses. There were five which also contained negative comments. Three related to the appointment system but there were same number of positive comments regarding appointments.. We spoke with one member of the patient participation group (PPG). They were positive about the service provided by the practice and the caring nature of staff.

Results from the national GP patient survey showed patients felt they were generally treated with compassion, dignity and respect. The practice was similar to local and national average for most satisfaction scores on consultations with GPs and nurses. Feedback on the reception team was lower than average. The most recent results showed:

- 91% of patients said their GP was good at listening to them compared to the clinical commissioning group (CCG) average of 92% and the national average of 89%.
- 88% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%
- 90% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% national average of 85%.
- 97% of patients said the last nurse they saw was good at listening to them compared to the clinical commissioning group (CCG) average of 92% and the national average of 91%.
- 71% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

The practice had considered the poor feedback regarding reception staff and had restructured their team. This provided new leadership and support in how to communicate with patients. Up to date feedback on the 67 comment cards we received showed positive feedback regarding the reception team.

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 on CQC comment cards. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. We also saw that care plans were personalised.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment compared to the national and local averages:

- 92% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.
- 83% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 85% and CCG average of 88%.
- 94% of patients said the last nurse they saw was good at explaining tests and treatments compared to the national average of 90% and CCG average of 91%.

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.

Patient and carer support to cope emotionally with care and treatment

Good

Are services caring?

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.

The practice had identified 148 patients as carers which was 1.9% of the practice list. There was information provided to carers by staff when deemed necessary. The practice's computer system alerted GPs and nurses if a patient was also a carer.

The practice manager told us GPs contacted relatives soon after patient bereavements if they felt this was appropriate. Bereavement support was also available.

Good

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 planned its services accordingly. For example:

- The practice facilitated temporary registration for patients who may be homeless or not have fixed addresses such as travelling communities.
- Phlebotomists attended the homes of patients who found it difficult to attend the practice for blood tests, enabling them to access important care without delay.
- Flags or alerts were used on the record system to enable staff, including receptionists, to identify vulnerable patients who needed prioritisation or specific assistance. However, carers were not flagged to reception staff.
- Patients requesting same day appointments were called back for an assessment. Patients with a long term or complex condition and those considered vulnerable were offered an appointment without a GP calling them back.
- Longer appointments were offered to patients with complex needs or those deemed vulnerable, such as patients with learning disabilities.
- GPs visited nursing and care homes to enable them to provide the necessary care and treatment to these patients.
- There were longer appointments available for vulnerable patients including those with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- There was a hearing loop for patients with hearing difficulties.
- Travel vaccines (both on the NHS and privately) and advice were available.
- The building had been adapted to ensure it was accessible for patients with limited mobility or disabled patients.

Access to the service

Dr Wignell and Partners was open between 8.00am and 6.30pm Monday to Friday. There were extended hours appointments available on Monday and Wednesday mornings from 7am. A phone assessment service was provided for patients requiring a same say or urgent appointment. Patients would request a call back from a GP and a short description of the concern was requested by staff. GPs informed us they would prioritise any urgent cases and called all patients back the same day.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment were lower than most local and national averages. For example

- 75% found it easy to contact the surgery by phone compared to the CCG average of 84% and national average of 73%.
- 64% patients described their experience of making an appointment as good compared to the CCG average of 80% and national average of 73%.
- 41% usually got to see or speak to their preferred GP compared to the CCG average of 68% and national average of 59%.
- 82% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the clinical commissioning group (CCG) average of 89% and national average of 85%.
- 67% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 76%.

The new appointment system had been implemented in April 2016in response to patient feedback about the appointment system and due to a recognition that patients who waited a long time for appointments may be at risk. The national survey results from July 2016 did not reflect those changes due to the timing of the survey. Of the 67 comment cards received in the two weeks prior to the inspection, three reported negative experiences of the system and three reported positive experiences. The vast majority of patients provided no feedback about the system but did report they were very satisfied with their continuity of care. If patients needed to return for follow up appointments for a specific concern staff could book a follow up appointment themselves, meaning there was no need for the patient to rebook via the phone or online system. This enabled timely follow up appointments for patients who needed continuity of care. The patient we spoke with told us this did happen but they said they needed to prompt GPs for this at times otherwise they may have to go back through the appointment system.

Good

Are services responsive to people's needs?

(for example, to feedback?)

A total of 901 of patients were registered for online appointments. Patients could also request repeat prescriptions online.

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.

An early visiting service was available for GPs to access to support them in providing timely home visits. Emergency care practitioners (ECPs) employed by the practice were also able to undertake responsive home visits when necessary. We looked at records where ECPs had consulted patients and found these records to show quality care. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had 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.
- We saw that information was available to help patients understand the complaints system.

We looked at several complaints received in the last 12 months and there was a process for assessing and investigating the complaint. They were dealt with in a timely way and patients received a response with an outcome. For example, a patient complained about a problem with their prescription. The patient was offered an apology and the concern was discussed between the practice manager and a GP.

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 staff shared a clear vision to deliver a high standard of patient care.

- There was an ethos of patient centred care at the practice and this was reflected in discussions with staff.
- The partners had experienced significant financial difficulties in early 2016 which threatened the provision of services. The practice had responded by seeking assistance from the clinical commissioning group (CCGs) and reviewing their process for claiming resources for the work they undertook. They worked with external expertise to try and improve the way the practice was governed. A plan to redefine roles and leadership structures was implemented. This included improving the management roles within the practice to ensure appropriate leadership was provided in various aspects of providing services, such as managing the premises, leading on quality assurance work and improving communication. There was also a programme to improve the premises and ongoing maintenance work.
- However, on inspection we identified significant gaps in the governance of the practice which had not been acted on.
- The partners had identified that they needed another female GP to provide more female clinical appointments and also considered the need for succession planning in the long term.

Governance arrangements

The practice had a governance framework but this did not always support the ethos and strategy of the practice. For example:

- There was no programme of continuous clinical and internal audit. Some audits were undertaken, such as a clinical work distribution audit which identified how appointments could be distributed across the broad range of skills in the clinical workforce. This led to improvements in the appointment system. However, concerns related to clinical care, such as poor performance in medicine review data, did not lead to responsive audits. The audits which had been undertaken in 2014 and 2015 were seldom repeated to ensure improvements were made.
- Risks to patients were not always identified and acted on. There was a lack of managing risks related to fire and premises, despite the fact that the practice had significant maintenance works which had been suspended and there were potential risks associated with unfinished building work.
- However, it was not always clear who was responsible for managing different tasks. For example, the training matrix was updated by a partner and the practice manager during the inspection. The updated matrix showed that there were gaps in staff training. It was not clear how the matrix was used to monitor training and who was responsible for this.
- Practice specific policies were available to all staff. These were regularly updated and provided specific information on providing safe and effective services. However, staff were not aware of a whistleblowing policy and we could not locate one on the staff shared drive where policies were stored.
- The practice had undertaken a strategic review in 2016 and within this they identified the need to improve their practice management systems. This was due to be completed in December 2016.

Leadership and culture

Staff told us the partners and manager were approachable and always took the time to listen to all members of staff. However, leadership did not adequately ensure improvements were identified and made where necessary. There was a lack of clearly defined management roles.

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 patients reasonable support, truthful information and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence.
- Learning from incidents and complaints was not always identified and acted on.

Staff felt supported by management:

Are services well-led?

Requires improvement

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

- Staff told us the practice held regular team meetings and we saw relevant minutes.
- 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 in 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 via its patient participation group (PPG). The PPG was proactive and very involved in the running of the practice. They reviewed patient feedback to identify and propose improvements. For example, the PPG were involved in the reconfiguration plans for the waiting and reception area. There was a plan in place to amend the structure of the PPG due to changes in its composition. This included a virtual PPG.

The practice responded openly to patient feedback. For example, when patients reported some problems when interacting with reception staff, the practice provided additional training to reception staff and recruited a new lead receptionist. This has improved the informal feedback to staff and inspection comment card feedback about receptionists was positive.

The practice undertook the friends and family test. Figures July and August 2016 showed 79% of patients were likely or very likely to recommend the practice. Of those who did not state they would recommend the practice, only one said they were unlikely to. The remaining respondents stated they did not know.

Continuous improvement

- Patient feedback was used to drive improvements. There was planned improvement works to the premises in response to patient feedback and due to the dated interior of the building. However, the plans were a long way from completion, as they were not due completion until 2019.
- There was a lack of cyclical improvements as poor outcomes were not identified and acted on via clinical audit.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance Regulation 17 HSCA (RA) Regulations 2014 Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Good governance The system of clinical governance did not always ensure that the provider assessed and monitored the quality and safety of the services provided in the carrying on of the regulated activity in regards to responding to national and internal data or to the training needs of staff in order to improve the quality and safety of the services provided in the carrying on of the regulated activities. Incidents and complaints were not fully acted on to ensure any learning and improvements were implemented. This was in breach of Regulation 17 Good governance (1)(2)(a)

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Regulation 12 HSCA (RA) Regulations 2014 Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe care and treatment The provider was not assessing the risks to the health and safety of service users in regards receiving the care

This section is primarily information for the provider

Requirement notices

or treatment and not doing all that is reasonably practicable to mitigate any such risks. The provider was not ensuring that the premises were safe to use for their intended purpose and were used in a safe way. There were not appropriate risk assessments and related actions to mitigate risk related to fire, legionella and in the provision of chaperones.

This was in breach of Regulation 12 Safe care and treatment (1)(2)(a)(b)(d)