

Western Avenue Surgery

Quality Report

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

Ratings

| Overall rating for this service | Requires improvement |  |
|--|----------------------|---|
| Are services safe? | Requires improvement |  |
| Are services effective? | Requires improvement |  |
| Are services caring? | Requires improvement |  |
| Are services responsive to people's needs? | Requires improvement |  |
| 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 Western Avenue Surgery on 11 July 2017. 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, significant events and near misses were not formally discussed and actioned as the practice held no formal clinical meetings.
- The practice had some defined and embedded systems to minimise risks to patient safety.
- Staff were aware of current evidence based guidance. Some staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment. However, the practice did not have training records for locum staff.
- The practice nurse had not received a Disclosure and Barring Service check before starting work at the practice.

- Results from the national GP patient survey showed patients considered the practice to be performing well in some areas, but below average in most. The practice had not addressed this feedback.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat most patients and meet their needs. However, accessibility for patients with a physical disability was limited.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

Summary of findings

The areas where the provider must make improvements are:

- Develop effective systems and processes to ensure safe care and treatment including significant event processes being clear and reviewed, and that discussions occur to ensure that events are not missed. This should also include ensuring prescription security where they are taken from the premises.
- Develop effective systems and processes to ensure the dignity and respect of patients is maintained, including acting on patient feedback.
- Develop effective systems and processes to ensure good governance including ensuring that formal communication lines are established between clinicians.

- Develop effective systems and processes to ensure staffing is managed in line with regulations, including ensuring that all staff Disclosure and Barring Service status is checked and recorded and that photographic evidence of staff identities is retained. This should also include ensuring that staff have completed training.

In addition the provider should:

- Review clinical exception reporting at the practice which is higher than the national average.
- Ensure patients privacy is maintained when intimate examinations are carried out.
- Develop systems to identify carers so their needs can be identified and met.
- Improve access for patients with disabilities.

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.

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, when things went wrong reviews and investigations were not thorough enough and lessons learned were not communicated widely enough to support improvement.
- The practice had clearly defined and embedded systems, processes and practices to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.

Requires improvement



Are services effective?

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

- Data from the Quality and Outcomes Framework showed patient outcomes were at or below average compared to the national average.
- Exception reporting at the practice was higher than the national average.
- There were no formal systems in place for clinicians to discuss clinical updates.
- Staff had the skills and knowledge to deliver effective care and treatment. However, the practice did not have documentary evidence of training undertaken by locums.
- 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.
- End of life care was coordinated with other services involved.

Requires improvement



Are services caring?

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

- Data from the national GP patient survey showed patients rated the practice lower than others for some aspects of care. The provider had not responded to these results and tried to make improvements to the services patients received.

Requires improvement



Summary of findings

- The patients we spoke to and who filled in comment cards said they were treated with compassion, dignity and respect.
- Curtains in the consulting room did not protect patients' dignity and privacy during intimate examinations.
- Information for patients about the services was available.

Are services responsive to people's needs?

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

- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Feedback from patients reported that access to a named GP and continuity of care was not always available quickly, although urgent appointments were usually available the same day.
- The practice had good facilities and was well equipped to treat most patients and meet their needs. However, there were limited facilities for patients with disabilities.
- Information about how to complain was available and evidence from three examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Requires improvement



Are services well-led?

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

- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings.
- There was only limited clinical governance framework in place in the practice, and there were no formal and minuted clinical meetings.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.

Requires improvement



Summary of findings

The six population groups and what we found

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

Older people

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

The provider was rated as requires improvement for safety, effective, caring, responsive and for well-led care. The issues identified as requiring improvement overall affected all patients including this population group.

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.

Requires improvement



People with long term conditions

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

The provider was rated as requires improvement for safety, effective, caring, responsive and for well-led care. The issues identified as requiring improvement overall affected all patients including this population group.

- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was lower than the national average. The practice had scored 97.6% for diabetes related indicators in the last QOF which is higher than the national average of 89%. However, the exception reporting rate for diabetes related indicators was 19%, higher than the national average of 11%.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.

Requires improvement



Summary of findings

Families, children and young people

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

The provider was rated as requires improvement for safety, effective, caring, responsive and for well-led care. The issues identified as requiring improvement overall affected all patients including this population group.

- From the sample of documented examples we reviewed we found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.

Requires improvement



Working age people (including those recently retired and students)

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

The provider was rated as requires improvement for safety, effective, caring, responsive and for well-led care. The issues identified as requiring improvement overall affected all patients including this population group.

- 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 offered appointments outside normal working hours.

Requires improvement



People whose circumstances may make them vulnerable

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

The provider was rated as requires improvement for safety, effective, caring, responsive and for well-led care. The issues identified as requiring improvement overall affected all patients including this population group.

Requires improvement



Summary of findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

The provider was rated as requires improvement for safety, effective, caring, responsive and for well-led care. The issues identified as requiring improvement overall affected all patients including this population group.

- The practice carried out advance care planning for patients living with dementia.
- Eighty per cent of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results for 2016/17 showed the practice was performing in line with local and national averages in some areas, but below the national average in other areas. Three hundred and seventy six survey forms were distributed and 72 were returned. This represented 2.4% of the practice's patient list.

- 65% of patients described the overall experience of this GP practice as good compared with the CCG average of 78% and the national average of 85%.
- 73% of patients described their experience of making an appointment as good compared with the CCG average of 67% and the national average of 73%.

- 47% 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 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 40 comment cards which were positive about the standard of care received. They reported that appointments were easy to access and that staff were helpful and caring, and treated them with dignity and respect.

We spoke with four patients during the inspection. All four patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Western Avenue Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Western Avenue Surgery

The practice operates from 56 Western Avenue, London, W3 7TY in the London Borough of Ealing. The practice is in a premises that has been converted from a residential property, and all areas of the practice are based on the ground floor of the building.

The practice has approximately 3,000 patients. The surgery is based in an area with a deprivation score of 3 out of 10 (10 being the least deprived). The practice population's age demographic is broadly in line with the national average.

The GP team includes one practice principle plus two locum GPs (1.00 whole time equivalent [WTE] combined to a total of nine clinical sessions provided). The nursing team includes one female nurse (three sessions per week) and a healthcare assistant post (two sessions per week). The clinical team is supported by a practice manager and four other administrative or reception staff.

The practice is commissioned to provide services under a General Medical Services (GMS) contract. The practice is open from 9:00am to 12:00am Monday to Friday and 3:30pm until 6:30 on Mondays, Tuesdays, Wednesdays and Fridays. The practice offers extended hours from 6:30pm until 8:00pm on Tuesdays. The practice offers appointments throughout the day when the practice is open.

The practice is registered with the Care Quality Commission (CQC) to provide the regulated activities of diagnostic and screening procedures, maternity and midwifery services and treatment of disease, disorder or injury.

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 such as NHS England to share what they knew. We carried out an announced visit on 11 July 2017. During our visit we:

- Spoke with a range of staff (including two GPs, a nurse, the practice manager and three other administrative staff) and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area.
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

Detailed findings

- Looked at information the practice used to deliver care and treatment plans.

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

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

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

- older people
- people with long-term conditions
- families, children and young people
- working age people (including those recently retired and students)
- people whose circumstances may make them vulnerable
- people experiencing poor mental health (including people living with dementia).

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework 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 a system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw that there had been one significant event in the last year, which related to a prescription error. There was insufficient information in the recording of the event to fully detail the error that had been made. There were no formal processes in place to show how significant events were discussed in the practice such that it could assure itself that no events were being missed. There was no evidence that significant events were routinely discussed between clinical staff at the practice.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed.
- The lead GP and practice manager detailed what actions they would take in the event that something went wrong with care and treatment. They told us that patients would be informed of the incident, that they would provide them with truthful information and a written apology.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had

received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three. Nurses were also trained to level three and administrative staff to level one.

- 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. There were cleaning schedules and monitoring systems in place.
- The GP principal was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. We noted at the time of the inspection that the clinical rooms did not have clinical waste bins, such that disposable gloves and aprons were placed in a standard pedal bin. The practice addressed this immediately following the inspection when these were now in place. Similarly, the nurse's room did not have a purple topped Sharps bin in place for the safe disposal of needles used for specific injections. The practice also addressed this immediately following the inspection.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads in

Are services safe?

the practice were securely stored and there were systems to monitor their use. However, those in the doctor's bag were not secure or recorded. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. (PGDs are written instructions from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient, after the prescriber had assessed the patients on an individual basis).

We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment in some cases. For example, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS. However, the practice nurse did not have a DBS check in place at the time of the inspection, and the practice did not retain copies of photographic identification of staff.

Monitoring risks to patients

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

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment and carried out regular fire drills. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of

substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had oxygen with available on the premises adult and children's masks. A first aid kit and accident book were available. On the day of the inspection, a defibrillator was not available on the premises, but since the inspection the practice had ensured that this was in place.
- 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. On the day of the inspection the practice did not have medicines in place to treat epileptic seizure or chest pain of possible cardiac cause. The practice ensured that these were in place during the inspection.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice did not have systems in place to ensure that all clinical staff were up to date with NICE guidance.

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 verified and published results were 99.6% of the total number of points available, similar to the national average of 95%. The exception reporting rate for the practice was 13.4%, higher than the national average of 9% (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 2015/16 showed:

- Performance for diabetes related indicators was lower than the national average. The practice had scored 97.6% for diabetes related indicators in the last QOF which is higher than the national average of 89%. However, the exception reporting rate for diabetes related indicators was 19%, higher than the national average of 11%.
- Performance for mental health related indicators was similar to the national average. The practice had scored 100% for mental health related indicators in the last QOF, which was higher than the national average of 93%. The exception reporting rate for mental health related indicators was 12.8%, similar to the national average of 12%.
- Performance for chronic obstructive pulmonary disease (COPD) related indicators (relating to 12 patients) was 100% and was similar to the national average of 96%. The exception reporting rate for COPD related indicators was 6.9%, lower than the national average of 11%.

There was evidence of quality improvement including clinical audit:

- There had been three clinical audits commenced in the last two years, one of these was a completed audit where the improvements made were implemented and monitored. The practice provided an audit of the management of chronic obstructive pulmonary disease which showed an improvement of the number of patients followed up by the practice after the second audit.
- The practice participated in local audits.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge 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, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- 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 scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.
- Staff received training that in some cases included: safeguarding, fire safety awareness, basic life support and information governance. However, the practice did not maintain a record of training undertaken by its locum GPs. Staff had access to and made use of e-learning training modules and in-house training.

Are services effective?

(for example, treatment is effective)

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.
- We found that 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. Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. 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.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, and smoking and alcohol cessation.

The practice's uptake for the cervical screening programme was 77%, which was comparable with the national average of 81%. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. There were failsafe systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in some areas lower than CCG/ national averages. For example, rates for the vaccines given to under two year olds ranged from 72% to 80%.

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

During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms. However, the curtains were fixed and did not maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

All of the 40 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect in some areas. However, in most areas the practice was below average for its satisfaction scores on consultations with GPs and nurses. For example:

- 80% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 85% and the national average of 89%.
- 68% of patients said the GP gave them enough time compared to the CCG average of 81% and the national average of 86%.
- 84% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.

- 67% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 86%.
- 70% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 85% and the national average of 81%.
- 75% of patients said the nurse gave them enough time compared with the CCG average of 85% and the national average of 92%.
- 90% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 94% and the national average of 97%.
- 78% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 80% of patients said they found the receptionists at the practice helpful compared with the CCG average of 81% and the national average of 87%.

Managers at the practice told us that they had taken no action to address the poor feedback as the size of the sample was low, and other feedback suggested that patients were satisfied. However, this was the second consecutive year that the practice had scored significantly under the national average.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Results from the national GP patient survey showed patients considered that they were not fully involved in planning and making decisions about their care and treatment. Results were lower than local and national averages. For example:

- 77% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 82% and the national average of 86%.

Are services caring?

- 66% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 70% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 83% and the national average of 90%.
- 72% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

Managers at the practice again told us that they had taken no action to address feedback of patient experience as the size of the sample was low, and other feedback suggested that patients were satisfied. However, this was the second consecutive year that the practice had scored significantly under the national average in this area.

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

- Staff told us that interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them.
- Information leaflets were available in easy read format.

- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital).

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 27 patients as carers (0.9% of the practice list). The number of carers was low when compared to the national average. Written information was available to direct carers to the various avenues of support available to them. Older carers were offered timely and appropriate support.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice had not specifically 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. However, the practice did provide responsive services to patients in several areas:

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccines available on the NHS.
- The practice had made only limited adjustments to patients with disabilities. The waiting room was not easily accessible to wheelchair users, and doorways at the practice were narrow. There was no hearing loop in place.

Access to the service

The practice was open from 9:00am to 12:00am Monday to Friday and 3:30pm until 6:30 on Mondays, Tuesdays, Wednesdays and Fridays. The practice offered extended hours from 6:30pm until 8:00pm on Tuesdays. In addition to pre-bookable appointments that could be booked four weeks in advance, urgent appointments were also available for patients 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.

- 62% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 71% and the national average of 76%.

- 86% of patients said they could get through easily to the practice by phone compared to the national average of 71%.
- 77% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 79% and the national average of 81%.
- 76% of patients said their last appointment was convenient compared with the CCG average of 74% and the national average of 81%.
- 76% of patients described their experience of making an appointment as good compared with the CCG average of 74% and the national average of 81%.
- 36% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 46% and the national average of 58%.

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.

The doctor working on any given day would field these queries and protected time was available. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

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

We looked at three complaints received in the last 12 months and found these were satisfactorily handled, dealt

Are services responsive to people's needs? (for example, to feedback?)

with in a timely way. Responses to patients were thorough and detailed and contained details about how to escalate complaints if required. Lessons were learned 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, where a referral to a secondary

care service had been made but a patient had been referred to see the incorrect consultant, the practice had contacted the secondary care provider to resolve the issue. The practice also offered meetings with patients and family members if required.

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 and staff knew and understood the values.
- The practice did not have a formal business plan in place.

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 and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- Practice meetings were held regularly which provided an opportunity for staff to learn about the performance of the practice. However, there were no formalised clinical meetings at the practice. Although practitioners regularly spoke to one another, the practice could not show that it regularly discussed significant events, safeguarding, clinical updates or other relevant issues.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.

Leadership and culture

On the day of inspection the principal of the practice told us that they wanted to deliver high quality care. This was not demonstrated during the inspection and we found a lack of systems in place in some areas. They told us they prioritised safe, high quality and compassionate care. However, staff told us the practice principle was approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.

(The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The managers at the practice told us that they provided a culture of openness and honest but could not evidence this.

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure and staff felt supported by management.

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us they held regular practice meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues.
- Staff said they felt respected, valued and supported by managers in the practice. However, staff were not involved in decisions about how the practice was run.

Seeking and acting on feedback from patients, the public and staff

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- Patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team, although no specific examples were provided of major changes to the practice following patient feedback.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

Are services well-led?

Requires improvement 

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

There was limited focus on continuous learning and improvement at the practice.

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

Diagnostic and screening procedures
Maternity and midwifery services
Treatment of disease, disorder or injury

Regulation

Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect

How the regulation was not being met:

The practice had not taken action to address feedback from patients which showed satisfaction levels were significantly below the national average.

This was in breach of regulation 10(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Diagnostic and screening procedures
Maternity and midwifery services
Treatment of disease, disorder or injury

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

How the regulation was not being met:

The practice did not have systems in place to ensure that significant events were reviewed, and there was no assurance in place that all events were being captured.

The practice did not have a secure method of monitoring the use of prescriptions by the GP on home visits.

This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Diagnostic and screening procedures
Maternity and midwifery services

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

This section is primarily information for the provider

Requirement notices

Treatment of disease, disorder or injury

How the regulation was not being met:

The system of clinical governance did not consistently ensure that the provider assessed and monitored the quality and safety of the services provided in the carrying on of the regulated activity.

The practice did not hold regular clinical meetings.

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

Regulated activity

Diagnostic and screening procedures

Maternity and midwifery services

Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

How the regulation was not being met:

The practice did not have access to the training records of locum GPs.

The practice nurse had not received a Disclosure and Barring service check.

This was in breach of regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.